



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 758

Date Received

24-JAN-2002

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

Reference No.

8002793

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<br/>windshield and driver's side)</small> |                                                                        | Vehicle Make                                                                                                                                                                                                 | Vehicle Model                                                          | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                                                                       |
| 3VWCP21C22M422474                                                                                   |                                                                        | VOLKSWAGEN                                                                                                                                                                                                   | BEETLE                                                                 | 2002                                                                                                                                         |                                                                                                                                                                                                                                                |
| Purchase Date                                                                                       | Dealer's Name _____                                                    |                                                                                                                                                                                                              | Engine Size<br>(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                                                                                   | Antilock Brakes                                                        | Restraint System                                                                                                                                                                                             | Cruise Control                                                         | Drive Train                                                                                                                                  | Vehicle Type                                                                                                                                                                                                                                   |
| <input checked="" type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                    | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <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 | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car <input type="checkbox"/> Sport Utl<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                                                                                                                                                                                                                                     |
|                                                                                                     |                                                                        |                                                                                                                                                                                                              |                                                                        |                                                                                                                                              | <input type="checkbox"/> 2-Door<br><input 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>02100000 | Part Name(s)<br>SUSPENSION INDEPENDENT FRONT | 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         | Dates of Failure(s) 17-JAN-2002              | Failed Part(s)                                                                                                                           | NHTSA Previously                                                                           |
|                       | Mileage at Failure(s) 1000                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
|                       | 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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|

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

WHILE DRIVING 55-65 MPH STEERING WHEEL STARTED TO SHAKE AND VEHICLE PULLED TO THE RIGHT. VEHICLE IS AT A DEALERSHIP AT THIS TIME. \*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.

|                                                                                                                                                                                                           |  |                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  <p>U.S. Department of Transportation<br/>National Highway Traffic Safety Administration</p>                             |  | <p>DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT<br/>1-888-327-4236<br/>www.nhtsa.dot.gov/hotline</p>     |  | <p><b>FOR AGENCY USE ONLY</b> 758</p> <p>Date Received: <u>24-JAN-2002</u></p> <p>Od_or<br/>rt_dt<br/>ed_or<br/>up_itr</p> <p>Reference No.<br/>8002793</p> <p>Work Number: <u>902 473 6205-1</u></p> <p>Phone: <u>[REDACTED]</u></p>                                             |  |
| <p><b>OWNER INFORMATION (Type or Print)</b></p> <p>[REDACTED]</p>                                                                                                                                         |  |                                                                                                                                                                          |  | <p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br/>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner: <u>[REDACTED]</u> Date: <u>2/5/02</u></p> |  |
| <p><b>VEHICLE INFORMATION</b></p>                                                                                                                                                                         |  |                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                   |  |
| <p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p>3VWCP21C22M422474</p>                                                                                               |  | <p>Vehicle Make</p> <p>VOLKSWAGEN</p>                                                                                                                                    |  | <p>Vehicle Model</p> <p>BEETLE</p>                                                                                                                                                                                                                                                |  |
| <p>Vehicle Year</p> <p>2002</p>                                                                                                                                                                           |  | <p>Current Odometer Reading</p> <p>1,820</p>                                                                                                                             |  |                                                                                                                                                                                                                                                                                   |  |
| <p>Purchase Date</p> <p>12-17-01</p>                                                                                                                                                                      |  | <p>Dealer's Name</p> <p>Goodwin Volkswagen</p>                                                                                                                           |  | <p>Engine Size</p> <p>90HP</p>                                                                                                                                                                                                                                                    |  |
| <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>                                                                                                                              |  | <p>City</p> <p>Sumter</p>                                                                                                                                                |  | <p>State</p> <p>SC</p>                                                                                                                                                                                                                                                            |  |
| <p>Zip Code</p> <p>29150</p>                                                                                                                                                                              |  | <p>Engine Type</p> <p><input checked="" type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p> |  | <p>No. Cylinders</p> <p>4</p>                                                                                                                                                                                                                                                     |  |
| <p>Transmission Type</p> <p><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>                                                                                             |  | <p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                        |  | <p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt</p> <p><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p>               |  |
| <p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                                          |  | <p>Drive Type</p> <p><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>                                        |  | <p>Vehicle Type</p> <p><input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other</p>                                      |  |
| <p>Body Style</p> <p><input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p> |  |                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                   |  |
| <p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>                                                                                                                                                     |  |                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                   |  |
| <p>Component</p> <p>02100000</p>                                                                                                                                                                          |  | <p>Part Name(s)</p> <p>SUSPENSION INDEPENDENT FRONT</p>                                                                                                                  |  | <p>Location</p> <p><input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>                                                                                                                       |  |
| <p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>                                                                                            |  | <p>No. of Failures</p> <p>1</p>                                                                                                                                          |  |                                                                                                                                                                                                                                                                                   |  |
| <p>Date(s) of Failure(s)</p> <p>17-JAN-2002</p>                                                                                                                                                           |  | <p>Mileage at Failure(s)</p> <p>1000</p>                                                                                                                                 |  | <p>Vehicle Speed at Failure(s)</p> <p>55-65</p>                                                                                                                                                                                                                                   |  |
| <p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                                          |  | <p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                       |  |                                                                                                                                                                                                                                                                                   |  |
| <p><b>APPLICATION INCIDENT INFORMATION</b></p> <p>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>                                        |  |                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                   |  |
| <p>Crash</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                                                              |  | <p>Fire</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                              |  | <p>Number of Persons Injured</p> <p>0</p>                                                                                                                                                                                                                                         |  |
| <p>Number of Fatalities</p> <p>0</p>                                                                                                                                                                      |  | <p>Estimated Property Damage</p> <p>\$</p>                                                                                                                               |  | <p>Reported to Police</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                                                                                                                         |  |

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

WHILE DRIVING 55-65 MPH STEERING WHEEL STARTED TO SHAKE AND VEHICLE PULLED TO THE RIGHT. VEHICLE IS AT A DEALERSHIP AT THIS TIME. \*AK

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

D O T

MANUFACTURER/TIRE NAME

SIZE

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

Goodwin VW Sumter, S.C. 2150 803-469-2595  
rented me a car while they replaced the  
CV axle and related front end parts. This  
repair was covered under VW warranty.  
This is a new VW and I am concerned about  
other defects this car may have. Will you  
let VW of America know about my concerns?

★ U.S. G.P.O.: 1982 - 625-887 / 80086

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



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IN THE  
UNITED STATES

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U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590