



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

07-AUG-2006 15

Repository

Reference No.
10164853

OWNER INFORMATION (Type or Print)

Name

Address

City WILSONVILLE

State OR

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

SAME

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorized signature, NHTSA will not provide your name or address to the vehicle manufacturer.

YES NO

Signature of Owner

Date 8/14/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
3VWCB21CX1M

Make
VOLKSWAGEN

Model
BEETLE

Model Year
2001

Date Purchased
13-APR-01

Dealer's Name and Telephone Number
Armstrong 503-656-2924

Engine:
No: Cylinders 4

Fuel Type:
Gas

Original Owner

Dealer's City
Bladstone

State
OR

Zip Code
97027

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
UNKNOWN

Vehicle Component Code

036400 SERVICE BRAKES, HYDRAULIC:ANTILOCK:ABS WARNING LIC

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
03-AUG-2006

Failure Mileage
46909

Failure Speed
-0-

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: DOTM19ABC036)

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
 Yes No

Fire
 Yes No

Number of Persons Injured
0

Number of Deaths
0

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 VEHICLES SERVICE BRAKE LIGHT SWITCH IS NOT WORKING AND EXPRESSED THAT THE DEALER DOES NOT CONSIDER THIS A SAFETY ISSUE.

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.

