



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received: 02 FEB 06 JAN 2003
Repository:
Reference No.: 10002138

OWNER INFORMATION (Type or Print)
Name: [REDACTED]
Address: [REDACTED]
City: DEERFIELD State: IL Zip Code: [REDACTED]

OFFICE INVESTIGATION
Daytime Telephone Number: [REDACTED]
Evening Telephone Number: [REDACTED]
E-mail Address: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: 1/1

VEHICLE INFORMATION

17-DIGIT VEHICLE IDENTIFICATION Number Located at bottom of windshield on driver's side
PROVIDE: WAUCB68B52A270A
Make: AUDI Model: A4 Model Year: 2002
Date Purchased: 5-11-02 Dealer's Name and Telephone Number: EXCHANGE 847432 5020
Original Owner: [REDACTED] Dealer's City: Highland Park State: IL Zip Code: 60035 Engine No: 4 Fuel Type: Premium
Transmission Type: Auto Antilock Brakes Cruise Control Powertrain: _____ Vehicle Component Code: 110000 ELECTRICAL SYSTEM Multiple Failure: YES

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 29-DEC-2002 Failure Message: 25500 Failure Speed: 140 Engine Coil #1 Engine Coil #2

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOTM15ABC036): _____ Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

CONSUMER WIFE, WHILE DRIVING THE VEHICLE ON NOVEMBER 29, 2002 SUDDENLY INTERMITTENTLY ENGINE LIGHT AND HEAVY VIBRATION FORCE TO PULL OUT THE ROAD. DUE TO A FAULTY ENGINE COIL. DEALER CHANGE THE FAULTY COIL, BUT HAPPEN AGAIN ON DECEMBER 29, 02. DEALER REFUSE TO CHANGE THE OTHER TWO COIL. PLEASE PROVIDE FURTHER INFORMATION. PH

SUDDEN STALLING ON HIGHWAY VERY DANGEROUS. ORIGINAL (#3+4) WITH DIFFERENT COIL (#2)
MFR. KNOWS OF PROBLEM BUT WON'T FIX UNTIL REPEATED BREAKDOWNS

Include, if available: Police/Fire Department Report, Photos and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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.