

785948

From: feedback@cartalk.com
To: Alberto <NHTSA> Jimenez
Date: 4/16/02 7:17AM
Subject: Car Talk VOQ submission

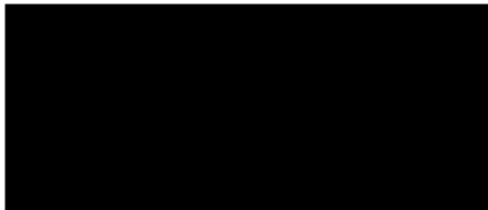
* This data was submitted via a fill-in form at the Cartalk web site
* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

SUBMISSION DATE: Tuesday, April 16th 2002 at 2:05:55 AM

VEHICLE OWNER'S QUESTIONNAIRE

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OWNER INFORMATION



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

VEHICLE INFORMATION

VIN: WV2KH2701XH015090
MAKE: VOLKSWAGEN
MODEL: EUROVAN
YEAR: 1999

ODOMETER: 50220
PURCHASE DATE: 04/13/02
NEW OR USED: Used

DEALER NAME: HANSEL TOYOTA
ADDRESS: PETALUMA, CA 94952

ENGINE SIZE: L
CYLINDERS: 6

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

DRIVETRAIN: Front
DRIVER AIRBAG: Yes
PASSENGER AIRBAG: Yes
3-POINT BELT: Yes
MOTOR BELT: No
2-POINT BELT: No
BODY STYLE: Van

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: ELECTRICAL. Radio was turned on and shorted out (seems). Engine turned on again and all the electrical items in the car either don't work at all or don't perform as intended.

PART NAME(S): Radio, air conditioning, heater, trip meter, clock.

LOCATION:

NUMBER OF FAILURES:

DATE(S) OF FAILURES: April 13th, 2002 thru Present

MILEAGE AT FAILURE(S): 50210

SPEED AT FAILURE(S): N/A

MANUFACTURER CONTACTED: No

NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: No
FIRE: No

NUMBER OF PERSONS INJURED: 0
NUMBER OF FATALITIES: 0
ESTIMATED PROPERTY DAMAGE: \$0

DRIVER AIRBAG DEPLOYED: N/A
PASSENGER AIRBAG DEPLOYED: N/A

REPORTED TO POLICE: No

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)



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

16-APR-2002

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

785948

OWNER INFORMATION (Type or Print)

KANA MATINEZ 751587
3408 SPOTSYLVANIA COURT
MARINA CA 93933

Work Number

Home Number **831-883-9340**

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) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
WV2KH2701XH015090	VOLKSWAGEN TR	EUROVAN	1999	

Purchase Date 13-APR-2002	Dealer's Name _____	Engine Size (CID/CC/L 6 CYL)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08000000	Part Name(s) ELECTRICAL SYSTEM	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
No. of Failure 1	Date(s) of Failure(s) 13-APR-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 50210		
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION

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

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATED THAT WHEN THE ENGINE WAS TURNED ON, ALL THE ELECTRICAL ITEMS SUCH AS THE RADIO, AIR CONDITIONER, HEATER AND CLOCK IN THE VEHICLE BECAME INOPERATIVE AND WHEN THE RADIO WAS TURNED ON IT SHORTED OUT.

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.

DOT NUMBER: DOT
TIRE MANUFACTURER:
TIRE NAME:
TIRE SIZE:

ADDITIONAL COMMENTS

I would like to know if this is common, and if covered under 1000mls/30 day warranties.

The 3rd sliding door also won't close unless I hold it shut and lock it at the same time. This did not happen until we got it home.

The electrical problem occurred while checking if all the speakers worked properly. When turning the "fader" to the rear speakers the radio just went out. No spark, sound, nothing. Since this occurrence the radio no longer works at all, and the other electrical instrument randomly work and don't work. The heater will turn on and will not go off, the trip meter resets everytime the engine is turned on, along with the dash clock.

END OF FORM



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Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

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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) <small>(Lowercase letters "i" and "o" are not allowed)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
WV2KH2701XH015090	VOLKSWAGEN TR	EUROVAN	1999	

Purchase Date 13-APR-2002	Dealer's Name _____	Engine Size (CID/CC/L 6 CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13400000	Part Name(s) STRUCTURE:DOOR ASSEMBLY	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
No of Failure 1	Date(s) of Failure(s) _____ Mileage at Failure(s) 50210 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATED THE 3RD SLIDING DOOR DOES NOT CLOSE UNLESS IT IS HELD SHUT AND LOCKED AT THE SAME TIME.*YH

CONTINUE ON REVERSE

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