



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 100192

Date Received

Repository ☐

16-FEB-2005

Reference No.
10111648

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City YORK BEACH State ME Zip Code [REDACTED]
Daytime Telephone Number [REDACTED]
Evening Telephone Number [REDACTED]
E-mail Address [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of a signature, NHTSA will NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 3/10/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
WAVVPE431N [REDACTED]
Make AUDI Model ALLROAD QUATTRO Model Year 2001
Date Purchased July, 2001 Dealer's Name and Telephone Number Dover AutoWorld 603/742-1676
Engine: No. Cylinders 6 Fuel Type: Gas
Original Owner ☒ Dealer's City Dover State NH Zip Code 03820
Transmission Type ☒ Automatic ☒ Antilock Brakes Powertrain ALL WHEEL DRIVE
Vehicle Component Code 103000 POWER TRAIN: AUTOMATIC TRANSMISSION
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-FEB-2005
Failure Mileage 55700
Failure Speed 1 mph

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM19ABC038) ☐ Original Equipment ☐ Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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 [REDACTED] Number of Deaths [REDACTED] 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).

OWNER COMPLAINED ABOUT A TRANSMISSION PROBLEM. OWNER WAS DRIVING THE VEHICLE AND WHEN CHANGING GEARS THE VEHICLE
WOULD NOT GO INTO DRIVE. IT WAS STUCK IN REVERSE. OWNER TOOK THE VEHICLE TO THE DEALER, AND WAS TOLD THAT IT WAS A
SEALED UNIT, AND THERE WAS NO WAY THEY COULD REPAIR THE DEFECT. MANUFACTURER SENT A REGIONAL REPRESENTATIVE, WHO
OFFERED TO ABSORB 60% OF THE REPAIR COST. *AK

75%

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)

The car remained at the dealership until all possible solutions could be investigated for 3 weeks.

Owner contacted Audi Consumer Relations/Advocates - told that there hands were tied since the Dealership had already contacted the Regional Rep.

This created a standstill and finally had to pay \$1,600 (25% of cost of replacement) in order to get car back. I am keeping all receipts.



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U.S. Department
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National Highway
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Administration

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

Official Business
Penalty for Private Use \$300



POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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



**VEHICLE
OWNER'S**

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS

COMPLETE THIS FORM

OR

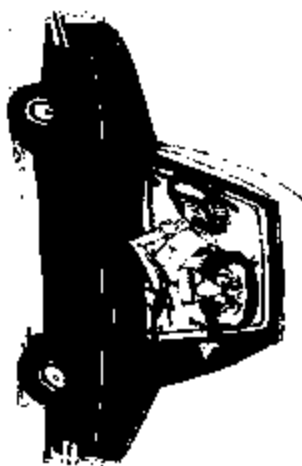
DASH2DOT

and dial toll free at

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(DASH) 2 DOT



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