Form Approved O.M.B. No. 2127-0039

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 436

Date Received: 14-NOV-2000

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

Reference No.: 874912

[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
WVWFB431XME230346	VOLKSWAGEN	PASSAT	1991	

Purchase Date
☐ New ☒ Used

Dealer's Name_____
City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____
No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injection

Transmission Type	Antilock Brakes	Restrairt 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 Ult ☐ 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)
06313000	FUEL:FUEL INJECTION:UNKNOWN TYPE:ACCUMULATOR	☐ 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?
	Date(s) of Failure(s) 25-JUL-2000 Mileage at Failure(s)_____ Vehicle Speed at Failure(s)_____	☐ 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 INJECTIN SYSTEM: ACCUMULATOR (DELIVERY SYSTEM) WAS LEAKING GAS TO POINT IT WAS POURING OUT. GAS FUMES WERE STRONG FROM IN & OUTSIDE. VEHICLE WAS TOWED TO AN AUTO MOTOR GARAGE WHICH HAD SEEN A COMMON PROBLEM POSSIBLY DUE TO ROAD SALT ON STREET ADDED TO CORROSION. *AK

CONTINUED ON BACK IF NEEDED

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

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OWNER INFORMATION (Type or Print)

[redacted] 655072

Work Num [redacted]
Home Num

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of [redacted] name and address to the vehicle manufacturer. ☒ YES ☐ NO

Signature of Own [redacted] Date 12/1/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Location at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
WVWFB431XME230346	VOLKSWAGEN	PASSAT	1991	130,258

Purchase Date: ☐ New ☒ Used

Dealer's Name: City: State: Zip Code:

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

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06313000	FUEL:FUEL INJECTION:UNKNOWN TYPE:ACCUMULATOR	☐ 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?
1	25-JUL-2000 / 129,600 / 0	☐ 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 INJECTIN SYSTEM: ACCUMULATOR (DELIVERY SYSTEM) WAS LEAKING GAS TO POINT IT WAS POURING OUT. GAS FUMES WERE STRONG FROM IN & OUTSIDE. VEHICLE WAS TOWED TO AN AUTO MOTOR GARAGE WHICH HAD SEEN A COMMON PROBLEM POSSIBLY DUE TO ROAD SALT ON STREET ADDED TO CORROSION. *AK

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.*	MANUFACTURER/TIRE NAME	SIZE
D O T		

* 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)

As I backed the VW out of my garage I smelled gas. Shutting off the engine, I checked the engine compartment and then found gas pouring out from under the car at the fuel pump location. It was towed to the nearest foreign car repair facility. I was told they had repaired several others when the accumulator had failed. Had this occurred while driving, I feel it would have been a very dangerous situation. The smell would not have been noticeable under speed and the fumes could have ignited when slowing or stopping. There have been other problems with the quality of parts and design used which did not relate to corrosion.

I believe this is a very dangerous condition, similar to the Ford Pinto and the Ford/Firestone tires.

Thank you for your assistance.

[redacted]

☆ U.S. G.P.O.: 1992 – 323-597/40086

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

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BUSINESS REPLY MAIL

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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