



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100148

Date Received

17-MAY-2005

Repository

Reference No.  
10121191

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: NORTH SALEM State: NY Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

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: 5/17/05

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: WAUEH56501A [REDACTED]  
Make: AUDI Model: A4 Model Year: 2001  
Date Purchased: 21-MAR-01 Dealer's Name and Telephone Number: WEEKS AUTO CORP. Engine: No: Cylinders: 6 Fuel Type: Gas  
Original Owner:  Dealer's City: DANBURY State: CT Zip Code: [REDACTED]  
Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control Powertrain: ALL WHEEL DRIVE  
Vehicle Component Code: 110000 ELECTRICAL SYSTEM  
Multiple Failure: 1

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

Incident Date(s): 30-APR-2005 Failure Mileage: 70000 Failure Speed: 35

**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: Y

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).

DT: THE CONSUMERS CAR CAUGHT ON FIRE, THERE WAS A RECALL AND THE RECALL REPAIRS WERE FIXED. WHILE DRIVING THE CAR STARTED TO SMOKE HEAVILY AND SMOKE CAME THROUGH THE VENTS. THE CONSUMER SAW FIRE IN THE VENTS ON THE DRIVERS SIDE. THE CONSUMER PULLED OF THE ROAD AND STOPPED THE CAR AND CALL 911. THERE WERE NO WARNING LIGHTS OR PRIOR WARNING TO THIS FIRE. INSURANCE COMPANY IS INVESTIGATING AND DO NOT HAVE THE REPORT. \*JB

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)

- Attached please find a copy of the accident report, insurance investigation report and photos. Also a copy of the invoice stating that the results had been completed. I am still waiting to hear from my insurance company if Audi is going to reimburse them, and claim responsibility. I still have not received my personal loss from them in the car.

ATTACH ADDITIONAL SHEETS IF NECESSARY

NO 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



**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

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

**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT  
1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration  
[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

**LANGE TECHNICAL SERVICES, LTD.**

751 Long Island Ave. Deer Park N.Y. 11729

(631) 667-6128 Fax (631) 661-6132

**PRELIMINARY VEHICLE EVALUATION REPORT**

Date: 5/10/05

To: Ms. Maureen Foote, Travelers Insurance Co.

Date of Examination: 5/09/05

Claim No: L2E5352

Insured: Palmieri, Caroline

Vehicle: 2001 Audi A6

Mileage: Not Available

Our File No: 2502-TR-216

Preliminary Evaluation By: Carl J. Lange P.E.

*The above vehicle was examined to identify a malfunction which may have caused or contributed to a fire. The following are the preliminary findings and opinions. The opinions expressed are based on the conditions of the examination, information available at the time of examination and accuracy of reported statements. Additional information, laboratory analysis or further evaluation may change the preliminary opinions.*

Damage Analysis: Burn patterns indicate fire originated in the left side of the dash board.

Incident as understood: The vehicle was being operated at the time of the fire.

Mechanical Systems Analysis:

Engine: No indications of mechanical malfunction

Fuel Injection System: No indication of malfunction.

Exhaust System: No indications of involvement

Power Steering System: No indication of malfunction.

Transmission: No indication of malfunction.

Cooling System: No indications of involvement.

Air Conditioning: No indications of involvement

Electrical System Analysis:

Body: Electrical activity identified in passenger compartment.

Passenger Compartment: Electrical activity identified in dashboard. See Preliminary Conclusions.

Engine Compartment: No electrical activity or damage identified.

Charging system: No indications of involvement.

Starting system: No malfunction identified.

Fuses and relays: No malfunction identified.

Battery and power distribution: No malfunction identified.

Samples:

Engine oil: No sample taken

Transmission fluid: No sample taken

Fire debris: No samples taken

Other:

*Untested fire debris samples are held 90 days and oil/fluid samples 180 days prior to disposal. No disposal notification will be sent.*

Fire Classification: Accidental: unrelated to system malfunction

Recall/Service relationship: Consistent with NHTSA Recall No. 04V133000

Recommendations: Contact Audi to have vehicle examined by their representative.

Preliminary Conclusions:

- The fire originated behind the left knee bolster in the left side of the dash board.
- Fused and melted wires were found in the harness behind the bolster.
- A portion of the aluminum support for the dash board above the bolster was melted.
- In our opinion the fire and the resulting damage is consistent with that occurring as described in the above NHTSA recall which addresses a manufacturing defect. In our opinion, the fire is the result of a manufacturing defect.

