



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received

Repository ☐

2002 APR 27 AM 8:48
Reference No.
10115588

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City ALEXANDRIA State VA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 4/2/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
WVWVVD63822 [REDACTED]
Make VOLKSWAGEN Model TOUAREG Model Year 2004
Date Purchased [REDACTED] Dealer's Name and Telephone Number KOONS COLLISION
Original Owner ☒ Dealer's City ALEXANDRIA State VA Zip Code 22062
Engine: No. Cylinders 5 Fuel Type: Gas
Transmission Type ☒ Automatic ☒ Antilock Brakes Powertrain ALL WHEEL DRIVE
☒ Cruise Control Vehicle Component Code 036000 SERVICE BRAKES, HYDRAULIC: ANTILOCK
Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 22-MAR-2005 Failure Mileage [REDACTED] Failure Speed 30

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM18ABC036) ☐ Original Equipment ☐ Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash ☒ Yes ☐ No Fire ☐ Yes ☒ No Number of Persons Injured 0 Number of Deaths 0 Reported to Police Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

DRIVER APPLIED THE BRAKES AND PEDAL WENT TO THE FLOOR AND THE STEERING WHEEL FAILED TO TURN. DRIVER LOST CONTROL OF THE VEHICLE AND HIT A FIRE HYDRANT. LEFT SIDE WHEEL SHEARED OFF. DRIVER WAS NOT INJURED. VEHICLE WAS TOWED TO THE DEALER FOR INSPECTION, AND MECHANIC STATED THAT A CAUSE COULD NOT BE DETERMINED AT THIS TIME. *AK

Left side wheel sheared off (Driver side).

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement (i.e. litigation) against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.