



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 1039**

Date Received

25-MAR-2002

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

Reference No.

8006347

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		
	VOLKSWAGEN	JETTA	1989			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input 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 _____

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

Component 13440000	Part Name(s) STRUCTURE:DOOR ASSEMBLY:HANDLE:OUTSIDE	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	Dates of Failure(s) _____ Mileage at Failure(s) _____ 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 type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

DOOR HANDLES FELL OFF. CAN'T OPEN DOORS FROM OUTSIDE. DEALER CONTACTED. PLEASE ADD VIN.  
\*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.

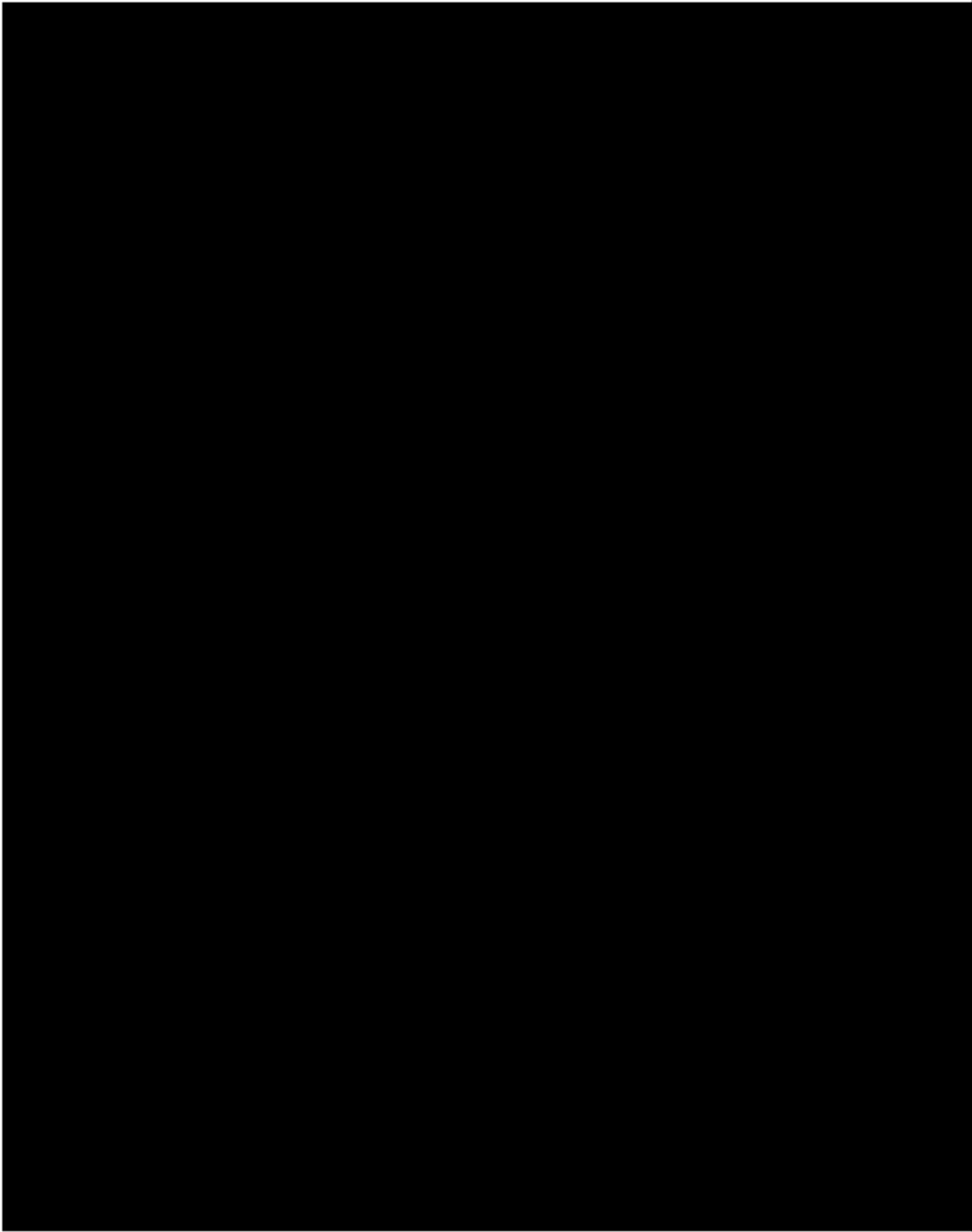
DOT Auto Safety Hotline		FOR AGENCY USE ONLY 1039	
 U.S. Department of Transportation <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION www.nhtsa.dot.gov/hotline		Date Received <b>25-MAR-2002</b>	
OWNER INFORMATION (Type or Print) [Redacted]		Reference No. <b>8006347</b>	
Signature of Owner [Redacted]		Date _____	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		In the absence of an address to the vehicle manufacturer. _____	
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Current Odometer Reading <b>230,000</b>	
Vehicle Make <b>VOLKSWAGEN</b>		Vehicle Model <b>JETTA</b>	
Vehicle Year <b>1989</b>		Engine Size (CID/CC/L)	
Purchase Date		Dealer's Name <b>MORONG</b>	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		No. Cylinders <b>4</b>	
City <b>FALMOUTH</b> State <b>ME</b> Zip Code _____		<input checked="" type="checkbox"/> Turbo Diesel Gas Fuel Injectio	
Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic		Antilock Brakes <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Drive Train <input checked="" type="checkbox"/> Front Rear <input type="checkbox"/> 4-Wheel		Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utl Truck Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	
Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <b>13440000</b>		Part Name(s) <b>STRUCTURE:DOOR ASSEMBLY;HANDLE;OUTSIDE</b> <b>ALIGHT FRONT, LEFT &amp; RIGHT REAR</b>	
Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failures <b>3 Right Front</b> <b>2 Right Rear</b> <b>1 Left Front</b> <b>6 TOTAL</b>		Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s) <b>NA</b>	
Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No		Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of Persons Injured <b>0</b>		Number of Fatalities <b>0</b>	
Estimated Property Damage <b>0</b>		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<b>DOOR HANDLES FELL OFF. CAN'T OPEN DOORS FROM OUTSIDE. DEALER CONTACTED. PLEASE ADD VIN. *AK</b> <b>SHORTLY AFTER THE WARRANTY EXPIRED, 3 DOOR HANDLES FAILED WITHIN 3-DAYS. I HAD TO USE ROPE TO TIE THE DOORS SHUT SO MY KIDS WOULD NOT FALL OUT. DEALER SAID YOU NEED TO LOCATE PER OWNERS MANUAL.</b>			