Please call if questions remain or additional analysis is required. A full report will only be prepared upon request. Please allow 2 to 4 weeks for preparation.

LANGE TECHNICAL SERVICES, LTD.

New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**  
MV-104A (3/04)

001 # 10121191

Local Codes  
NY-05-1258  
SP1T15000131

19  
60

1	Accident Date Month: 4, Day: 29, Year: 2005	Day of Week Friday	Military Time 22:02	No. of Vehicles 1	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Accident Reconstructed <input type="checkbox"/>	Last Scene <input type="checkbox"/>	Police Practice <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20
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VEHICLE 1

VEHICLE  BICYCLE  MOTORCYCLE  OTHER MOTORVEHICLE

2 VEHICLE 1 - Driver  
License # [REDACTED] State of Lic. NY

Driver Name - identify on report or [REDACTED]

Address (Include Number and Street) [REDACTED] Apt. No. [REDACTED]

3 Date of Birth: Month 1, Day 31, Year 1939 Sex F Unlicensed  No. of Occupants 01 Public Property Damaged

4 Address (Include Number and Street) [REDACTED] Apt. No. [REDACTED]

5 City or Town: HAVEN State: NY

6 Vehicle 1 - Make, Model and Year: 2001 AUDI 4D8D 254

7 Violation (Check all that apply)

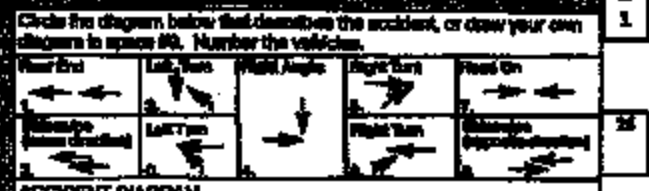
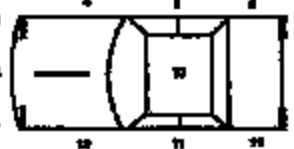
8 Check if involved vehicle is:  
 more than 30 inches wide;  
 more than 34 feet long;  
 operated with an overweight permit;  
 operated with an overweight permit.

9 VEHICLE DAMAGE CODES

Box 1 - Point of Impact	19	17
Box 2 - Most Damage		
Scale up to three more damage codes	17	

Vehicle 1c: DQMS  
Toward To: DQMS

10 VEHICLE DAMAGE CODES:  
 1-12 SEE DIAGRAM ON RIGHT.  
 14. UNKNOWN DAMAGE 17. UNKNOWN  
 15. TRAILER 18. NO DAMAGE  
 16. OVERTURNED 19. OTHER



ACCIDENT DIAGRAM

See the last page for the accident diagram.

Cost of repairs to any one vehicle will be more than \$1000.  
 Unknown/Unable to determine  Yes  No

Reference Marker	Coordinates (if available)	Place Where Accident Occurred
	Latitude/Northing:	County: WASHINGTON <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of: HAVEN
	Longitude/Easting:	Road on which accident occurred: EXIT RAMP 1 ON I-287 (Route Number or Street Name)
		at 1) intersecting street _____ (Route Number or Street Name)
		or 2) _____ of NY 0.00 (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's notes:  
 VEH 1 ON EXIT RAMP 1 I-287 N/B ON HAW HILL PARKWAY ENTRANCE. VEH 1 DASH BOARD CAUGHT ON FIRE DUE TO AN ELECTRICAL PROBLEM. VEH 1 TOTALLED DO TO FIRE.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17 NY	18	19	20	Name of all involved	Date of Death Only
1	1	4	1	46	F	-	-	-											PRASHER, CAROLINE A		

Officer's Rank and Signature: Trooper [Signature]

Print Name: N G Masino

Badge/No.: 1102

NCV No.: 15904

Printed Name: Troop/Zone TL

Personnel: 11

Date/Time Reported: [Signature]

