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 375

Date Received: 2004 APR 20 AM 10: 12
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Repository ☐

Reference No.: 10063073

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City CHATHAM | State NY | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

Do you authorize NHTSA to release your name and address 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 3/31/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number	Make	Model	Model Year
WAUBA34B4XN009331	AUDI	A8	1999

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders 6	Fuel Type:
Original Owner ☐	Dealer's City LATHAM	State NY	Zip Code		GAS

Transmission Type		Powertrain	Vehicle Component Code
	☐ Antilock Brakes ☐ Cruise Control	ALL WHEEL DRIVE	180000 VEHICLE SPEED CONTROL Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
02-FEB-2004			-THROTTLE PLATE FREEZES/FAILURE

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 in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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 STATED CAR JUST TOOK OFF AT A HIGH RATE OF SPEED, AND IT ALMOST HIT ANOTHER CAR, AND SON WAS NEARLY KILLED. IT WAS HARD TO BELIEVE UNTIL CONSUMER DROVE THE CAR 3 WEEKS AGO IN TEMPERATURE OF 12 DEGREES. CONSUMER WAS PULLING OFF THE NORTHWAY ONTO ROUTE HEADED WEST WHEN THE CAR JUST TOOK OFF BY ITSELF. CONSUMER CHECKED CRUISE CONTROL TO SEE IF IT WAS ON, IT WAS NOT ON. *AK

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