



U.S. Department
of Transportation

National 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 241

Date Received

28-AUG-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

868944

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)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3VWRT29M31M002949	VOLKSWAGEN	JETTA	2000	

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 12111000 12112100	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG: SIDE DOOR	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 24-AUG-2000 Mileage at Failure(s) 1000 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)

VEHICLE WAS INVOLVED IN A T-BONE FRONTAL COLLISION WHICH CAUSED VEHICLE TO SPIN SEVERAL TIMES AND HIT THE MEDIUM STRIP AND A POLE AT A IMPACT OF 60-65 MPH. UPON IMPACT, BOTH FRONTAL AND SIDE AIR BAGS DID NOT DEPLOY. PLEASE PROVIDE ANY FURTHER DETAILS.*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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		00 00T -3 AM 9:55 28-AUG-2000 OFFICE S INVESTIGATION	
OWNER INFORMATION (Type or Print) [Redacted] 631574		Od_or _____ rt_dt _____ od_rt _____ up_ltr _____ Reference No. 868944 Work Number _____ Home Num _____	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of a signature, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. Signature of Owner [Redacted] Date <u>08/10/2000</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 3VWRT29M31N002949		Vehicle Mak VOLKSWAGEN	Vehicle Mode JETTA
		Vehicle Year 2000	Current Odometer Reading Approx 120 miles
Purchase Date _____ ☒ New ☐ Used		Dealer's Name BOSTON VOLKSWAGEN City ALLSTON State MA Zip Code _____	
Engine Siz (CID/GC/L) 2000cc No Cylinders _____		☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injectio	
Transmission Type ☐ Manua ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Contro ☐ Yes ☒ No
Drive Trai ☐ Front ☐ Rear ☐ 4-Wheel		Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other	Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 12111000 12112100	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG: SIDE DOOR		Location ☒ Left ☐ Right ☒ Front ☐ Rear
No of Failures		Date(s) of Failure(s) 24-AUG-2000 Mileage at Failure(s) 1000 Vehicle Speed at Failure(s) 5-10 mph	Failed Part(s) ☐ Yes ☐ No
		NHTSA Previously ☐ 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 Fatalite 0
		Estimated Property Damag \$3-4,000	Reported to Polic ☒ Yes ☐ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
VEHICLE WAS INVOLVED IN A T-BONE FRONTAL COLLISION WHICH CAUSED VEHICLE TO SPIN SEVERAL TIMES AND HIT THE MEDIUM STRIP AND A POLE AT A IMPACT OF 60-65 MPH. UPON IMPACT, BOTH FRONTAL AND SIDE AIR BAGS DID NOT DEPLOY. PLEASE PROVIDE ANY FURTHER DETAILS.*AK RECEIVED MILD CONCUSSION, CONTUSIONS TO SHOULDERS AND KNEES. HIT HEAD ON STEERING WHEEL RESULTING IN EARLE SWELLING.			
CONTINUE ON BACK IF NEEDED			
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