



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

2005 SEP 16

10-AUG-2005

Repository ☐

Reference No.

10132277

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: FRESNO State: CA Zip Code: [REDACTED]

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

Evening Telephone Number: [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: 10/1/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 3VW5C26W9Y [REDACTED] Make: VOLKSWAGEN Model: JETTA Model Year: 2000

Date Purchased:
01-MAY-05

Dealer's Name and Telephone Number: [REDACTED]

Engine:
No. Cylinders: 4

Fuel Type:
Gas

Original Owner: ☐

Dealer's City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Transmission Type:
AUTOMATIC

☐ Antilock Brakes
☒ Cruise Control

Powertrain:
FRONT WHEEL DRIVE

Vehicle Component Code:
141000 AIR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 05-AUG-2005 Failure Mileage: 65000 Failure Speed: 70

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R16): [REDACTED]

DOT No. (Example: DOTM15ABC038): [REDACTED]

☐ 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), condition(s), and injury(ies).)

Crash: ☒ Yes ☐ No Fire: ☐ Yes ☒ No Number of Persons Injured: [REDACTED] Number of Deaths: [REDACTED] 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).

DT: WAS DRIVING ON AN INTERSTATE AT 70 MPH AND WAS INVOLVED IN HEAD ON COLLISION WITH THE CENTER DIVIDER OF THE HIGHWAY. UPON IMPACT, AIRBAGS DID NOT DEPLOY. THIS WAS FRONT IMPACT, NO OTHER VEHICLES WERE INVOLVED. DID NOT TAKE VEHICLE TO A DEALER OR REPAIR SHOP, VEHICLE WAS TOTALED. THE CAR WAS TAKEN TO A SALVAGE YARD. NO ONE HAD INSPECTED THE VEHICLE. *AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974-Public Law 93-578 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.