

**NOV 20 2009**U.S. Department
of TransportationNational 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

04-NOV-2009

Repository ☐Reference No.
10290914

OWNER INFORMATION (Type or Print)

Name

Address

City

GRACE FALLS

State

VA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Same

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

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

WVGEM77L74D

Make

VOLKSWAGEN

Model

TOUAREG

Model Year

2004

Date Purchased

2004

Dealer's Name and Telephone Number

STOLMAN 703 893-2990

Engine:

No: Cylinders

Fuel Type:

93 oct

Original Owner

☒

Dealer's City

Vienna

State

VA

Zip Code

Transmission Type

AUTOM

☒ Antilock Brakes

Powertrain

Multiple Failure:

1

Incident Date(s)

04-OCT-2009

☒ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS

Failure Mileage
67186

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 ☒ No

Fire

☐ Yes ☒ 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).

TL* THE CONTACT OWNS A 2004 VOLKSWAGEN TOUAREG. WHILE OCCUPYING THE VEHICLE, THE SEAT BELT WARNING LIGHT ILLUMINATED ON THE INSTRUMENT CONTROL PANEL. THE VEHICLE WAS TAKEN TO THE DEALERSHIP AND THE TECHNICIAN STATED THAT THE PASSENGER AIRBAG NEEDED TO BE REPLACED. THE CURRENT AND FAILURE MILEAGES WERE 88000.

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 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.