



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 335

Date Received: 2003 AUG 18 8:47 AM
Reference No.: 10031449

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: LA CANADA State: CA Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening Telephone Number: [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: 8/18/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: WAU2L54B2YN029499
Make: AUDI Model: A6 Model Year: 2000
Date Purchased: 6/12/00 Dealer's Name and Telephone Number: DOWNTOWN L.A. Audi
Original Owner: Dealer's City: LOS ANGELES, CA State: _____ Zip Code: _____
Engine: No. Cylinders: 6 Fuel Type: _____
Transmission Type: auto Antilock Brakes: Cruise Control: Powertrain: _____
Vehicle Component Code: 061000 ENGINE AND ENGINE COOLING:ENGINE
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 7/07 Failure Mileage: 40000 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: DOTM149ABC036): _____ Original Equipment: Prior Repair: Failure Location: _____
Tire Component Code: _____ The 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 check or detail the incident(s), failure(s), condition, and injury(ies).)
Crash: Yes No Fire: Yes No Number of Persons Injured: 0 Number of Deaths: N/A 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 STATES THAT THE ENGINE CHECK LIGHT HAS ILLUMINATED 3 DAYS AFTER VEHICLE WAS OUT OF WARRANTY, AND DEALER WILL NOT LOOK AT VEHICLE, "AK UNLESS customer pays for service (despite the fact that cust. brought in vehicle for service 3 days before). Customer paid for check light service, in addition to defective thermostat, which caused car to over heat one mth after warranty expired. Subsequently, 3 days after that service, the check engine light returned. Dealer states many reports of check engine light service.

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

The Privacy Act of 1974 (Public Law 93-502) 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.