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 ☐
20-JUL-2006	Reference No. 10162943

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City WILMETTE	State IL	Zip Code [redacted]	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 auth[redacted]or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 08/07/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
WVGBC67L3[redacted]	VOLKSWAGEN	TOUAREG	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-DEC-03	AUTO BARN 847-866-7600			No: Cylinders 6	Gas
Original Owner ☒	Dealer's City EVANSTON	State IL	Zip Code 60202		

Transmission Type			Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes	☒ Cruise Control	ALL WHEEL DRIVE	121000 EXTERIOR LIGHTING:HEADLIGHTS
				Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
19-JUL-2006	76000		

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 CONTACT STATED WHILE DRIVING THE VEHICLE, THE PASSENGER SIDE OR DRIVER'S SIDE HEADLIGHT DARKENS. THERE ARE NO WARNING INDICATORS OR DASHBOARD LIGHTS ILLUMINATED TO INDICATE THERE IS FAILURE WITH THE HEADLIGHT(S). EVENTUALLY, THE OTHER HEADLIGHT DARKENS. THE ONLY WAY THE LIGHTS WILL ILLUMINATE AGAIN IS BY RESTARTED THE IGNITION. THE DEALERSHIP REPLACED A COMPUTER CHIP, CHANGED THE BULBS AND OTHER UNKNOWN REPAIRS WERE MADE, HOWEVER THE PROBLEM STILL PERSISTS.

WARNIN LIGHTS IS ON (3X)
twenty six thousan miles [redacted]

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