Form Approved: O.M.B. No. 2127-0038

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 118	
Date Received: 19-SEP-2000	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ up_ltr ____ ____
	Reference No. 870899

[redacted]

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 bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
WVWMA63B9WE340502	VOLKSWAGEN	PASSAT	1998	

Purchase Date	Dealer's Name	Engine Size	
☒ New ☐ Used	City _____ State _____ Zip Code _____	(CID/CC/L _____ No Cylinders _____	☐ Turbo ☐ 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 ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
06114000 06136000	FUEL:FUEL TANK ASSEMBLY:GAUGE:FUEL FUEL:FUEL PUMP	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Dates) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
		| |Yes | |No	| | 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

FUEL GAUGE DID NOT REGISTER THE CORRECT AMOUNT OF FUEL. THIS COULD CAUSE THE VEHICLE TO RUN OUT OF FUEL. FUEL SENDING UNIT OF WAS REPLACED IN APRIL OF 99 BECAUSE OF THIS PROBLEM. VOLKSWAGEN REFUSED TO ADDRESS THE CURRENT SITUATION.*AK

CONTINUE ON BACK IF NEEDED

Form Approved O.M.B No. 2127-0008

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

RECEIVED
2000 OCT 20 AM 8:30
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 116

Date Received: 19-SEP-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No.: 870899

OWNER INFORMATION (Type or Print)

[redacted] 640149

Work Num [redacted]
Home Num [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authori[illegible] NHTSA WILL NOT [illegible] name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 10/05/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
WVWMA63B9WE340502	VOLKSWAGEN	PASSAT	1998	49829

Purchase Date: ☒ New ☐ Used

Dealer's Name: DONALDSONS
City: SAYVILLE State: N.Y. Zip Code: 11782

Engine Size (CID/CC/L): ____ No Cylinders: 4
☒ Turbo ☐ 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 ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other____	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
06114000 06136000	FUEL:FUEL TANK ASSEMBLY:GAUGE:FUEL ~~FUEL:FUEL PUMP~~ FUEL SENDING UNIT	☐ Left ☐ Right ☐ Front ☐ Rear	☒ Original ☒ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
TWO	4-8-99 / 21589 3-26-99 / 20720 9-16-00 / 30172	☒ Yes ☐ No	☐ 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	Fire	Number of Vehicles Involved	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

FUEL GAUGE DID NOT REGISTER THE CORRECT AMOUNT OF FUEL. THIS COULD CAUSE THE VEHICLE TO RUN OUT OF FUEL. FUEL SENDING UNIT OF WAS REPLACED IN APRIL OF 99 BECAUSE OF THIS PROBLEM. VOLKSWAGEN REFUSED TO ADDRESS THE CURRENT SITUATION.*AK

Please note that the first indication of a problem was on March 26, 99. at which time the dealer stated that there was nothing wrong & no repair was needed. Only after it got much worse did the dealer address the problem on April 8, 99. The problem resurfaced again in sept 99. The car was out of warrenty & the dealer will not repair unless I pay for it.

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D	O	T											MANUFACTURER/TIRE NAME	SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

It is my feeling that the dealer is not addressing the root of the problem. They are giving it a bandaid effect, instead of finding the real cause for the malfunction. Something is burning out the sending unit and instead of determining what, they just replace the unit. It could be a loose wire which is a potential fire hazzard.

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

LONG ISLAND NY 117
PM
MAY
2000

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

11292

13905

INVOICE

PAGE 1

[redacted]

THE SMART CHOICE
Donaldsons
5700 SUNRISE HWY (EXIT 50)
SAYVILLE, NY 11782
SERVICE: (516) 567-9200
PARTS: (516) 567-8100
SALES: (516) 567-6400
NYS R/S # R 7036770

SERVICE ADVISOR: 944 MURRAY BARAW

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
BLACK	1998	VOLKSWAGEN PASSAT	WVWMA63B9WE340502	5FJ892	20720/20725	

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
14APR1998			14:00 26MAR99		76.00	CASH	26MAR'999

