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
2005 SEP 29 AM 3:57	
17-AUG-2005	Reference No. 10133168

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City HINSDALE	State IL	Zip Code	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 ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
WVWPD63B43E	VOLKSWAGEN	PASSAT	2003

Date Purchased	Dealer's Name and Telephone Number			Engine	Fuel Type
15-MAR-03	AUTO BARN 708-354-6600			No: Cylinders 4	Gas
Original Owner ☒	Dealer's City COUNTRY SIDE	State IL	Zip Code 60525		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	061000 ENGINE AND ENGINE COOLING:ENGINE Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
16-AUG-2005	42000	

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: DOTMAL9ABC036)	☐ 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: THE CONSUMER STATED THAT ON THE 2003 VOLKSWAGEN PASSAT THE ENGINE LIGHT CAME ON. THE CONSUMER TOOK THE CAR TO THE DEALER, AND DEALER WANTED THE RECEIPTS FROM THE OIL CHANGES. THE DEALER SAID THAT THERE WAS SLUDGE IN THE ENGINE. THE DEALER SAID THAT WAS THE CONSUMERS PROBLEM, AND IT WAS THE CONSUMER THAT COULD NOT PRODUCE THE RECEIPTS, THE CONSUMER HAD TO PAY FOR IT. THE OWNER DID NOT FIXED THE PROBLEM. THE DEALER SAID THAT THE WARRANTY WOULD BE VOID IF THEY DID NOT HAVE THE RECEIPTS SHOWING THAT THE OIL WAS CHANGED EVERY 5,000 MILES. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY