



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

25-JUN-2002

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

Reference No.

8012530

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		
9BWGH21J2Y4037913	VOLKSWAGEN	GOLF	2000			
Purchase Date <input checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" 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 checked="" 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 10121000	Part Name(s) VISUAL SYSTEMS:GLASS:POWER WINDOW DOOR AND SIDE	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) 13-JUN-2002 Mileage at Failure(s) 18000 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)

CONSUMER ACTIVATED POWER WINDOW ON DRIVER'S SIDE WHILE PARKING VEHICLE. WINDOW FELL DOWN INSIDE DOOR, VEHICLE HAS BEEN AT DEALER SINCE THEN.PARTS WERE ON BACK ORDER.\*AK

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.



# Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 DOT Auto Safety Hotline  
 1-888-DASH-2-DOT  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

## OWNER INFORMATION (Type or Print)

760721  
 NC  
 Home Number  
 Work Number

Do you authorize NHTSA to contact the manufacturer of your vehicle?  
 YES  NO  
 Signature of Owner

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 9BWH21J2Y4037913  
 Vehicle Make VOLKSWAGEN  
 Vehicle Model GOLF  
 Vehicle Year 2000  
 Current Odometer Reading 17,958

Purchase Date 1/25/00 (9/2000)  
 Dealers Name SOUTHERN STATES  
 City DAREIELD  
 State NC  
 Zip Code 27608

Transmission Type Automatic  
 Restraint System 3-Point Belt  
 Cruise Control No  
 Drive Type Front Wheel Drive  
 Vehicle Type Car

Component 10121000  
 Part Name(s) VISUAL SYSTEMS:GLASS:POWER WINDOW DOOR AND SIDE  
 Location Front  
 Failed Parts Original Replacement

No of Failures 1  
 Date(s) of Failure(s) 13-JUN-2002  
 Mileage at Failure(s) 18000  
 Vehicle Speed at Failure(s) (PARTIAL)

APPLICATION INCIDENT INFORMATION  
 (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

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ORDER: AK

FOR AGENCY USE ONLY 758  
 Date Received 25-JUN-2002  
 Office DEFECTS INVE  
 Reference No. 8012530

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 Signature of Owner

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Transmission Type Automatic  
 Restraint System 3-Point Belt  
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 Drive Type Front Wheel Drive  
 Vehicle Type Car

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