



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 241**

Date Received

14-AUG-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

894296

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		
WV2MH2707XH001199	VOLKSWAGEN TR	EUROVAN	1999			
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 checked="" 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 type="checkbox"/> Yes <input checked="" 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 checked="" 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 11000000	Part Name(s) HEATER:DEFROSTER:DEFOGGER AND VENTILATION	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) _____ Mileage at Failure(s) _____	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**GAS FUMES COMING THROUGH HEATER/ AIR CONDITIONER, AND VENTILATION DURING HOT WEATHER CONDITION. VEHICLE BEEN INTO DEALER SHOP ON SEVERAL OCCASIONS, AND PROBLEM STILL REOCCURRING. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION ON THIS MATTER.\*AK**

CONTINUED ON REVERSE

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.



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)**

Date Received: 11 AUG 2001  
 Office: DEFECTS INVESTIGATION  
 Reference No.: 894296  
 Home Number: [REDACTED]  
 Work Number: [REDACTED]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 Signature of Owner: [REDACTED]  
 Date: 08/21/01

Vehicle Ident. No. (VIN): WV2MH2707XH001199  
 Vehicle Make: VOLKSWAGEN T  
 Vehicle Model: EUROVAN  
 Vehicle Year: 1999  
 Current Odometer Reading: 42725

Purchase Date: 11/27/1998  
 Dealer's Name: Bezzani Motors  
 City/State: Spring GA  
 Zip Code: 31723  
 Engine Size (CID/CIL): 6  
 No. Cylinders: 6  
 Fuel System:  Gas  Diesel  Turbo Fuel Injector

Transmission Type:  Automatic  Manual  
 Restraint System:  3-Point Belt  2-Point Belt  Motorbelt  
 Cruise Control:  Yes  No  
 Drive Type:  4-Wheel  Rear  Front  
 Vehicle Type:  Car  Van  Minivan  Other  
 Body Style:  2-Door  4-Door  Stationwagon  Truck  Pick Up

**FAILED COMPONENT(S)/PART(S) INFORMATION**  
 Component: 11000000  
 Part Name(s): HEATER, DEFROSTER, DEFOGGER AND VENTILATION  
 Location:  Left  Right  Front  Rear  
 Failed Part(s):  Original  Replacement

**APPLICATION INCIDENT INFORMATION**  
 (Please describe in detail the incident(s), Failure(s), Crashes(s), and injuries) on the back of this form)  
 No. of Failures: 6  
 Date(s) of Failure(s): 23-APR-1999  
 Mileage at Failure(s): 4576  
 Vehicle Speed at Failure(s): \_\_\_\_\_  
 Failed Part(s): \_\_\_\_\_  
 Previously Reported to NHTSA:  Yes  No

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**  
 Crash:  Yes  No  
 Fire:  Yes  No  
 Number of Persons Injured: \_\_\_\_\_  
 Number of Fatalities: \_\_\_\_\_  
 Estimated Property Damage: \_\_\_\_\_  
 Reported to Police:  Yes  No

GAS FUMES COMING THROUGH HEATER/ AIR CONDITIONER, AND VENTILATION DURING HOT WEATHER CONDITION, VEHICLE BEEN INTO DEALER SHOP ON SEVERAL OCCASIONS, AND PROBLEM STILL REOCCURRING, FEEL FREE TO PROVIDE ANY FURTHER INFORMATION ON THIS MATTER. \*AK

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CONTINUE ON BACK IF NEEDED