



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

## Auto Safety Hotline

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

## FOR AGENCY USE ONLY 258

Date Received

08-FEB-2002

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Reference No.

757984

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)<br><small>(Locate at bottom of<br/>windshield and door hinge)</small><br><b>WVWMA63B8WE428201</b> | Vehicle Make<br><b>VOLKSWAGEN</b> | Vehicle Model<br><b>PASSAT</b> | Vehicle Year<br><b>1998</b> | Current Odometer Reading |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------|-----------------------------|--------------------------|

|                                                                                                                               |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                  |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date<br><b>01-JUN-1999</b>                                                                                           | Dealer's Name                                                                                                                                                                                                                                             | Engine Size<br>(CID/CC/L)                                                                                                                                                                                                        | <input checked="" 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                                                                                                                                                |
| 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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | 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 <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other | Body Style<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other                 |                                                                                                                                                         |

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

|                              |                                                                               |                                                                                                                                          |                                                                                             |
|------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>03250000</b> | Part Name(s)<br><b>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</b>                      | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure                | Date(s) of Failure(s)<br>Mileage at Failure(s)<br>Vehicle Speed at Failure(s) | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> 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 | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|

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

REAR BRAKES MAKE LOUD SQUEAKING NOISE FROM MOMENT BRAKE PEDAL IS DEPRESSED UNTIL VEHICLE COMES TO A COMPLETE STOP. DEALER HAS INSPECTED AND SAID BRAKES/PADS ARE OK. DEALER DEGLAZED PADS WHICH FIXED NOICE PROBLEM FOR APPROX 2 WEEKS AND THEN IT RETURNED. PROBLEM STILL NOT RESOLVED. PROBLEM STARTED AT 20K, VEHICLE JUST HAD 40K MILE SERVICE-DEALER SAID BRAKES OK STILL. SAID FRONT BRAKES WILL NEED REPLACEMENT AT NEXT SERVICE. I FEEL DEALER IS TRYING TO FIX PROBLEM, BUT MANUFACTURER HASN'T PROVIDE DEALER WITH ANY RECOMMENDATIONS ON PROBLEM RESOLUTION. \*AK

CONTINUE ON REVERSE

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.