

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline

## Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

## FOR AGENCY USE ONLY

258

Date Received

02-AUG-2000

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up\_ltr

Reference No.

726417

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

Signature of Owner

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

|                                                                            |              |               |              |                          |
|----------------------------------------------------------------------------|--------------|---------------|--------------|--------------------------|
| Vehicle Ident. No. (VIN) (located at front of vehicle or on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 3VWRC29M3XM090930                                                          | VOLKSWAGEN   | JETTA         | 1999         |                          |

|                                                                       |                                       |                              |                                                                                                                                              |
|-----------------------------------------------------------------------|---------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date<br><b>01-AUG-1999</b>                                   | Dealer's Name _____                   | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____          |                                                                                                                                              |

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                                    |                                                                                          |                                                                                                                               |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | Body Style<br><input type="checkbox"/> Sport Vlt<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input checked="" type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Station wagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                                                                                                   |                                                                                                                                                |                                                                                             |
|-----------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>12111000 | Part Name(s)<br>INTERIOR SYSTEMS;PASSENGER RESTRAINTS;AIR BAG;FRONT A                             | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures<br>1  | Date(s) of Failure(s) 22-JUL-2000<br>Mileage at Failure(s) 5600<br>Vehicle Speed at Failure(s) 50 | Failed Part(s) Available?<br>  Yes   No                                                                                                        | NHTSA Previously Contacted?<br>  Yes   No                                                   |

## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

|                                                                   |                                                                             |                                |                           |                           |                                                                                           |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|---------------------------|---------------------------|-------------------------------------------------------------------------------------------|
| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>1 | Number of Fatalities<br>0 | Estimated Property Damage | Reported to Police<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|---------------------------|---------------------------|-------------------------------------------------------------------------------------------|

## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE CAR WAS INVOLVED IN A HIGH-SPEED, FRONT END COLLISION AND THE AIRBAGS DID NOT DEPLOY. THE CAR WAS TRAVELING AT 70 MPH WHEN IT WAS CLIPPED FROM THE SIDE AND SPUN OUT OF CONTROL. IT CRASHED HEADLONG INTO A VAN GOING APPROXIMATELY 40-60 MPH. THE IMPACT SENT THE CAR BACKWARD APPROXIMATELY 30 FEET BEFORE IT SPUN 180 DEGREES AND CAME TO A HALT. THE FRONT END OF THE CAR IS SEVERELY DAMAGE--\$7,000--AND THE ENGINE MAY HAVE BEEN DISPLACED AS MUCH AS 2 INCHES. I CALLED VOLKSWAGEN CUSTOMER RELATIONS TO REPORT THE PROBLEM AND TO ASK FOR ASSISTANCE TO GUARANTEE THAT THE AIRBAGS WOULD PERFORM PROPERLY ONCE THE CAR WAS REPAIRED AND BACK ON THE ROAD AGAIN ON 7/27/00. ON 8/1/00 I RECEIVED A MESSAGE FROM "DAVID." I PHONE BACK ON 8/2/00. AFTER

CONTINUE ON BACK IF NEEDED

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.