



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 125

Date Received

22-JUN-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

891048

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) _____ (Location at bottom of windshield and door frame)		Vehicle Make VOLKSWAGEN	Vehicle Model BEETLE	Vehicle Year 2000	Current Odometer Reading _____
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 ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____ Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03230000 03224000	Part Name(s) BRAKES:HYDRAULIC:MASTER CYLINDER BRAKES:HYDRAULIC:POWER ASSIST:BOOSTER	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	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 _____	Number of Fatalities _____	Estimated Property Damag _____	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN STARTING VEHICLE IN MORNING AND WHEN BRAKE PEDAL IS DEPRESSED WITH VEHICLE IN REVERSE, PEDAL GOES DIRECTLY TO FLOOR, CAUSING EXTENDED STOPPING DISTANCE. DEALER REPLACED BRAKE MASTER CYLINDER AND BRAKE BOOSTER, WHICH DID NOT CORRECT THE PROBLEM. PLEASE GIVE ANY FURTHER DETAILS. *AK

COPIES OF REPORTS ARE KEPT

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 Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 125 Date Received <u>01 JUL 11 AM 11</u> <u>22-JUN-2001</u> OFFICE DEFECTS INVESTIGATION Reference No. <u>891048</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) [Redacted] <u>698616</u>		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 [Redacted] Date <u>7/2/01</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>3VWDD21C5YM432325</u>	Vehicle Make <u>VOLKSWAGEN</u>	Vehicle Model <u>BETLE</u>	Vehicle Year <u>2000</u>
Current Odometer Reading <u>13,600</u>		Purchase Date _____ Dealer's Name <u>The Volkswagen Store</u> City <u>Richardson</u> State <u>TX</u> Zip Code <u>75080</u> ☒ New ☒ Used	
Engine Size (CID/CC/L) <u>1.8L</u> No Cylinders _____ ☒ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	Transmission Type: ☐ Manual ☒ Automatic Antilock Brakes: ☒ Yes ☐ No Restraint System: ☒ 3-Point Belt ☐ Motorbelt ☒ 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 _____		
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>03230000</u> <u>03224000</u>	Part Name(s) <u>BRAKES:HYDRAULIC:MASTER CYLINDER</u> <u>BRAKES:HYDRAULIC:POWER ASSIST:BOOSTER</u>	Location: ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures <u>2+</u>	Date(s) of Failure(s) <u>5/18/01, 6/01/01, 6/11/01</u> Mileage at Failure(s) <u>13,371, 13,512, 13,600</u> Vehicle Speed at Failure(s) <u>20 mph in reverse</u>	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	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHEN STARTING VEHICLE IN MORNING AND WHEN BRAKE PEDAL IS DEPRESSED WITH VEHICLE IN REVERSE, PEDAL GOES DIRECTLY TO FLOOR, CAUSING EXTENDED STOPPING DISTANCE. DEALER REPLACED BRAKE MASTER CYLINDER AND BRAKE BOOSTER, WHICH DID NOT CORRECT THE PROBLEM. PLEASE GIVE ANY FURTHER DETAILS. *AK On 6/11/01 Car put in shop third time. Dealer ordered/replaced "hydraulic pump". Problem not solved. 6/25/01 Dealer put parts from new car into my car and problem was not solved. I have not driven car since 6/11/01, it has been in the shop since 6/11/01. Best Buy 7/2/01			
CONTINUE ON BACK IF NEEDED			
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