ALL INVOLVED

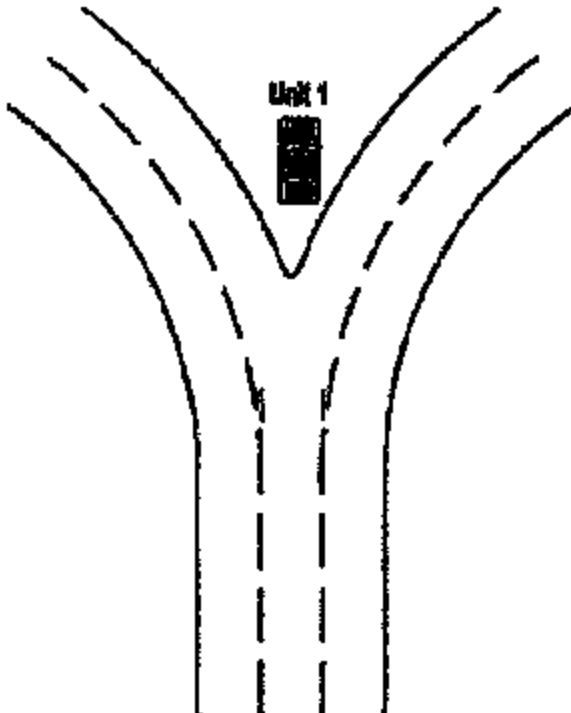
19  
60

New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**  
MV-104A (8/04)

Local Code
NY-05-1258
SP1715000131

[Redacted]

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
4	29	2005	Friday	22:02	1	0	0			



EXIT  
RAMP  
1  
I-287  
NB  
SAY  
MILL

**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION**

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
  2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection
- PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION**
1. Crossing, With Signal
  2. Crossing, Against Signal
  3. Crossing, No Signal, Marked Crosswalk
  4. Crossing, No Signal or Crosswalk
  5. Riding/Walking/Steering Along Highway With Traffic
  6. Riding/Walking/Steering Along Highway Against Traffic
  7. Emerging from in Front of/Behind Parked Vehicle
  8. Going on From Stopped School Bus
  9. Getting On/Off Vehicle Other Than School Bus
  10. Working in Roadway
  11. Playing in Roadway
  12. Other: Actions in Roadway\*
  13. Not in Roadway (Indicate)\*
  14. Not in Roadway (Indicate)\*

**TRAFFIC CONTROL**

- |                               |   |
|-------------------------------|---|
| 1. None                       | 10. RR Crossing Gates                       |
| 2. Traffic Signal             | 11. Stopped School Bus - Red Light Flashing |
| 3. Stop Sign                  | 12. Construction Work Area                  |
| 4. Flashing Light             | 13. Maintenance Work Area                   |
| 5. Yield Sign                 | 14. Utility Work Area                       |
| 6. Officer/Guard              | 15. Police/Fire Emergency                   |
| 7. No Passing Zone            | 16. School Zone                             |
| 8. RR Crossing Sign           | 17. Other*                                  |
| 9. RR Crossing Flashing Light |   |

**LIGHT CONDITIONS**

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

**ROADWAY CHARACTER**

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

**ROADWAY SURFACE CONDITION**

- |          |             |
|----------|-------------|
| 1. Dry   | 4. Snow/Ice |
| 2. Wet   | 5. Slush    |
| 3. Muddy | 6. Flooded  |
|          | 7. Other*   |

**WEATHER**

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
7. Other\*

**WHICH VEHICLE OCCURRED**

1. Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other\*
2. Vehicle No. 2 B. Bicycle P. Pedestrian
3. In-Line Skier S. Scooter

**POSITION FROM VEHICLE**

1. Driver
- 2-7. Passenger
8. Riding/Hanging on Outside

**SAFETY EQUIPMENT USED**

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint
- C. Other\*

**IN-LINE SEATER/BISEATER**

- A. Driver Only
- B. Driver/Other
- C. Pass Only
- D. Stopped Only
- E. Other\*

**EJECTION FROM VEHICLE**

1. Not Ejected
2. Partially Ejected
3. Ejected

**AGE**

11 12 13 14 15 16 17 BY 18 TO 19

**SEX**

19 MF 20 MF

**APPARENT CONTRIBUTIVE FACTORS**

- Driver**
1. Alcohol Involvement
  2. Steering Unusually
  3. Driver Intention/Distracted\*
  4. Delayed Response\*
  5. Drugs (Legal)
  6. Failure to Yield Right-of-Way
  7. Failure to Keep Right
  8. Followed Too Closely
  9. Loss of Control
  10. Lost Consciousness
  11. Passenger Distraction
  12. Passing or Lane Usage Improper
  13. Pedestrian/Bicyclist/Other Pedestrian Error/Condition
  14. Physical Disability
  15. Prescription Medication
  16. Traffic Control Misread/Disregarded
  17. Turning Improperly
  18. Unsafe Speed
  19. Unsafe Lane Changing
  20. Cell Phone (hand-held)
  21. Cell Phone (hands-free)
  22. Other Electronic Device\*
  23. Outside Car Distraction\*
  24. Reaction to Other Uninvolved Vehicle
  25. Aggressive Driving/Wrong Race

