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: 27-APR-2015	Repository ☐
	Reference No.: 10713139

OWNER INFORMATION (Type or Print)

Name: [redacted]		Daytime Telephone Number: [redacted]	E-mail Address: [redacted]
Address: [redacted]		Evening Telephone Number:	
City: CHARLOTTE	State: NC	Zip Code: [redacted]	

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	Make	Model	Model Year
1VWAP7A31DC[redacted]	LKSWAGEN	PASSAT	2013

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
5-24-14	Mazda of Charlotte		Reg

Original Owner	Dealer's City	State	Zip Code
☐	Charlotte	NC	28205

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Automatic	☑ Antilock Brakes ☑ Cruise Control			24-APR-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	66000	

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	0	0	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 2013 VOLKSWAGEN PASSAT. THE CONTACT STATED THAT THE AIR BAG WARNING LIGHT WAS CONTINUOUSLY ILLUMINATED AND THE HORN WOULD NOT WORK WHEN DEPRESSED. THE VEHICLE WAS TAKEN TO THE DEALER FOR DIAGNOSTIC TESTING AND THE MECHANIC STATED THAT THE CLOCK SPRING FAILED AND NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED. THE APPROXIMATE FAILURE MILEAGE WAS 66,000. THE VIN WAS UNAVAILABLE.

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.

STATE OF NORTH CAROLINA
REGISTRATION CARD

NC LIC NUMBER	PLT VALID THRU	INSPECTION DUE
[redacted]	07/15/2015	06/30/2015

VEHICLE ID #				GROSS WT
1VWAP7A31DC[redacted]				
MAKE/SERIES	TITLE #			EQUIP #
VOLK	[redacted]			[redacted]
SHIPPING WEIGHT	STYLE	YEAR	FUEL	TOTAL FEE
	4S	2013	G	28.00

CLASSIFICATION	VEHICLE BRAND
PRIVATE/PASS VEH	

CUSTOMER ID # OWNER 1	CUSTOMER ID # OWNER 2	COUNTY
[redacted]		MECKL

[redacted]

CHARLOTTE NC [redacted]

P44 - PEAK PROPERTY AND CASUALTY INS COR
INSURANCE COMPANY AUTHORIZED IN NC

[redacted]

[redacted]

1VWAP7A31DC[redacted]

NC DIVISION OF MOTOR VEHICLES
RECEIPT OF FEES PAID

ROMEKA LASHAWN BEATTY

Prop.Tax	239.86
Veh. Fee	30.00
PTax.Int	13.49

Appraised Value: $18,675.00
Appeal Deadline: 09/30/2014

Mecklenburg County Tax Office
704-336-7284

Taxing Unit	Tax Rate	Amount
CHARLOTTE	0.468700	87.53
MECKLENBURG	0.815700	152.33
CHARLOTTE		30.00

TOTAL	283.35	Total Property Tax	269.86

122 09/12/2014 T1C1222
CASH

[redacted]

202 366-1767

U.S. Department of Transportation
National Highway Traffic Safety Administration

dataquality@dot.gov
1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NVS-216m

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failures(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid

Randy Reid Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure: VOQ

NHTSA
www.nhtsa.gov

FAX

To: NHTSA

Name: NHTSA #

Fax Number: 202 366-1767

Phone Number: 888-327-4236

Date:

From: [redacted]

Name:

Fax Number:

Contact Number:

Subject: Ref # 10713139

Message:

Carolinas HealthCare System