



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 1367

Date Received

2004 DEC -9
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Repository

Reference No.
10095192

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City SECAUCUS State NJ 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side
WAUDC2B07YA _____ Make ALFA Model A4 Model Year 2000
Date Purchased 5/00 Dealer's Name and Telephone Number BELLEVUE AUDI - NEW RIDGE OF AUDI Engine: 1.8T Fuel Type: unleaded
Original Owner Dealer's City WEST NEW YORK State NJ Zip Code 07093 No. of Cylinders 5
Transmission Type 5 speed manual Antilock Brakes Cruise Control Powertrain QUATTRO Vehicle Component Code 030000 SERVICE BRAKES, HYDRAULIC Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 25-AUG-2004 Failure Mileage _____ Failure Speed Below 30

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: DOTM18ABC036) 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).

COMPLAINT RECEIVED VIA E-MAIL: THE ABS MODULE MALFUNCTIONS WHEN THE BRAKE PEDAL IS DEPRESSED AT 30 MPH AND SLOWER, THE PEDAL BEGINS TO THUMP AND KICK BACK AT MY FOOT. THE NOISE IS SO LOUD THAT IT CAN BE HEARD OVER THE STEREO. EVEN THE REAR PASSENGERS CAN HEAR THE NOISE. I FEEL AS THOUGH MY STOPPING-DISTANCE IS EXTENDED BY THIS. THIS IS NOT ONLY ANNOYING BUT ALSO DANGEROUS IN INCLEMENT WEATHER CONDITIONS. THE MANUFACTURE HAS NOT ANSWER FOR WHAT CAUSING THIS. THE DEALERSHIP HAS DONE ALL THEY COULD WITH THE EQUIPMENT SUPPLIED BY THE MANUFACTURE. THEY REPLACED THE MODULE, BUT DON'T KNOW IF THAT WILL FIX THE PROBLEM. *JB

NOTE: MODULE WAS NOT REPLACED. THIS WAS THEIR SUGGESTION.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. 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.