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 100216

Date Received	Repository ☐
29-MAR-2004 2004 MAY -4	10085163

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City MIDDLEFIELD State OH Zip Code [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 __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
WAUBA2481W[redacted]	AUDI	A6	1998

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
10-31-97	STODDARD IMPORTED CARS 440-957-1040	No: Cylinders	GAS
Original Owner ☒	Dealer's City / State / Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
	☑ Antilock Brakes ☑ Cruise Control		160000 VEHICLE SPEED CONTROL Multiple Failure: 7

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
VARIOUS JAN-FEB 04	85,000	25MPH+	SUDDEN ACCELERATION WITHOUT WARNING EVEN WITH FOOT NOT ON GAS PEDAL.

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: DOTMALSABC0336)	☐ 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).

WHILE DRIVING AT ANY SPEED VEHICLE ACCELERATED ON ITS OWN. VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION, BUT DEALER WAS UNABLE TO RESOLVE THE PROBLEM. *AK

DEALER TOLD ME THREE DIFFERENT STORIES
1ST Probably your floor MAT WAS ON THE GAS PEDAL
2ND Looked like SOME WIRES WERE DAMAGED
3RD A PART REPLACED Prior ON A Recall, Failed

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