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|  <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> | | <p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> | | <p>FOR AGENCY USE ONLY 119</p> | |
| <p>Date Received</p> <p>17-JAN-2001</p> | | <p>Od_or _____ rt_dt _____ od_rt _____ up_itr _____</p> | | <p>Reference No.</p> <p>878340</p> | |
| <p>OWNER INFORMATION (Type or Print)</p> | | | | <p>Work Number _____</p> <p>Home Number _____</p> | |
| <p>Signature of Owner _____</p> | | <p>Date ____/____/____</p> | | <p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p> | |
| <p align="center">VEHICLE INFORMATION</p> | | | | | |
| <p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p>1VWFA9176KV015550</p> | | <p>Vehicle Mak</p> <p>VOLKSWAGEN</p> | <p>Vehicle Mode</p> <p>GOLF</p> | <p>Vehicle Year</p> <p>1989</p> | <p>Current Odometer Reading</p> |
| <p>Purchase Date</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p> | <p>Dealer's Name _____</p> <p>City _____ State _____ Zip Code _____</p> | | <p>Engine Siz (CID/CC/L) _____</p> <p>No Cylinders _____</p> | <p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio</p> | <p>Transmission Type</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p> |
| <p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p> | <p>Cruise Contro</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Drive Trai</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p> | <p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p> | <p>Body Style</p> <p><input type="checkbox"/> 2 Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p> |
| <p align="center">FAILED COMPONENT(S)/PART(S) INFORMATION</p> | | | | | |
| <p>Component</p> <p>08400000</p> | <p>Part Name(s)</p> <p>FUEL THROTTLE LINKAGES AND CONTROL</p> | | <p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p> | | <p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p> |
| <p>No of Failures</p> | <p>Date(s) of Failure(s) _____</p> <p>Mileage at Failure(s) _____ t30</p> <p>Vehicle Speed at Failure(s) _____</p> | | <p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p align="center">APPLICATION INCIDENT INFORMATION</p> <p align="center">(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)</p> | | | | | |
| <p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Number of Persons Injured</p> | <p>Number of Fatalitie</p> | <p>Estimated Property Damag</p> | <p>Reported to Polic</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
| <p align="center">NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> <p>WHEN OUTSIDE TEMPERATURE IS BELOW 20 DEGREES OR COLDER THROTTLE IS STICKING, CAUSING UNWANTED AND UNEXPECTED ACCELERATION. ALSO, WHEN DEPRESSING CLUTCH, ENGINE REEVES UP. PROBLEM IS INTERMITTENT. PLEASE PROVIDE ANY FURTHER DETAILS.*AK</p> | | | | | |
| <p align="right">CONTINUE ON BACK IF NEEDED</p> | | | | | |
| <p>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 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.</p> | | | | | |



U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

Vehicle Owner's Questionnaire (VOQ)

FOR AGENCY USE ONLY 118

Date Received: FEB-5 11:20:02
 17-JAN-2001
 878340
 Reference No.

Home Number: [Redacted]
 Work Number: [Redacted]

Do you authorize NHTSA to provide a copy or report to the manufacturer of your vehicle?
 YES NO

In the absence of an authorized representative, please provide your name and address to the vehicle manufacturer.
 Signature of Owner: [Redacted] Date: 1/30/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side): 1WFA9176KV016550
 Vehicle Make: VOLKSWAGEN
 Vehicle Model: GOLF
 Vehicle Year: 1989
 Current Odometer Reading: 136,855

Purchase Date: 4/8/94
 Dealer's Name: (private sale)
 City: _____ State: _____ Zip Code: _____
 Engine Size (CID/CCL): 1.8
 No. Cylinders: 4
 Fuel Injection
 Gas
 Diesel
 Turbo

TRANSMISSION TYPE
 Manual
 Automatic

RESTRAINT SYSTEM
 3-Point Belt
 Driver's Side Airbag
 Passenger's Side Airbag

CRUISE CONTROL
 Drive Train
 Front
 Rear
 4-Wheel

VEHICLE TYPE
 Car
 Van
 Minivan
 Motorcycle
 Sport Ute
 Truck
 Station Wagon
 Pick Up Truck
 Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 0440000
 Part Name(s):
 Location: Front Left Right
 Rear Front Rear
 Failed Part(s): Original Replacement

APPLICATION INCIDENT INFORMATION
 (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

No. of Failures: Several
 Date(s) of Failure(s):
 Mileage at Failure(s): approx 50 mph
 Vehicle Speed at Failure(s):
 Failed Part(s) Available? Yes No
 NHTSA Previously Contacted? Yes No

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

Crash: Yes No
 Number of Persons Injured: _____
 Number of Failures: _____
 Estimated Property Damage: _____
 Reported to Police: Yes No

WHEN OUTSIDE TEMPERATURE IS BELOW 20 DEGREES OR COLDER THROTTLE IS STICKING,
 CAUSING UNWANTED AND UNEXPECTED ACCELERATION, ALSO, WHEN DEPRESSING CLUTCH,
 ENGINE REEVES UP, PROBLEM IS INTERMITTENT. PLEASE PROVIDE ANY FURTHER
 DETAILS, IF ANY.

Problem has been ongoing since 1997

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CONTINUE ON BACK IF APPLICABLE