**Vehicle**

41. Accelerator Defective
  42. Brake Defective
  43. Headlight Defective
  44. Other Lighting Defects
  45. Overstated Vehicle
  46. Steering Failure
  47. Tire Failure/Inadequate
  48. Tire High Defective
  49. Windshield Inadequate
  50. Driverless/Runaway Vehicle
  51. Other Vehicle
- Environmental**
52. Driver's Action
  53. Glass
  54. Lane Marking Improper/Inadequate
  55. Obstruction/Debris
  56. Pavement Defective
  57. Pavement Slippery
  58. Shoulder Defective/Improper
  59. Traffic Control Device Imprecision/Not Working
  60. View Obstructed/Limited

**DIRECTION OF VEHICLE:**



**PRE-ACCIDENT VEHICLE ACTION:**

1. Going Straight Ahead
2. Making Right Turn
3. Making Left Turn
4. Making U Turn
5. Starting from Parking
6. Starting to Turn
7. Stopping or Backing
8. Stopped in Traffic
9. Starting Parked Position
10. Parked
11. Striking Object in-Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
16. Police Pursuit
17. Other\*

**LOCATION OF FIRST EVENT**

1. On Roadway
2. Off Roadway

**TYPE OF ACCIDENT - COLLISION WITH**

- |                        |                            |
|------------------------|----------------------------|
| 1. Other Motor Vehicle | 6. In-Line Skier           |
| 2. Pedestrian          | 7. Deer                    |
| 3. Bicyclist           | 8. Other Pedestrian        |
| 4. Animal              | 9. Other Object (Not Road) |
| 5. Railroad Train      |                            |

**COLLISION WITH FIXED OBJECT**

11. Light Support/Utility Pole
12. Sidewalk/Not At End
13. Double Post-End
14. Guardrail
15. Sign Post
16. Tree
17. Building/Wall
18. Curbing
19. Fence
20. Bridge Structure
21. Culvert/Underpass
22. Median/Not At End
23. Median/End
24. Sewer
25. Snow Embankment
26. Earth Embankment/Retain Wall
27. Pole
28. Power Line
29. Other Road Object\*

**NO COLLISION**

31. Overturned
32. Fly/Explosion
33. Subsection
34. Ran Off Roadway Only
35. Other\*

**New York State Department of Motor Vehicles POLICE ACCIDENT REPORT MV-104A (7/01)**

\*EXPLAIN IN ACCIDENT DESCRIPTION  
If a question DOES NOT APPLY, enter a dash (-).  
If an answer is UNKNOWN, enter an "X".

**LOCATION OF MOST SERIOUS PHYSICAL COMPLAINT**

1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back
7. Shoulder-Upper Arm
8. Elbow-Lower Arm-Hand
9. Abdomen - Pelvis
10. Hip-Upper Leg
11. Knee-Lower Leg-Foot
12. Injury Body

**TYPE OF PHYSICAL COMPLAINT**

1. Amputation
2. Contusion
3. Fracture
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain
13. None Visible
14. Whiplash

**VICTIM'S PHYSICAL AND EMOTIONAL STATUS**

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incontinent
5. Shock
6. Conscious