R.O. OPENED	READY	OPTIONS:
07:46 26MAR99	15:59 26MAR99	STK:8496A DLR:408123 1)98 PASSAT GLS 1201291 RC0847

LINE	OPCODE	TECH	TYPE	HOURS		LIST	NET	TOTAL
A	CUST REPORTS INTERMITTENTLY WHEN AT IDLE IN PARK OR DRIVE AND BRAKE PEDAL IS APPLIED-THE GAS GUAGE FLUCTUATES-DOESN'T OCCUR WHILE DRIVING AT HIGHWAY SPEEDS-							
	NOREPAIR	NO REPAIR REQUIRED OR PERFORMED						
		1	IPVS	0.45				(N/C)
PARTS:		0.00	LABOR:	0.00	OTHER: 0.00	TOTAL LINE A:		0.00

SHOP FOREMAN-TECHNICIAN AND SERVICE MANAGER ROAD TESTED VEHICLE 5 MILES IN LOCAL TRAFFIC MONITORING FUEL GUAGE AT EVERY STOP-SERVICE MANAGER SAT IN VEHICLE FOR 10 MINUTES WITH VEHICLE IN GEAR TO SIMULATE BEING STOPPED IN TRAFFIC OR AT IDLE-UNABLE TO VERIFY OR DUPLICATE CUSTOMERS COMPLAINT-NO REPAIR REQUIRED OR PERFORMED AT THIS TIME

****

LINE	OPCODE	TECH	TYPE	HOURS		LIST	NET	TOTAL
B	CUST REPORTS LEFT SIDE VANITY LIGHT (ABOVE SUN VISOR) INOPERATIVE-							
	NOREPAIR	NO REPAIR REQUIRED OR PERFORMED						
		1	CV	0.00		0.00		0.00
PARTS:		0.00	LABOR:	0.00	OTHER: 0.00	TOTAL LINE B:		0.00

REPEATEDLY CHECK OPERATION OF LEFT SIDE VANITY MIRROR-UNABLE TO VERIFY OR DUPLICATE CUSTOMERS COMPLAINT-NO REPAIR REQUIRED OR PERFORMED

****

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X _____

PARK

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

CUSTOMER COPY

11292

14548

INVOICE

PAGE 1

[redacted]

THE SMART CHOICE
Donaldsons
5700 SUNRISE HWY (EXIT 50)
SAYVILLE, NY 11782
SERVICE: (516) 567-9200
PARTS: (516) 567-8100
SALES: (516) 567-6400
NYS R/S # R 7036770

SERVICE ADVISOR: 680 CHRIS HARRISON

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
BLACK	1998	VOLKSWAGEN PASSAT	WVWMA63B9WE340502	5FJ892	21589/21590	

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
14APR1998			17:00 08APR99		76.00	CASH	09APR1999

R.O. OPENED	READY	OPTIONS:
09:01 08APR99	14:27 09APR99	STK:8496A DLR:408123 1998 PASSAT GLS 1201291 RC0847

LINE	OPCODE	TECH	TYPE	HOURS		LIST	NET	TOTAL

A CUST REPORTS; FUEL GAUGE INACCURATE, (ERRATIC OPERATION),
CAUSE: SENDING UNIT ERRATIC
201210 REPLACE FUEL GAUGE SENDER UNIT
3 WV 1.10 (N/C)
1 3B0-919-673-B SENDER (N/C)
FC: 201540VD02
PART#:
COUNT:
CLAIM TYPE: W2
AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

SENDING UNIT REQUIRES REPLACEMENT, REMOVED AND REPLACED ERRATIC SENDING UNIT

****

B 10-NEW YORK STATE SAFETY INSPECTION
SI 10-NEW YORK STATE SAFETY INSPECTION
3 CSIS 0.30 10.00 10.00
PARTS: 0.00 LABOR: 10.00 OTHER: 0.00 TOTAL LINE B: 10.00

****

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X_____

PARK 22

DESCRIPTION	TOTALS
LABOR AMOUNT	10.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	10.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	10.00

CUSTOMER COPY