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	Repository ☐
24-MAY-2016 JUN 28 2016	Reference No. 10870586

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
City SELDEN	State NY	Zip Code [redacted]	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	Make	Model	Model Year
WVWG47AN4BE [redacted]	VOLKSWAGEN	CC	2011

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
11-22-2010	Ronalasons 631-567-9200			No: Cylinders 6	GAS
Original Owner ☒	Dealer's City Sayville NY	State	Zip Code		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Auto	☒ Antilock Brakes ☒ Cruise Control			05-APR-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	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: 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			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 2011 VOLKSWAGEN CC. THE CONTACT RECEIVED NOTIFICATION OF A MANUFACTURER RECALL CONCERNING THE AIR BAGS. THE DEALER WAS UNABLE TO DETERMINE WHEN THE PARTS WOULD BE SUPPLIED FOR THE RECALL REMEDY. THE MANUFACTURER WAS ALSO UNABLE TO PROVIDE A SPECIFIC TIME FRAME THAT THE PARTS WOULD BECOME AVAILABL. THE DEALER DID NOT PROVIDE A TIME FRAME SO THE CONTACT WAS UNABLE TO DETERMINE WHEN THE VEHICLE WOULD BE REPAIRED. THE VIN WAS NOT AVAILABLE. THE CONTACT HAD NOT EXPERIENCED A FAILURE.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

[redacted]
Selden, NY [redacted]

MID-ISLAND
NY 117
17 JUN '16
PM 3 L

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

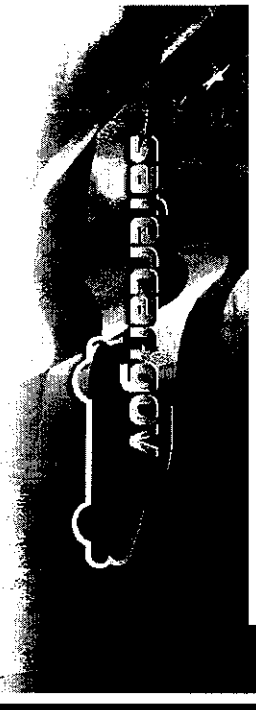
Administration
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use $300

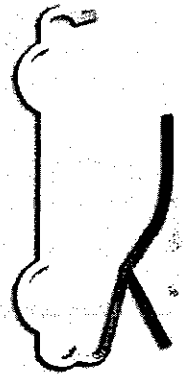
BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NEF-100
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

or call:

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888-327-4236

NHTSA
www.nhtsa.gov

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