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 241	
Date Received	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ np_ltr ____ ____
08-APR-2002	Reference No. 8007039

[redacted]

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
3VWDC21V11M814829	VOLKSWAGEN	CABRIO	2001	

Purchase Dat	Dealer's Name / City / State / Zip Code	Engine Size (CID/CC/L) / No Cylinders	Turbo / Diesel / Gas / Fuel Injectio
☒ New ☐ Used	City_____ State_____ Zip Code_____	_____ / _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
06136000	FUEL:FUEL PUMP	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	07-JAN-2002		
	Mileage at Failure(s 5200	☐ Yes ☐ No	☐ Yes ☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

VEHICLE STOPPED RUNNING WHILE DRIVING. TOWED TO DEALER. DEALER HAD TO REPLACE FUEL PUMP. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION. *AK

CONTINUED ON REVERSE

Form Approved O.M.B. No. 2127-0008

U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241

Date Received: 08-APR-2002

Od_or
rt_dt
od_rt
up_ltr

Reference No.: 8007039

OWNER INFORMATION (Type or Print)

[redacted] 747269

Work Number

Home Number [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☑ YES ☐ NO
In the absence of [redacted] *and address to the vehicle manufacturer.*
Signature of Own [redacted] Date 4/19/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Location of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
3VWDC21V11M814829	VOLKSWAGEN	CABRIO	2001	5,423 6/2 48. 6/2 48

Purchase Date: 11/10/01
☒ New ☐ Used

Dealer's Name: Beaudry Motors
City: Tucson State: AZ Zip Code:

Engine Siz: 115 hp (CID/CC: 2.0 No Cylinders: 4
☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☑ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☑ Driverside Airbag ☐ 2-Point Bel ☑ Passengerside Airbag	☑ Yes ☐ No	☑ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ut ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☑ Other Convertible CABRIO	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☑ Truck Convertible

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
08136000	FUEL:FUEL PUMP	☐ Left ☐ Right ☐ Fron: ☐ Rear	☑ Origina ☐ Replacement

No of Failures		Failed Part(s)	NHTSA Previously
	Date(s) of Failure(s): 07-JAN-2002 Mileage at Failure(s): 5200 Vehicle Speed at Failure(s): 65-75 mph	☑ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

Intermittent / Speed Wept
VEHICLE STOPPED RUNNING WHILE DRIVING. TOWED TO DEALER. DEALER HAD TO REPLACE FUEL PUMP. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION. *AK
4/19/02 CAR in Service 34 days plus + (still there as of 4/19/02 from 4/16/02)
Smell also of fuel in car
also car had 7 electrical defaults

CONTINUE ON BACK IF NEEDED