

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 335

Data Received

20-APR-2000

 Od_or _____
 Rt_dt _____
 Od_rt _____
 Up_ltr _____

Reference No.

860675

 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) (located at front of windshield on drivers side) 3VWSE29M8YM109744	Vehicle Make VOLKSWAGEN	Vehicle Model JETTA	Vehicle Year 2000	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 15130000	Part Name(s) EQUIPMENT:ELECTRIC POWER ACCESSORIES:LOCKS:DOOR	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures 0	Date(s) of Failure(s) <u>29-JAN-2000</u> Mileage at Failure(s) _____ Vehicle Speed at Failure(s) <u>0</u>	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured 1	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AUTOMATIC LOCKS KICK IN AFTER A MINUTE OR SO. THE BUTTONS THAT GO DOWN HAVE RIDGES ON THEM THAT ARE VERY DANGEROUS. CONSUMER HAS BEEN REPEATEDLY CUT WHEN ARM WAS CAUGHT ON THE LATCH TO THE POINT WHERE THERES WAS LITTLE BLOOD SHED. CONSUMER FEELS THE LOCKS ARE DANGEROUS. *AK

CONTINUED ON BACK (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.



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OFFICE
DEFECTS INVESTIGATION

Of or
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Reference No.

860675

OWNER INFORMATION (Type or Print)

Work Number

Home Number

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Signature of Owner

Date

VEHICLE INFORMATION

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Vehicle Make VOLKSWAGEN
Vehicle Model JETTA
Vehicle Year 2000
Current Odometer Reading

Purchase Date

Dealer's Name

Engine Size

(CID/CC/L

No Cylinders

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injection

☒ New ☐ Used

City State Zip Code

Transmission Type ☐ Manual ☐ Automatic
Antilock Brakes ☐ Yes ☒ No
Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driver's Airbag ☐ 2-Point Belt ☐ Passenger's Airbag
Cruise Control ☐ Yes ☒ No
Drive Train ☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☐ Car ☐ Sport Ut ☐ 2-Door
☐ Van ☐ Truck ☐ 4-Door
☐ Minivan ☐ Motorcycle ☐ Stationwagon
☐ Other ☐ Pick Up Truck
☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 18130000
Part Name(s) EQUIPMENT:ELECTRIC POWER ACCESSORIES:LOCKS:DOOR
Location ☐ Left ☐ Right ☐ Front ☐ Rear
Failed Part(s) ☐ Original ☐ Replacement
No of Failures 0
Date(s) of Failure(s) 29-JAN-2000
Mileage at Failure(s)
Vehicle Speed at Failure(s) 0
Failed Part(s) Available? ☐ Yes ☐ No
NHTSA Previously Contacted? ☐ 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 ☐ Yes ☒ No
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Number of Fatalities 0
Estimated Property Damage
Reported to Police ☐ Yes ☒ No

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