

**785018**

**From:** siracusa@publicinteractive.com  
**To:** Young, Beverly <NHTSA>, Jimenez, Alberto <NHTSA>  
**Date:** 5/31/01 10:21AM  
**Subject:** Car Talk VOQ submission

\* This data was submitted via a fill-in form at the Cartalk web site  
\* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems  
\* or suggestions regarding the format of this submission, send email  
\* to [webmaster@cartalk.com](mailto:webmaster@cartalk.com)

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SUBMISSION DATE: Thursday, May 31st 2001 at 10:20:55 AM

**VEHICLE OWNER'S QUESTIONNAIRE**

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**OWNER INFORMATION**

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NAME: [REDACTED]  
ADDRESS: [REDACTED]  
A: [REDACTED]  
TELEPHONE: [REDACTED]

NHTSA authorized to send a copy of this report to the manufacturer: No

**VEHICLE INFORMATION**

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VIN:  
MAKE: Volkswagen  
MODEL: Passat  
YEAR: 2000

ODOMETER: 27000  
PURCHASE DATE: NEW OR USED:

DEALER NAME: Springfield Volkswagen  
ADDRESS: Springfield, VA

ENGINE SIZE:  
CYLINDERS: 4

FUEL INJECTION: No  
TURBO: Yes  
FUEL TYPE:  
ANTILOCK BRAKES: Yes  
CRUISE CONTROL: Yes  
DRIVETRAIN: Front

DRIVER AIRBAG: No  
PASSENGER AIRBAG: Yes  
3-POINT BELT: No  
MOTOR BELT: No  
2-POINT BELT: No  
BODY STYLE: 4-Door

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

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COMPONENT: The car shakes when idle at a light. It acts as if it needs a tune-up. I have taken it in three times for service, and the problem continues to exist. I am in the process of seeking redress under the lemon law.

PART NAME(S):

LOCATION:

NUMBER OF FAILURES: numerous

DATE(S) OF FAILURES: 01/01/01 - present

MILEAGE AT FAILURE(S): 18000

SPEED AT FAILURE(S): 0 mph

MANUFACTURER CONTACTED: Yes

NHTSA CONTACTED:

**APPLICABLE ACCIDENT INFORMATION**

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ACCIDENT:

FIRE:

NUMBER OF PERSONS INJURED:

NUMBER OF FATALITIES:

ESTIMATED PROPERTY DAMAGE: \$

DRIVER AIRBAG DEPLOYED:

PASSENGER AIRBAG DEPLOYED:

REPORTED TO POLICE:

**INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)**

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DOT NUMBER: DOT

TIRE MANUFACTURER:  
TIRE NAME:  
TIRE SIZE:

ADDITIONAL COMMENTS  
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END OF FORM  
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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 1058**

Date Received

31-MAY-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

785018

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>(Location at bottom of windshield and driver's side)</small> |                                                                                               | Vehicle Make<br><b>VOLKSWAGEN</b>                                                                                                                                                                                                               | Vehicle Model<br><b>PASSAT</b>                                                               | Vehicle Year<br><b>2000</b>                                                                                                                             | Current Odometer Reading                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Purchase Date<br><br><input type="checkbox"/> New <input type="checkbox"/> Used                 | Dealer's Name _____<br>City _____ State _____ Zip Code _____                                  |                                                                                                                                                                                                                                                 | Engine Size<br>(CID/CC/L <b>4 CYL</b> )<br>No Cylinders _____                                | <input checked="" type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Transmission Type<br><br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic  | Antilock Brakes<br><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><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 checked="" type="checkbox"/> Passengerside Airbag | Cruise Control<br><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><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 _____<br>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>05100000</b> | Part Name(s)<br><b>ENGINE</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<br><b>3</b>    | Date(s) of Failure(s)<br><b>01-JAN-2001</b><br>Mileage at Failure(s)<br><b>18000</b> | 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><br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------|----------------------|---------------------------|------------------------------------------------------------------------------------|

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

**CONSUMER STATES VEHICLE SHAKES WHEN IDLE AT A LIGHT, CONSUMER STATES VEHICLE HAS BEEN IN FOR SERVICE MANY TIMES AND THE PROBLEM CONTIUES TO EXIST, POSSIBLY ENGINE RELATED. \*JB**

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.