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 100148

Date Received	Repository
2006 MAR -9 AM 8:02 08-FEB-2006	☐
	Reference No. 10149585

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]@comcast.net
Address [redacted]	Evening Telephone Number	
City WAYLAND / State MA / Zip Code [redacted]	[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 author[redacted] name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 2/27/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
WAULT54B[redacted]	AUDI	A6	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
30-NOV-02	PASS & WEISZ INC 781-272-8880			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City BURLINGTON	State MA	Zip Code 01803-4191		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	092100 FUEL SYSTEM, OTHER:DELIVERY:FUEL PUMP Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
05-FEB-2006	34560	15	

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			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).

DT*: THE CONTACT STATED WHILE DRIVING 15MPH IN NORMAL CONDITIONS, THE FUEL PUMP FRACTURED AND THE VEHICLE STALLED. THE VEHICLE WAS PULLED TO THE EMERGENCY LANE AND TOWED TO THE LOCAL DEALERSHIP FOR REPAIRS.

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