



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

04-MAR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

758914

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) (Location at bottom of windshield and driver's side door) 3VWCF21C3YM462588	Vehicle Make VOLKSWAGEN	Vehicle Model NEW BEETLE	Vehicle Year 2000	Current Odometer Reading
Purchase Date 01-MAR-2000	Dealer's Name _____		Engine Size (CID/CC/L) 1.9/L	☒ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☒ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12110000	Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 7	Date(s) of Failure(s) 13-MAR-2000 Mileage at Failure(s) 1146 Vehicle Speed at Failure(s)	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 ☐ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

I HAVE HAD THE CAR BACK 7 TIMES FOR REPAIRS, EACH TIME I AM ASSURED THAT THE CAR IS FIXED. VW CUSTOMER SERVICES POSITION IS THAT IF IT IS CURRENTLY FIXED THEY HAVE NO FURTHER OBLIGATION. THE CAR WAS BACK 4 TIMES UNDER ITS 24,000 MILE WARRENTY BUT EACH TIME I WAS ASSURED THAT THE PROBLEM WAS FOUND AND NECESSARY REPAIRS MADE. ALL SEVEN TIMES THE CAR WAS TAKEN IN FOR SERVICE IT WAS BECAUSE THE AIR BAG LIGHT WAS ON. IS THERE ANYTHING ELSE I CAN DO AT THIS POINT.*AK

COPIES OF THIS FORM ARE:

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.



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738914

OWNER INFORMATION (Type or Print)

742058

Work Number

Home Number

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 bottom of
windshield on driver's side)

3VWCF21C3YM462583

Vehicle Make

VOLKSWAGEN

Vehicle Model

NEW BEETLE

Vehicle Year

2000

Current Odometer Reading

Purchase Date

01-MAR-2000

Dealer's Name

Engine Size

(CID/CC/L 1.9/L

No Cylinders

Turbo

Diesel

Gas

Fuel Injection

☒ New ☐ Used

City

State

Zip Code

Transmission Type

☐ Manual☐ Automatic

Antilock Brakes

☐ Yes☒ No

Restraint System

☒ 3-Point Belt☐ Motorbelt☐ Driverside Airbag ☐ 2-Point Belt☐ Passengerside Airbag

Cruise Control

☒ Yes☐ No

Drive Train

☒ Front☐ Rear☐ 4-Wheel

Vehicle Type

☐ Car☐ Van☐ Minivan☐ Other☐ Sport UT☐ Truck☐ Motorcycle

Body Style

☐ 2-Door☐ 4-Door☐ Stationwagon☐ Pick Up Truck☒ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
12110000

Part Name(s)

INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG

Location

☐ Left☐ Right☐ Front☐ Rear

Failed Part(s)

☐ Original☐ Replacement

No of Failure

7

Date(s) of Failure(s)

13-MAR-2000

Mileage at Failure(s)

1145

Vehicle Speed at Failure(s)

Failed Part(s)

☐ Yes ☐ No

NHTSA Previously

☐ 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

☐ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Fatalities

Estimated Property Damage

Reported to Police

☐ Yes ☒ No

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

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CONTINUE ON BACK IF NEEDED

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**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

(Page ___ / ___ through Page ___ / ___)