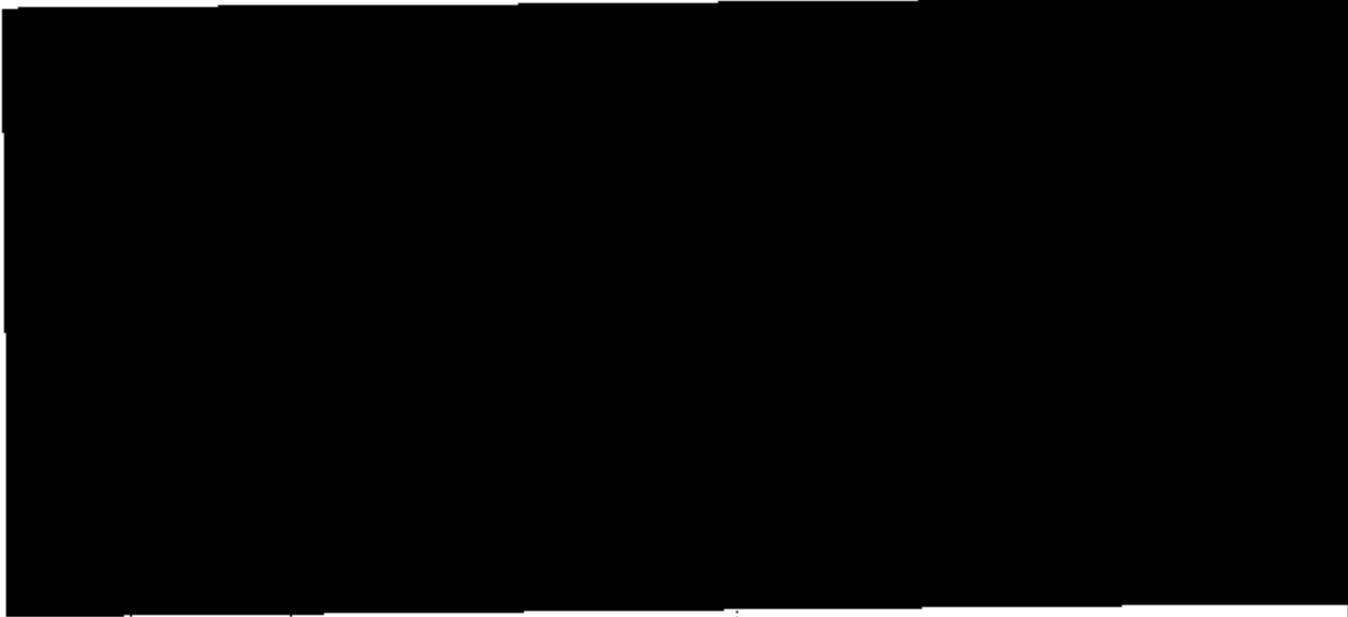
CONTINUE ON BACK IF NEEDED

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 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.

**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   1   through Page   3  )*





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