

U.S. Department  
of TransportationNational 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 333

Date Received

31-JAN-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

855838

 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>(Listed at top of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3VWAB81E7WM805228	VOLKSWAGEN	CABRIOLET	1998	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <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	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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	Par. Name(s)	Location	Failed Part(s)
12111200 12111300 12240000	INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A INTERIOR SYSTEMS: ACTIVE RESTRAINTS: BELT RETRACTORS	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) _____ 24-JAN-2000 Mileage at Failure(s) _____ 24000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHILE DRIVING ON HIGHWAY, TRAVELING 60MPH, HIT A PATCH OF ICE AND WENT INTO MEDIAN. VEHICLE ROLLED OVER AND CAME TO A STOP. SEAT BELT DIDN'T WORK. NOTICED THE PROBLEM 3 WEEKS PRIOR TO ACCIDENT CONTACTED DEALER. DEALER DIDN'T HAVE THE PART AVAILABLE. ALSO, NEITHER AIRBAG DEPLOYED. \*AK

CONTINUED ON BACK PLEASE

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.

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

Component	Part Name(s)	Location	Failed Part(s)
12111200	INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
12111300	INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A	<input type="checkbox"/> Front <input type="checkbox"/> Rear	
12240000	INTERIOR SYSTEMS: ACTIVE RESTRAINTS: BELT RETRACTORS		

No. of Failures	Date(s) of Failure(s) 24-JAN-2000	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 24000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) _____		

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