100

101

102

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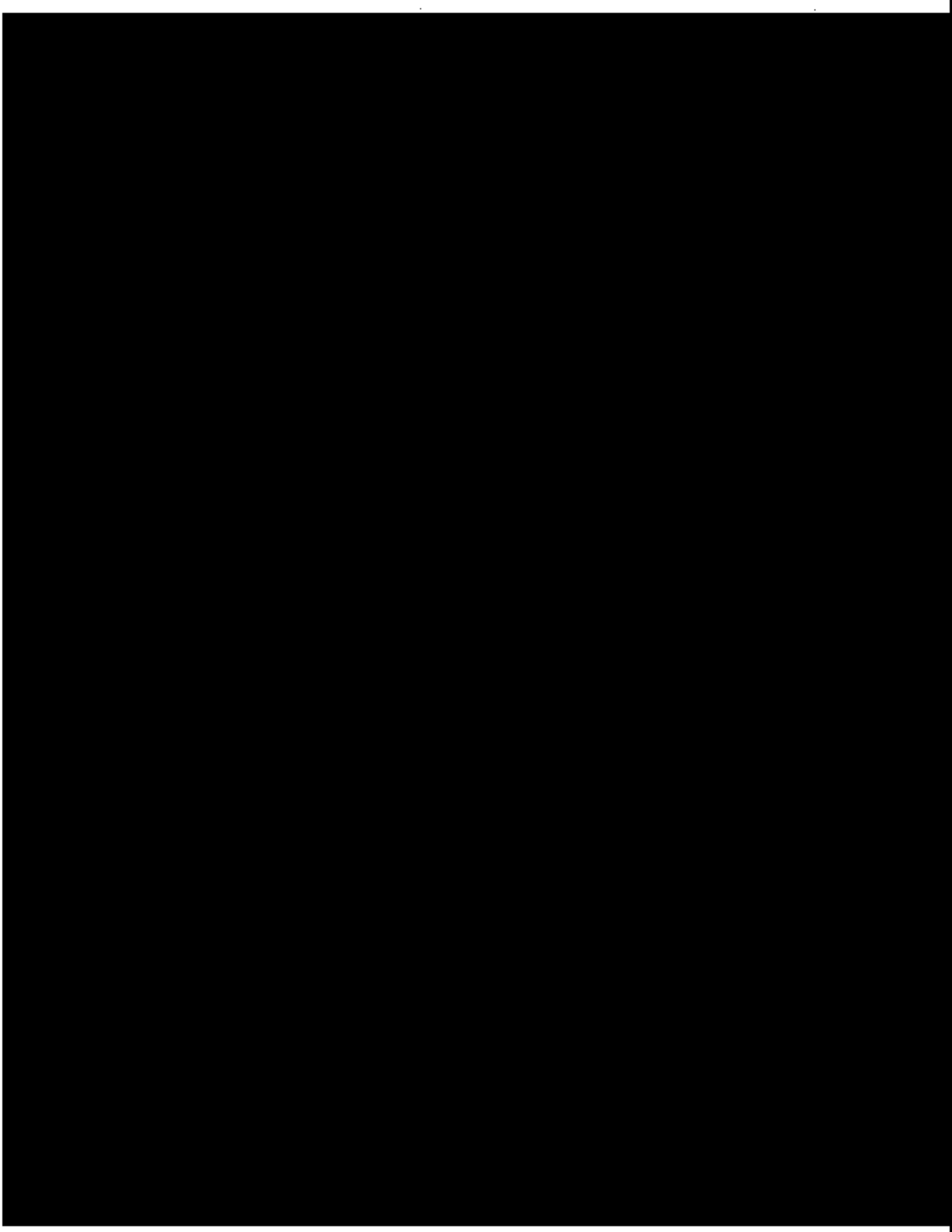
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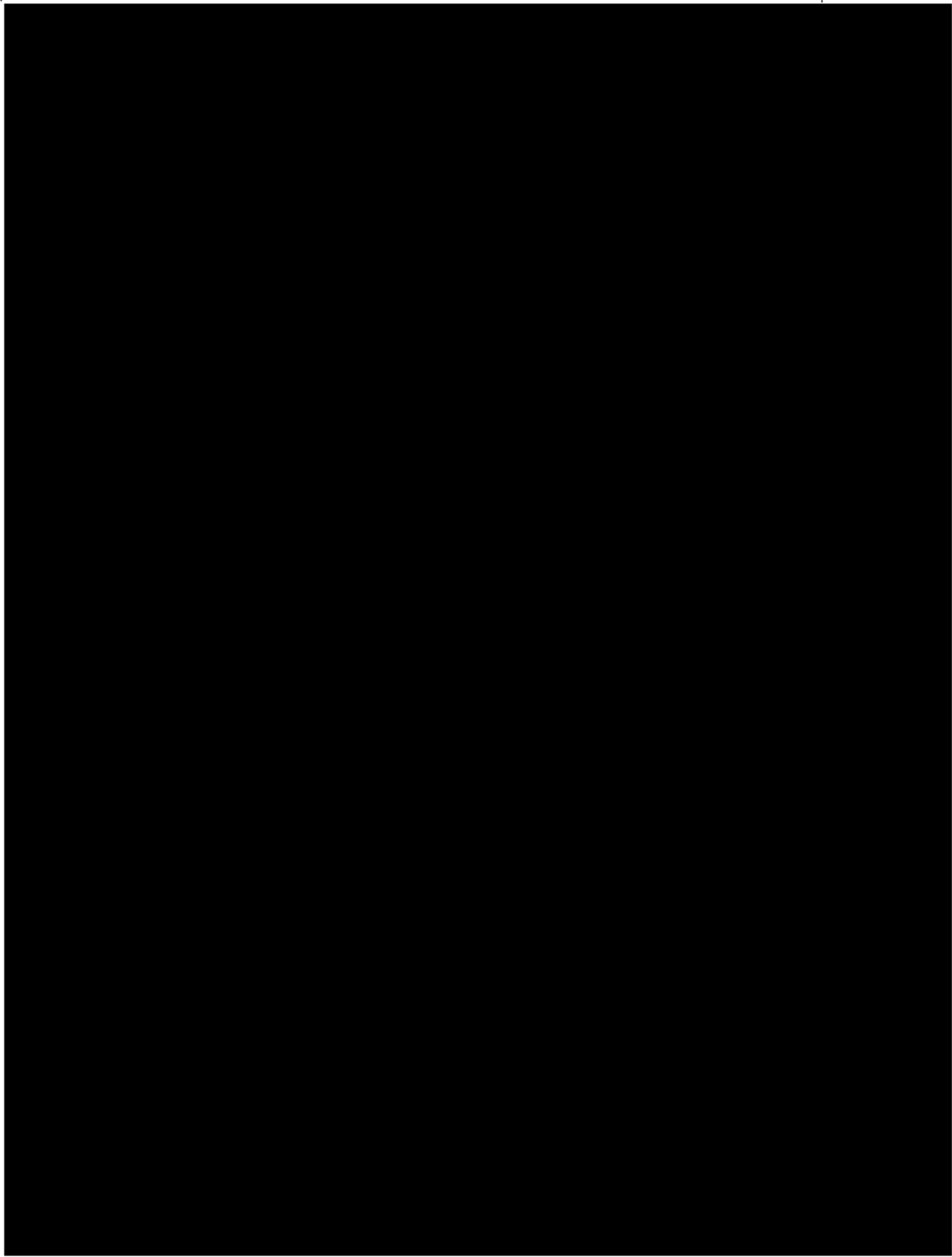
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