L-5 43 R418 855 65 ~~TTG~~

Form Approved: O.M.B. No. 2127-0008

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

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

POSTED COPIED

FOR AGENCY USE ONLY

Date Received: RECEIVED 00 MAY -9 PM 3:30 OFFICE DEFECTS INVESTIG

QC

Reference No. 552191

OWNER INFORMATION (Type or Print)

[redacted]

Daytime Telephone Number [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☑ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 4/22/00

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) (Located at bottom of windshield on driver's side)	Make	Model	Year
WVWDF43186E158B4079	VW	Passat	1993

Purchased Date	Dealer's Name	Engine Size (CID/CC/L)	
☐ New ☐ Used	Dealer's City / State: IA / Zip Code	V6 / No. Cylinders: 6	☐ Turbo ☐ Diesel ☑ Gas ☐ Fuel Injection

Manufacture Date (on driver's door or pillar)	Transmission Type	Restraint System	Cruise Control	Drivetrain	Vehicle Type	Body Style
	☐ Manual ☑ Automatic	☑ Driverside Air Bag ☐ Passengerside Air Bag ☐ 3-Point Belt ☐ Motorbelt ☐ 2-Point Belt	☑ Yes ☐ No	☑ Front ☐ Rear ☐ 4-Wheel	☑ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Utility ☐ Truck ☐ Motorcycle	☐ 2-Door ☑ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

	Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
		☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement	☐ Yes ☐ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size

No. of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s):	Failed Part(s) Available?	NHTSA Previously Contacted?
		☐ Yes ☐ No	☐ Yes ☐ No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
☐ Yes ☑ No	☑ Yes ☐ No		-0-	☐ Yes ☐ No

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

Smelled gas fumes, minute later car caught on Fire.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 *This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.*

Mail postage free or fax to 202-366-7882