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 ☐
22-MAR-2005	Reference No. 10115589

OWNER INFORMATION (Type or Print)

Name			
Address	[redacted]	Daytime Telephone Number	E-mail Address
City ALEXANDRIA	State VA	Zip Code [redacted]	[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 4/21/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
WVWVD63822[redacted]	VOLKSWAGEN	TOUAREG	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
Original Owner ☒	Dealer's City ALEXANDRIA	State VA	Zip Code 22	No. Cylinders 8	Gas

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

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

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	0	0	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 Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY