



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

2006 MAY 16 11:20 AM  
02-MAY-2006

Repository

Reference No.  
10156625

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City FRESHMEADOWS State NY Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number [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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 5/16/06

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
WALLC68E [REDACTED] Make AUDI Model A4 Model Year 2002  
Date Purchased 02-OCT-04 Dealer's Name and Telephone Number BIENER AUDI 516-829-2834 Engine: No: Cylinders 4 Fuel Type: Gas  
Original Owner [REDACTED] Dealer's City GREAT NECK State NY Zip Code 11021  
Transmission Type  Antilock Brakes Powertrain 4 WHEEL DRIVE Vehicle Component Code 140000 AIR BAGS  
AUTOMATIC  Cruise Control Multiple Failure: 2

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

Incident Date(s) 22-APR-2006 Failure Mileage 56000 Failure Speed 25

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make UNKNOWN Tire Model (Name or Number) UNKNOWN Tire Size (Example P215/65R15)  
DOT No. (Example: DOTMALSABC036)  Original Equipment  Prior Repair Failure Location:  
Tire Component Code 190000 TIRES 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), crash(es), and injury(ies).)

Crash  Yes  No Fire  Yes  No Number of Persons Injured 1 Number of Deaths 0 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 CONTACT STATED WHILE DRIVING ON THE HIGHWAY AT 20-25 MPH, THE RIGHT AND LEFT FRONT TIRES BLEW OUT FOR NO REASON CAUSING THE DRIVER TO HIT A GUARDRAIL. THE TIRES ARE THE ORIGINAL TIRES SOLD ON THE VEHICLE. NEITHER AIR BAG DEPLOYED. PRIOR TO THE ACCIDENT, THE TIRES WERE LOSING AIR AND THERE WAS A SQUEAKING NOISE COMING FROM THE TIRES. THE DEALERSHIP WAS ALERTED AND PUT AIR IN THE TIRES. THE TIRE INFORMATION WAS UNAVAILABLE. THERE WAS ONE PERSON INJURED AND THERE WAS A POLICE REPORT FILED.

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.