



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

2008 APR 11 PM 2:13
20-MAR-2008

FOR AGENCY USE ONLY 100148

Date Received
Repository
Reference No.
10221871

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City MAIDEN State NC 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?
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 4/2/08 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
WVWCA0158K [REDACTED]
Make VOLKSWAGEN Model CABRIOLET Model Year 1989
Date Purchased 01-JAN-02 Dealer's Name and Telephone Number
Engine: No: Cylinders 4 Fuel Type: Gas
Original Owner Dealer's City State Zip Code
Transmission Type S spd. Antilock Brakes Powertrain FRONT WHEEL DRIVE
 Cruise Control Vehicle Component Code 071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-MAR-2002 Failure Mileage Failure Speed 0

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 Failure Location:
 Prior Repair
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 0 Number of Deaths 0 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 1989 VOLKSWAGEN CABRIOLET. THE CONTACT SMELLED GASOLINE WHILE SITTING IN THE VEHICLE. SHE TOOK THE VEHICLE TO A VOLKSWAGEN REPAIR SHOP, BUT THE WORKER TO FIND A RECALL. THE CONTACT FOUND A RECALL FOR HER YEAR, MAKE, AND MODEL VEHICLE, BUT WAS INFORMED THAT THE RECALL DID NOT APPLY TO HER VIN. THE CONTACT BELIEVES THAT HER VEHICLE SHOULD BE COVERED UNDER THE RECALL BECAUSE SHE IS EXPERIENCING THE SAME DEFECT. THE TRANSMISSION TYPE, RECALL NUMBER, AND MILEAGES WERE UNAVAILABLE. After inspection by V.W. Repair a leak is plainly seen and is scheduled to be repaired. Leak is in same place that Recall is on same year but different Vin #.

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.