



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 2006 DEC -4 AM 8:40 03-NOV-2006

Repository []

Reference No. 10172519

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Address [REDACTED]

City PALMYRA

State NJ

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? [X] YES [X] NO

In the absence of an alternate name or address to the vehicle manufacturer. Signature of Owner [REDACTED] Date 11/11/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side WVVWD63B22P [REDACTED]

Make VOLKSWAGEN

Model PASSAT

Model Year 2002

Date Purchased 02-SEP-01

Dealer's Name and Telephone Number BURLINGTON IMPORTS 609-386-0084

Engine: No: Cylinders 4

Fuel Type: Gas

Original Owner [X]

Dealer's City BURLINGTON

State NJ

Zip Code 08016

Transmission Type AUTOMATIC

[X] Antilock Brakes [X] Cruise Control

Powertrain FRONT WHEEL DRIVE

Vehicle Component Code 134000 VISIBILITY:SUN ROOF ASSEMBLY

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 20-SEP-2006

Failure Mileage 45000

Failure Speed

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 [X] No

Fire: [] Yes [X] No

Number of Persons Injured

Number of Deaths

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 THERE WAS A LEAK FROM THE SUNROOF THAT WENT UNDER THE FLOOR MAT ON THE PASSENGER SIDE AFFECTING THE COMPUTER THAT CONTROLLED THE VEHICLE. IT WAS TAKEN TO THE SERVICE DEALER, WHO DETERMINED A NEW COMPUTER WAS NEEDED.

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.

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).