

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

119

Date Received

15-MAY-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

861861

 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 or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
WVWMA63B7WE151699	VOLKSWAGEN	PASSAT	1998	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	☐ Turbo
☐ New ☒ Used	City _____ State _____ Zip Code _____	No. Cylinders _____	☐ Diesel
			☐ Gas
			☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorcyclist ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other	☐ Sport Vlt ☐ Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01560000 02130000	Part Name(s) STEERING:LINKAGES:TIE ROD:END SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN T	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures	Dates of Failure(s) _____ Mileage at Failure(s) 40 Vehicle Speed at Failure(s) _____	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	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING CONSUMER HEARD A NOISE COMING FROM THE FRONT END. ALSO, POOR STEERING CONTROL. CONSUMER CONTACTED DEALER, DEALER NOTED THAT TIE ROD END AND CONTROL ARM NEEDED REPLACING. IN ADDITION, RECALL 98V249000/ TIE RODS DEALT WITH THE SAME PROBLEM. BUT, THIS VEHICLE WAS NOT INCLUDED DUE TO VIN. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

CONTINUE ON BACK IF NEEDED

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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00 JUN 20 PM 12:
15-MAY-2000

OFFICE

DEFECTS INVESTIGATION

Od or _____
 3 dt _____
 od rt _____
 up_ltr _____

Reference No.

861861

OWNER INFORMATION (Type or Print)

Work Number

Home Number

Do you authorize NHTSA
in the absence of an
Signature of Owner

Owner of your vehicle?

Name and address to the vehicle manufacturer.

☒ YES☐ NO

Date 6/1/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of
windshield on driver's side) WWWMA63B7WE151699
 Vehicle Make VOLKSWAGEN
 Vehicle Model PASSAT
 Vehicle Year 1998
 Current Odometer Reading 42,000

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
☐ Driverside Airbag ☐ 2-Point Belt
☐ Passengerside Airbag
 Cruise Control ☐ Yes ☒ No
 Drive Train ☐ Front ☐ Rear ☐ 4-Wheel
 Vehicle Type ☐ Car ☐ Sport UT
☐ Van ☐ Truck
☐ Minivan ☐ Motorcycle
☐ Other _____
 Body Style ☐ 2-Door
☐ 4-Door
☐ Stationwagon
☐ Pick Up Truck
☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01560000
02130000
 Part Name(s) STEERING:LINKAGES:TIE ROD:END
SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN T
 Location ☐ Left ☐ Right
☐ Front ☐ Rear
 Failed Part(s) ☐ Original
☐ Replacement
 No of Failures _____
 Date(s) of Failure(s) _____
 Mileage at Failure(s) 40,000
 Vehicle Speed at Failure(s) _____
 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 _____
 Number of Fatalities _____
 Estimated Property Damage _____
 Reported to Police ☐ Yes ☒ No

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Manufacturer

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