

Good
MAR 27 2002



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

DOT Auto Safety Hotline Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECT
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov

FOR AGENCY USE ONLY

Date Received: 02 MAR 15 2002	Officer: 564720
OFFICE OF DEFECTS INVESTIGATION	
Date: 2/27/02	

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

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: [Redacted] Date: **2/27/02**

PRODUCT INFORMATION

Vehicle Ident. No. (VIN) (17 Digits) 3VWNB821H6RM038071	Make Volkswagon	Model Jetta	Year 1994
Purchased Date	Dealer's Name D Auto Sales	Engine Size (CID/COI) 2.0	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's City Corthland	State NY	Zip Code 13803
Manufacture Date (or driver's door or pillar) 1994	Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Air-Bag <input type="checkbox"/> Seat Belt <input type="checkbox"/> 2 Point Belt	Drive Train <input type="checkbox"/> 4-Wheel <input type="checkbox"/> Motorbelt

FAILED COMPONENT(S) / PART(S) INFORMATION

Part Name(s)	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No
		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number Persons Injured 1	Number of Fatalities 0	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

The air bags inflated and left a residue. My mother went with me the next day to clean the things out of my car which everything was covered with a powder from the airbags. She had a severe allergic reaction to that residue left on everything left in my car. We would like to see some warnings on the car for people with allergic reactions to things. Also in the book and on [Redacted]

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.

