

# INFORMATION Redacted PURSUANT TO THE FREEDOM OF

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------|----------------------|
|  <b>U.S. Department of Transportation</b><br><b>National Highway Traffic Safety Administration</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      | <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire</b><br><b>To Report Vehicle Safety Defects</b><br><b>1-888-DASH-2-DOT</b><br><b>(1-888-327-4236)</b><br><b>INTERNET: www.nhtsa.dot.gov/hotline</b> |                                       | <b>INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)</b><br><b>FOR AGENCY USE ONLY 100148</b> |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      | <b>Date Received</b><br>18-JUN-2015<br>JUN 23 2015                                                                                                                                                                    |                                       | <b>Repository</b> <input type="checkbox"/><br><b>Reference No.</b><br>10726096         |                      |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |                                                                                                                                                                                                                       |                                       |                                                                                        |                      |
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      | <b>Daytime Telephone Number</b>                                                                                                                                                                                       |                                       | <b>E-mail Address</b>                                                                  |                      |
| <b>Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      |                                                                                                                                                                                                                       |                                       |                                                                                        |                      |
| <b>City</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>State</b>                                                                         | <b>Zip Code</b>                                                                                                                                                                                                       | <b>Evening Telephone Number</b>       |                                                                                        |                      |
| WOODLAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CA                                                                                   |                                                                                                                                                                                                                       |                                       |                                                                                        |                      |
| <i>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).</i>                                                                                                                                                                                                                                                            |                                                                                      |                                                                                                                                                                                                                       |                                       |                                                                                        |                      |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                                                                                                                                                                                       |                                       |                                                                                        |                      |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      | <b>Make</b>                                                                                                                                                                                                           | <b>Model</b>                          | <b>Model Year</b>                                                                      |                      |
| 1VWBN7A39CC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      | VOLKSWAGEN                                                                                                                                                                                                            | PASSAT                                | 2012                                                                                   |                      |
| <b>Date Purchased</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Dealer's Name and Telephone Number</b>                                            |                                                                                                                                                                                                                       | <b>Engine:</b>                        | <b>Fuel Type:</b>                                                                      |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |                                                                                                                                                                                                                       | No: Cylinders                         |                                                                                        |                      |
| <b>Original Owner</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Dealer's City</b>                                                                 | <b>State</b>                                                                                                                                                                                                          | <b>Zip Code</b>                       |                                                                                        |                      |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |                                                                                                                                                                                                                       |                                       |                                                                                        |                      |
| <b>Transmission Type</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Antilock Brakes                                             | <b>Powertrain</b>                                                                                                                                                                                                     | <b>Multiple Failure:</b>              | <b>Incident Date(s)</b>                                                                |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Cruise Control                                              |                                                                                                                                                                                                                       |                                       | 13-JUN-2015                                                                            |                      |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      |                                                                                                                                                                                                                       |                                       |                                                                                        |                      |
| Vehicle Component Codes: 010000 STEERING, 110000 ELECTRICAL SYSTEM, 140000 AIR BAGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      |                                                                                                                                                                                                                       |                                       | <b>Failure Mileage</b>                                                                 | <b>Failure Speed</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |                                                                                                                                                                                                                       |                                       | 86000                                                                                  | 65                   |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                                                                                                                                                                       |                                       |                                                                                        |                      |
| <b>Tire Make</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Tire Model (Name or Number)</b>                                                   |                                                                                                                                                                                                                       | <b>Tire Size (Example P215/65R15)</b> |                                                                                        |                      |
| <b>DOT No. (Example: DOTM19ABC036)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair |                                                                                                                                                                                                                       | <b>Failure Location:</b>              |                                                                                        |                      |
| <b>Tire Component Code</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                                                                                                                                                                                       | <b>Tire Failure Type:</b>             |                                                                                        |                      |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                                                                                                                                                                                       |                                       |                                                                                        |                      |
| <b>Make:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Date Manufactured:</b>                                                            |                                                                                                                                                                                                                       | <b>Model No./Name:</b>                |                                                                                        |                      |
| <b>Seat Type:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Installation System:</b>                                                          |                                                                                                                                                                                                                       |                                       |                                                                                        |                      |
| <b>Child Seat Component Code:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                      | <b>Failed Part:</b>                                                                                                                                                                                                   |                                       |                                                                                        |                      |
| <b>APPLICABLE INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                                                                                                                                                                                                                       |                                       |                                                                                        |                      |
| <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                                                                                                                                                                                       |                                       |                                                                                        |                      |
| <b>Crash</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Fire</b>                                                                          | <b>Number of Persons Injured</b>                                                                                                                                                                                      | <b>Number of Deaths</b>               | <b>Reported to Police</b>                                                              |                      |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  | 0                                                                                                                                                                                                                     | 0                                     | N                                                                                      |                      |
| <b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b><br><b>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).</b>                                                                                                                                                                                                                                                                                           |                                                                                      |                                                                                                                                                                                                                       |                                       |                                                                                        |                      |
| TL* THE CONTACT OWNS A 2012 VOLKSWAGEN PASSAT. WHILE DRIVING AT 65 MPH, THE STEERING WHEEL SEIZED AND THE AIR BAG WARNING LIGHT ILLUMINATED. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 86,000.                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                                                                                                                                                                       |                                       |                                                                                        |                      |
| 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. |                                                                                      |                                                                                                                                                                                                                       |                                       |                                                                                        |                      |

**Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)**

Driver noticed that all steering wheel controls, horn, and airbag stopped working simultaneously. Vehicle was taken to a dealer mechanic who diagnosed it as a broken clockspring. Mechanic performed the repairs. Concerned about safety during an accident if airbags are unable to deploy. Non-functioning horn is also a safety issue. Appears to be related to NHTSA action number PE15010.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382

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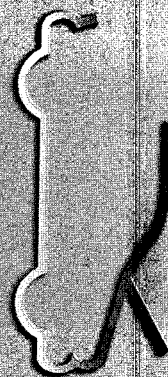
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**US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382**



**Think your vehicle  
has a safety defect?**



**If so:  
Use the enclosed  
form to file a report.**

**or visit:**

**[www.safercar.gov](http://www.safercar.gov)**

**or call:**

**Vehicle Safety Hotline  
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration