



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 20 FEB -6 PM 2:42
21-FEB-2006

Repository
Reference No. 10150740

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City COMMERCE TOWNSHIP State MI 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 authorized signature, please provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 2-12-06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 3VW052 [REDACTED]
Make VOLKSWAGEN Model BEETLE Model Year 2001
Date Purchased 09-JUL-01 Dealer's Name and Telephone Number BILL COOK AUTOMOTIVE GROUP 248-471-0800 Engine: No: Cylinders 4 Fuel Type: Gas
Original Owner Dealer's City FARMINGTON HILLS State MI Zip Code 48333
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE
Vehicle Component Code 103000 POWER TRAIN: AUTOMATIC TRANSMISSION
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 20-FEB-2006 Failure Mileage 65000 Failure Speed [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM19ABC036) 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), crash(es), and injury(ies).)

Crash Yes No Fire Yes No
Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] Reported to Police 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 THE VEHICLE WOULD NOT SHIFT OUT OF PARK AND THE DEALER REPLACED THE SHIFT INTERLOCK SYSTEM SOLENOID. THE REPLACEMENT ONLY REMEDIED THE PROBLEM FOR A TWO YEAR PERIOD AND IT HAS NOW RETURNED, BUT THE VEHICLE HAS NOT BEEN REPAIRED.

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

The Shift Interlock Solenoid, the safety feature that requires the brake to be depressed in order for the vehicle to be taken out of park has failed twice. The first occurrence caused the vehicle to be towed from a gas station to the dealership to have the part replaced. This event occurred approx 2 years ago. Last month the same part failed again, causing the vehicle to be disabled in the garage. The next day, the interlock system was working. Due to the fact this is a safety feature and its failure disables the vehicle I felt it warranted your ~~best~~ ^{ATTACH ADDITIONAL SHEETS IF NECESSARY} ~~best~~ ^{brought to your attention}

U.S. Department of Transportation

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400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300

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BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 79178 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20590



Think your vehicle has a safety defect?



If so: Use our online form to file a report

or write: National Highway Traffic Safety Administration

or call: 800-327-4259



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