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 117

Date Received	Repository ☐
2004 NOV 12 PM 12:24 19-OCT-2004 12:24	Reference No. 10997168

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City ENDICOTT State NY 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 [redacted] Date 11/8/2004

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of Windshield on driver's side	Make	Model	Model Year
WAUEL54D21N[redacted]	AUDI	A8	2001

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
2-19-2004	AUTOBAHN USA 1-888-433-2031	8	Gas

Original Owner	Dealer's City	State	Zip Code
☐	BOSTON MA	MA	02135

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	~~UNKNOWN~~ TIPTRONIC	103000 POWER TRAIN:AUTOMATIC TRANSMISSION Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
20-SEP-2004		

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).

THE CONSUMER EXPERIENCED AN INCONSISTENCY WITH ACCELERATION ~~WHEN MAKING RIGHT HAND TURNS.~~ HE

IT IS MOST NOTED WHEN STARTING BACK UP FROM A LONG STOP SUCH AS AT A LONG LIGHT AND IS RANDOM.

ACCELERATION IS FINE ABOUT HALF THE TIME.

THE POOR ACCELERATION IS MOST DANGEROUS WHEN MAKING LEFT TURNS IN HEAVY TRAFFIC AND HAS RESULTED IN 3 NEAR ACCIDENTS WITH TWO DIFFERENT DRIVERS. THE CAR HAS BEEN IN TO FREDRICK IMPORTATION N.H. 2 TIMES FOR THIS PROBLEM AND TO ALL BRAKE IMPORTS IN STRATFORD N.H. 2 TIMES FOR THIS PROBLEM AND NEITHER HAS FIXED IT.

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