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: 22-NOV-2005 (2006 FEB -7 AM 11:13)
Repository ☐
Reference No.: 10143482

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: GLEN BURNIE | State: MD | Zip Code: [redacted]
Daytime Telephone Number: [redacted]
Evening Telephone Number:
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 _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
3VWVA8[redacted]	VOLKSWAGEN	JETTA	1997

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
28-FEB-97	AUTOHAUSE TISHER			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City: LAUREL	State: MD	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☐ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	330000 INTERIOR LIGHTING Multiple Failure: 10

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
14-NOV-2005	147000		

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: DOTMALBABC038)	☐ 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 CONTACT STATED WHILE DRIVING AT NIGHT THERE WAS A LOSS OF EXTERIOR AND INTERIOR LIGHTING. ALSO, THE WINDSHIELD WIPERS WERE DISABLED. THERE WAS NO PRIOR WARNING. THE LIGHTS WILL SHUT OFF, BUT INTERMITTENTLY COME BACK ON. THE CONTACT INSPECTED THE BATTERY, FUSES, AND THE ALTERNATOR. THE VEHICLE HAS NOT BEEN TO A DEALER , AND NO REPAIRS HAVE BEEN MADE DUE TO THE EXPENSE. *AK

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