



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 2005 JAN 06
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100192

Date Received

Repository ☐

27-OCT-2004

Reference No.

10097855

OWNER INFORMATION (Type or Print)

Name

Address

City

FOREST HILLS

State NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide your information to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of an authorization, you may provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 12-20-04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

AUDI

Model

A6

Model Year

1999

Date Purchased

12-10-02

Dealer's Name and Telephone Number

ZUMBACH 212-515-8246

Engine:

No: Cylinders

Fuel Type:

Gas

Original Owner

☐

Dealer's City

NEW YORK

State

NY

Zip Code

10019

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

121100 EXTERIOR LIGHTING: HEADLIGHTS: CONCEALMENT DEVICES

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

27-OCT-2004

Failure Mileage

122000

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: 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

Number of Deaths

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 RECEIVED ONE OF SEVERAL RECALL NOTIFICATIONS FROM THE MANUFACTURER, AND TOOK THE VEHICLE TO THE DEALER, WHO WANTED FOR CONSUMER TO LEAVE A CREDIT CARD AND THEN THEY WILL REPAIR ALL DEFECTS, EVEN THOSE NOT RELATED TO THE RECALL, AND CHARGE CONSUMER ADDITIONAL EXPENSES NOT IN CONJUNCTION WITH THE RECALL. *AK

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

TWICE I CAME TO ZUMBACH TO FIX THE PROBLEMS OF SAFETY
RECALL YB. ENCLOSE COPIES OF REPAIRS WORK THAT SHOULD BE DONE.
WHILE I CAME IN SECOND TIME - THE MANAGER TOLD ME THE FOLLOWING:

- 1) YOUR CAR IS VERY OLD WITH A LOT OF MILEAGE.
- 2) "WE" ZUMBACH CANNOT BE RESPONSIBLE IF SOME PARTS WILL BE BROKEN
OR WE NEED TO REPLACE WHILE WE FIX THOSE 7 ITEMS THAT ITSELF
ARE OF THE "RECALL".
- 3) ~~IN~~ ^{THE} ZUMBACH DEMAND THAT I WILL LEAVE THE CAR FOR "FIVE" DAYS.
(3 TO 4). IN THE FIRST TIME THAT I CAME THEY TOLD ME THAT IT CAN BE
REPAIR WITHIN 2-3 HOURS.
- 4) AFTER I ASKED TO FIX IT IN SAME DAY (LIKE THEY PROMISED) AND TO WORK CAREFULLY
AND TO CREAT ANY DAMAGES OR REPLACEMENT OF ANY OTHER PART OR WORK -
THE MANAGER TOLD ME: "I DO NOT GO TO FIX IT" ATTACH ADDITIONAL SHEETS IF NECESSARY
"YOU CAN GO ..."

U.S. Department
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400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

SO, WHY I NEED TO LOSE TIME ON SUCH
RESPONSIBLE ARRANGMENTS?!

IS IT RECALL FOR ALL-OR SELECTED OWNERS OR DEALERS?
PLEASE EXPLAIN.

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

PS:
ENCLOSED COPIES
OF THE WORKSHITS.

**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

**TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM**

OR

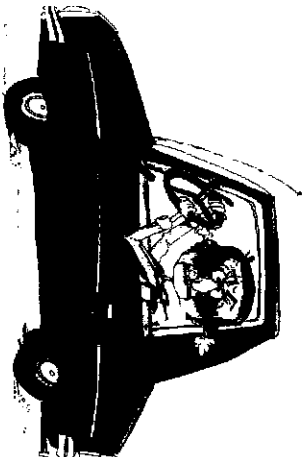
DASH2DOT

and dial toll free at

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1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).