



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  
**12-APR-2002**

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

Reference No.  
**8007490**

Work Number \_\_\_\_\_  
 Home Number **213-612-3924**

**OWNER INFORMATION (Type or Print)**

**TERRY CLARK 748071**  
**3750 LOCKLAND DRIVE**  
**LOS ANGELES CA 90008**

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> <b>9BWGB2304P0100700</b>	Vehicle Make <b>VOLKSWAGEN</b>	Vehicle Model <b>FOX</b>	Vehicle Year <b>1993</b>	Current Odometer Reading
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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
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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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	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 <b>05200000</b>	Part Name(s) <b>ENGINE COOLING SYSTEM</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) <b>148</b> Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIITSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
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**APPLICATION INCIDENT INFORMATION**

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

Case# \_\_\_\_\_ Date \_\_\_\_\_ Number of Persons Injured \_\_\_\_\_ Number of Fatalities \_\_\_\_\_ Estimated Property Damage \_\_\_\_\_ Reported to Police \_\_\_\_\_