



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 100148

Date Received

Repository ☐

15 JUN 2005
13-JUN-2005

Reference No.
10125122

OWNER INFORMATION (Type or Print)

Name

Address

City MARIPOSA

State CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 Date 7/6/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
88WET21J4

Make
VOLKSWAGEN

Model
CCLF

Model Year
2001

Date Purchased
27-SEP-02

Dealer's Name and Telephone Number
MERCED VOLKSWAGON 209-384-2000

Engine:
No. Cylinders 4

Fuel Type:
Gas

Original Owner
☐

Dealer's City
MERCED

State
CA

Zip Code
95340

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE

Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
26-JAN-2004

Failure Mileage
51811

Failure Speed

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: DOTM19ABC036)

☐ 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

N

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).

DT: CALLER STATED AIR BAG LIGHT KEPT COMING ON. CALLER HAS BEEN TO DEALER THREE TIMES, AND SOON AFTER THEY REPAIR IT, AIR BAG LIGHT CAME BACK ON. MANUFACTURER REIMBURSED CALLER FOR FIXING THE PROBLEM. CURRENTLY, THE PROBLEM RECURRED. *AK

1st occurrence (air bag light on) 1/26/04

2nd occurrence (ditto) 5/10/04

3rd " " 5/12/05

4th " " 6/25/05

5th " " 7/5/05 (not repaired yet)

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

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 or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).