



U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**

**Auto Safety Hotline**

**Vehicle Owner's Questionnaire**

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

**FOR AGENCY USE ONLY** §20

Date Received

19-JUN-2001

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

890675

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) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
WVWGG83A7VB007472	VOLKSWAGEN	PASSAT	1997			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component 03250000 03224000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM BRAKES:HYDRAULIC:POWER ASSIST:BOOSTER	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) 17-JUN-2001 Mileage at Failure(s) 85000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

WHILE TRAVELING AT APPROXIMATELY 40 MPH CONSUMER ATTEMPTED TO APPLY BRAKES TO STOP FOR A RED LIGHT, BRAKE PEDAL FAILED TO MOVE, CAUSING VEHICLE TO TRAVEL INTO INTERSECTION. DEALERSHIP EXAMINED VEHICLE, AND DETERMINED THAT VACUUM LINE COMING OFF OF BOOSTER IN THE BRAKING SYSTEM RUPTURED, AND NEEDED TO BE REPLACED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. \*AK

COPIED FROM NHTSA FORM 301

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.

DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONALWIDE 1-888-DASH-2-DO 1-888-327-4236 www.nhtsa.dot.gov/hotline	REC-1 01 JUL 1 AM 10:20 19-JUN-2001 OFFICE DEFECTS INVESTIGATION	FOR AGENCY USE ONLY 820 Date Received 19-JUN-2001 Reference No. 890675
	OWNER INFORMATION (Type or Print)	
[Redacted]	697784	Work Number Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an NHTSA recall, NHTSA will NOT provide your name and address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 07/01/01

VEHICLE INFORMATION							
Vehicle Ident. No. (VIN.) <b>WWGG83A7VB007472</b>	Vehicle Make <b>VOLKSWAGEN</b>	Vehicle Model <b>PASSAT</b>	Vehicle Year <b>1997</b>	Current Odometer Reading <b>87,000</b>			
Purchase Date <b>1998</b>	Dealer's Name <b>MAX WELLS VW - SUBARU - VOLVO</b>		Engine Size (CID/CCIL) <b>1.9</b>	<input checked="" type="checkbox"/> Turbo	<input checked="" type="checkbox"/> Diesel	<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <b>BURLINGTON</b> State <b>NC</b> Zip Code		No Cylinders <b>4</b>				
Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <b>03250000 03224000</b>	Part Name(s) <b>BRAKES:HYDRAULIC:ANTI-SKID:SYSTEM BRAKES:HYDRAULIC:POWER ASSIST:BOOSTER</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <b>17-JUN-2001</b> Mileage at Failure(s) <b>85000</b> Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage <b>0</b>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

**WHILE TRAVELING AT APPROXIMATELY 40 MPH CONSUMER ATTEMPTED TO APPLY BRAKES TO STOP FOR A RED LIGHT, BRAKE PEDAL FAILED TO MOVE, CAUSING VEHICLE TO TRAVEL INTO INTERSECTION. DEALERSHIP EXAMINED VEHICLE, AND DETERMINED THAT VACUUM LINE COMING OFF OF BOOSTER IN THE BRAKING SYSTEM RUPTURED, AND NEEDED TO BE REPLACED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. \*AK**

CONTINUE ON BACK IF NEEDED

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**THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

**(Page 1 through Page 38)**

