



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  
2005 APR 26  
06-APR-2004  
Repository   
Reference No.  
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**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City BRIDGEPORT State ME Zip Code \_\_\_\_\_  
Daytime Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized signature, provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 1/16/05

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number located at bottom of windshield on driver's side  
NOT AVAILABLE WAUED24B6  
Make AUDI Model A6 Model Year 2000  
Date Purchased 12-NOV-03 Dealer's Name and Telephone Number HBL 703 564 6325 Engine: 2.7T Fuel Type: 945  
No. Cylinders 6  
Original Owner  Dealer's City VICINNA State VA Zip Code 22182  
Transmission Type AUTOMATIC  Antilock Brakes Powertrain Auto Vehicle Component Code 140000 AIR BAGS  
 Cruise Control All wheel Drive Multiple Failure: \_\_\_\_\_

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 06-APR-2004 Failure Mileage 45000 Failure Speed 50mph

**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: DOTM19ABC036)  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 0 Number of Deaths 0 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).

WHILE DRIVING AT HIGHWAY SPEEDS THERE WAS A BURNING SMELL COMING FROM THE VEHICLE. THE AIRBAG LIGHT BEGAN TO FLICKER ON AND OFF, AND THEN THE DRIVERS SIDE AIRBAG UNEXPECTEDLY DEPLOYED. THE VEHICLE WAS TOWED TO THE DEALER. \*MR The airbag is located in the car seat on the left of the driver. Towed to STAR Audi in Clarksburg, WV. STAR Audi said problem was caused by electrical short caused by an impact under the car. I have no memory of an impact under the car. GELCO insurance paid for damage. on dashboard under car and air bag.

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.