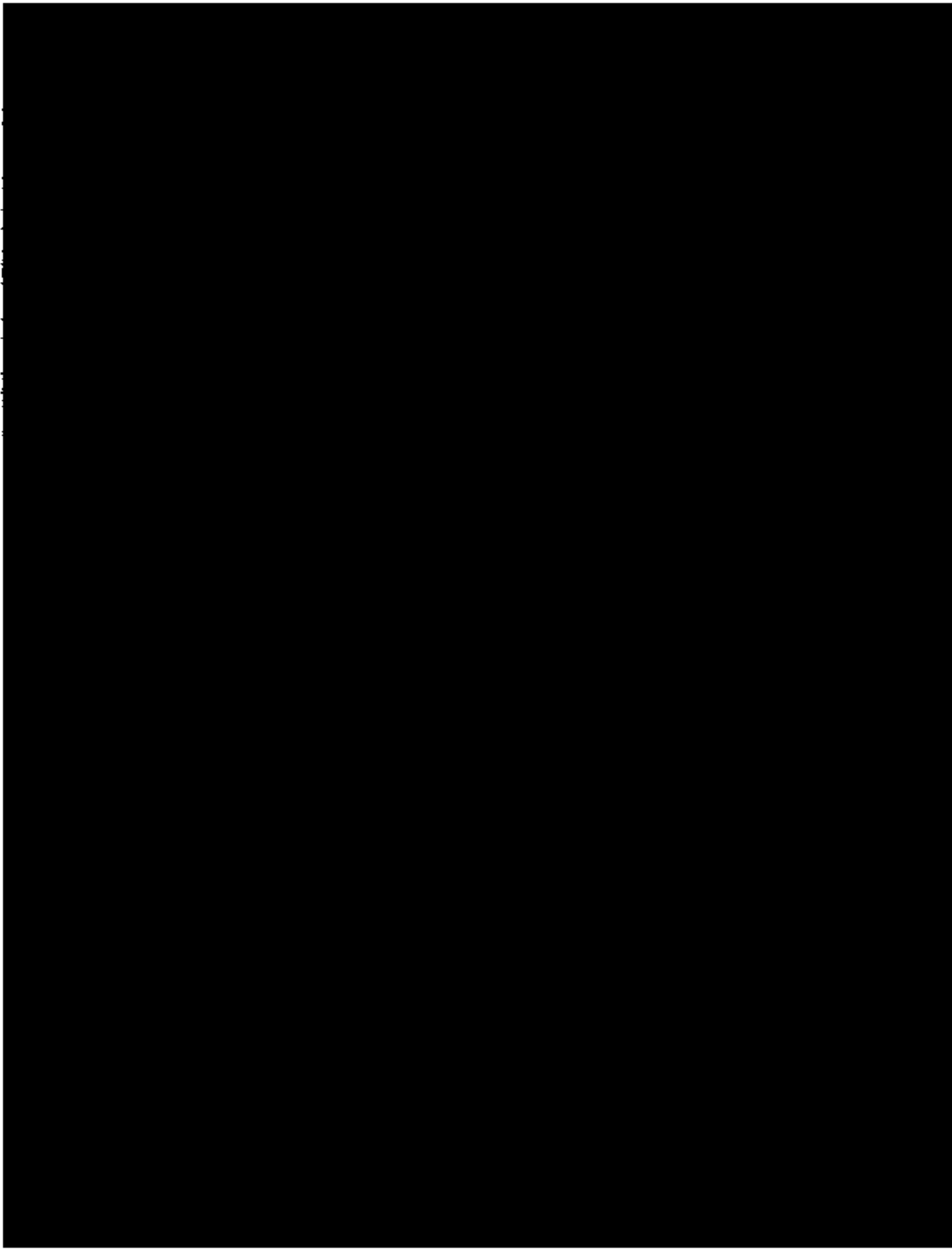
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[The page contains a large, solid black rectangular area, likely representing redacted content or a placeholder for an image.]





CHINA