VIN - WAUKC68D11A003170

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 100083

Date Received: 2003 APR 8 AM 8:59

Acknowledgment ☐

Reference No. 10011424

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City NEW VERNON | State NJ | Zip Code [redacted]
Daytime Telephone Number [redacted] | Evening Telephone Number | E-mail Address

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 release your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 2/19/03

VEHICLE INFORMATION

[redacted]

Make	Model	Model Year
AUDI	A4 AVANT	2000

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner ☒	Dealer's City / State / Zip Code		Gas

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☐ Cruise Control	Powertrain	221700 SEATS:FRONT ASSEMBLY:SEAT HEATER/COOLER
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	

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: DOTMAL9ABC036)	☐ 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 if child seat incident(s), Tire(s), Crash(es), and Injury (ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☒ Yes ☐ No			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).

THE SEAT HEATER FAILED, ALSO WHEN THE VEHICLE WAS IN REVERSE, AND THE CONSUMER APPLIED THE BRAKE, THE VEHICLE FAILED TO STOP.*JB

- SEAT HEATER BURNED THROUGH SEAT
- VEHICLE DOESN'T ALWAYS GOOF IN REVERSE WHEN BRAKE APPLIED.
- CAR WAS NOT DRIVEABLE MULTIPLE TIMES WHEN IGNITION COILS FAILED.

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 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.