**INJURED TAKEN**

17 BY 18 TO 19

Vehicle 19

Vehicle 20

Vehicle 21

Vehicle 22

Vehicle 23

Vehicle 24

Vehicle 25

Vehicle 26

Vehicle 27

First Event

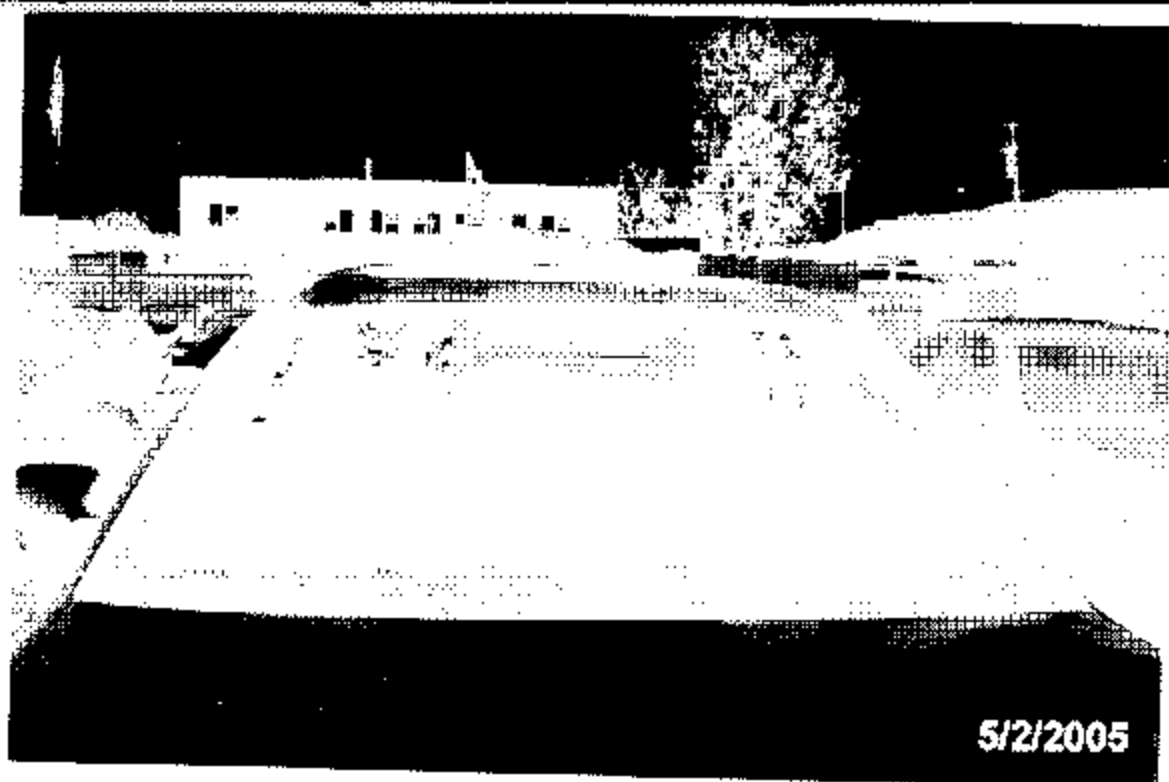
Vehicle 28

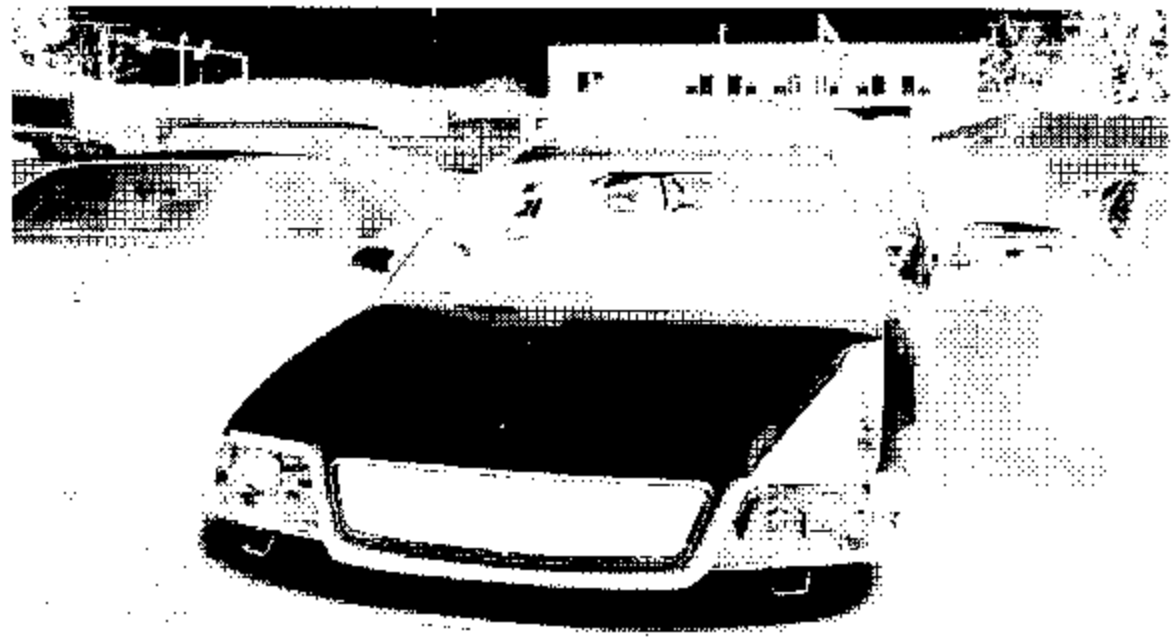
Vehicle 29

Vehicle 30

CONTRIBUTOR

N









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).