



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

2007 NOV -7 AM 8:25
01-OCT-2007

FOR AGENCY USE ONLY 100148

Date Received
01-OCT-2007

Repository
Reference No.
10204613

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City [REDACTED] State CA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
Evening Telephone Number [REDACTED]

E-mail Address [REDACTED]

Do you authorize [REDACTED] to report to the manufacturer of your vehicle? YES NO
In the absence of [REDACTED] NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 10/20/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: WAUED24B7YN [REDACTED]
Make: AUDI Model: A6 Model Year: 2000

Date Purchased: 09-JUN-03 Dealer's Name and Telephone Number: [REDACTED] Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner: Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: ALL WHEEL DRIVE Vehicle Component Code: 117000 DIGITAL INSTRUMENT PANEL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 04-SEP-2006 Failure Mileage: 70000 Failure Speed: 0

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: DOTM19ABC036): [REDACTED] 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: 0 Number of Deaths: 0 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).

TL*THE CONTACT OWNS A 2000 AUDI A6. THE CONSOLE HAS A CENTER DISPLAY THAT SHOWS WARNING LIGHTS FOR GAS, BRAKES, ETC. THE CENTER DISPLAY FAILED GRADUALLY APPROXIMATELY ONE YEAR AGO. THE DISPLAY HAS COMPLETELY FAILED AND WHEN THE VEHICLE IS COLD SOME OF THE LINES IN THE DISPLAY ARE VISIBLE. THE DEALER STATED THAT THE VEHICLE IS NO LONGER UNDER WARRANTY AND THEY WILL NOT REPAIR IT. THE CURRENT MILEAGE WAS 76,000 AND THE FAILURE MILEAGE WAS 70,000.

GAS GAUGE IS NOW NOT WORKING, THE NEEDLE DOES NOT MOVE PAST EMPTY AFTER A FULL FILL UP.

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.