

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

FOR AGENCY USE ONLY 100148

Vehicle Owner's Questionnaire
 To Report Vehicle Safety Defects
 1-888-DASH-2-DOT
 (1-888-327-4236)
 INTERNET: www.nhtsa.dot.gov/hotline

Date Received

Repository ☐Reference No.
10939525**OWNER INFORMATION (Type or Print)**

Name

Address

City

GOLETA

State

CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

VOLKSWAGEN

Model

EUROVAN

Model Year

2003

Date Purchased

2/2003

Dealer's Name and Telephone Number

Santa Barbara Volkswagen (closed)

Engine:

No: Cylinders

6

Fuel Type:

gas

Original Owner

Dealer's City

Santa Barbara

State

CA

Zip Code

93117

Transmission Type

Automatic

☒ Antilock Brakes

Powertrain

☒ Cruise Control

Multiple Failure:

Incident Date(s)

08-AUG-2016

FAILED COMPONENT(S)/PART(S) INFORMATION
 Vehicle Component Codes: FUEL/PROPULSION SYSTEM (PWS), 063200 ENGINE AND ENGINE COOLING;
 EXHAUST SYSTEM: MANIFOLD/HEADER/MUFFLER/TAI PIPE

Failure Mileage

92000

Failure Speed

idle

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

NA

Number of Deaths

NA

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 2003 VOLKSWAGEN EUROVAN. WHILE THE VEHICLE WAS PARKED OR IDLING, THERE WAS A STRONG ODOR. THERE WERE NO WARNING INDICATORS ILLUMINATED. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHERE IT WAS DIAGNOSED WITH A LEAK IN THE MANIFOLD, WHICH CAUSED EXHAUST FUMES TO ENTER THE VEHICLE THROUGH THE AIR INTAKE. THE MANIFOLD NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE ISSUE. THE FAILURE MILEAGE WAS APPROXIMATELY 92,000. THE VIN WAS NOT AVAILABLE.

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)

See Attachment for description of exhaust
problem. Exhaust leaking from defective welds. Safety issue.

VIN= VW2NB47033H [REDACTED]

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

Official Business
Penalty for Private Use \$300



**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

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:

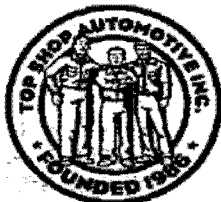
www.safercar.gov

or call:

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



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



Top Shop Automotive

177 S. Patterson
Santa Barbara, CA 93111

805-964-6554

3AR# ARD246134

EPA# CAL000285244

Repair Order
Original Estimate

Date : 5/24/17

Page : Page 1 of 2

Center : 1

Customer :
Address :
City : GOLETA, CA
Main :
Alternat :

Vehicle : 2003 VOLK EUROVAN

License :

P/D : 05/02

VIN : WV2NB47033H

Engine : 2.8L V6 GAS FI

Trans : AUTO

Mileage : In 117762 Out 117762

COLR : BLUE

Op	Tech	Description	Part Description	Labor	Parts	Subtotal
Quan		Part Number			Price	
Mileage In: 117762 Mileage Out: 117762						
Service Requests:						
CONF-12.14-8:15-LOF-KY						
Estimate Approvals:						
Original Approval Date: 12/14/2015 8:39:00 AM Reason: LOF, REAR BRAKES						
Amount: \$632.34 Auth By: AND Contacted By Phone						
Phone: By: JERRY						
Revised Approval: 12/14/2015 11:51:00 AM Reason: CONTINUE ENG LIGHT DIAG						
Amount: \$755.22 Auth By: AND Contacted By Phone						
Difference from Previous Approval: \$122.88						
Phone: By: JERRY						
EC 001	7	CHECK EXHAUST SMELL IN THE CABIN AREA.		122.88		122.88
		BEGIN DIAG//REMOVE BISI 02 SENSOR PLUG EXHAUST LEAKS//NO EXHAUST LEAKS				
		REVEALED WITH SMOKE MACHINE//ATTEMPT TO IDENTIFY EXHAUST LEAK WITH GAS ANALYZER				
		TRACE AMOUNTS OF CO2 IN ENGINE BAY ANALYZER WAS NOT ABLE TO DETECT ANYTHING				
		OUT OF VENTS//SUSPECT LEAK IS AN EXHAUST MANIFOLD WOULD NEED ADDITIONAL TIME TO				
		REMOVE EXHAUST MANIFOLD HEAT SHIELD FOR FURTHER INSPECTION OF EXHAUST MANIFOLD.				
EX 011	7	CONTINUE EXHAUST LEAK DIAG.		122.88		122.88
		CONTINUE DIAG//REMOVE EXHAUST HEAT SHIELDS AND CHECK FOR CRACKS//NO				
		CRACKING OBSERVED BUT DID NOTICE BLACK CHARRING AROUND SEVERAL WELD SEAMS				
		INDICATING POSSIBLE LEAKS//SPRAYED SOAPY WATER AND CHECKED FOR BUBBLING//SPRAYED				
		AFFECTED AREAS WITH SUPPLEMENTAL FUEL SOURCE WHILE MONITORING OXYGEN SENSOR				
		READINGS//OXYGEN SENSORS REACT TO SUPPLEMENTAL FUEL ADDITION INDICATING				
		LEAKS AT EXHAUST MANIFOLDS//NEEDS EXHAUST MANIFOLDS (CAR IS APART)				
		**CUSTOMER DECLINED RECOMMENDED REPAIRS FOR NOW AS PARTS ARE NOT AVAILABLE FOR 1				
		MONTH. REINSTALLED AT PARTS AND CUSTOMER PICKED UP CAR.				
AC 006	7	CUSTOMER STATES: THEY SMELL EXHAUST IN THE CABIN WHEN AT		0.00		
		A STOP.				
O1 040	9	5W30 NON- SYN OIL CHANGE SERVICE INCLUDES: UP TO 5 QUARTS OF OIL, REMOVE		27.03	46.58	73.61
		AND REPLACE OIL FILTER, CHECK FLUIDS & LUBE WHERE APPLICABLE, CHECK AND SET				
		TIRE PRESSURE, COMPLIMENTARY MULTI-POINT VEHICLE INSPECTION AND REVIEW.				
		OIL STICKER PRINTED.				
		OIL TYPE:5W-30				
	5.00	5W30 OIL	5W30 SAE OIL		29.75	
	5.00		FLUID DISPOSAL		2.00	
	1.00	071115562C	OIL FILTER		11.63	
	1.00		FILTER DISPOSAL		1.00	
	1.00	000	OIL DRAIN SEAL		2.20	
B1 063	7	REPLACE REAR BRAKE PADS & ROTORS, SENSOR IF NEEDED. REPLACING REAR PADS		184.32	229.67	413.99
		AND ROTORS.				
	1.00	0887780C	BRAKE PAD SET		69.89	
	2.00	40454035	REAR BRAKE ROTOR		159.78	
S1 011	007	CHECK FOR AND RESET MAINTENANCE LIGHT		0.00		
TIR004	9	TIRE PRESSURE (SERVICE WRITER) CAME IN AT:		0.00		
		1)31 2)30 3)30 4)32 SET PSI-ALL SET TO: 1)36 2)36 3)36 4)36				
S1 003	9	SAFETY INSPECTION - 1= PRIORITY/CRITICAL 2 =SOON/IMPORTANT 3 =AT NEXT SERVICE		0.00		
		RATE 1 = NONE				