



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

19-NOV-2008

Repository ☐

Reference No.
10249337

OWNER INFORMATION (Type or Print)

Name

Address

City

LANCASTER

State

PA

Zip Code

Daytime Telephone Number

Evening 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 ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WAUEA88D4T1

Make
AUDI

Model
A4

Model Year
1996

Date Purchased

about 4-5 yrs.

Dealer's Name and Telephone Number

MANHEIM AUTO ACTION

Engine:

No: Cylinders

4

Fuel Type:

GAS.

Original Owner

☒

Dealer's City

LANCASTER

State

PA

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Multiple Failure:

Incident Date(s)

10-NOV-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 060000 ENGINE AND ENGINE COOLING

Failure Mileage
200000

Failure Speed
0

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

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 1996 AUDI A4. THE CONTACT STATED THAT HIS KEYS WERE STUCK IN THE IGNITION. HIS VIN WAS NOT INCLUDED IN NHTSA CAMPAIGN ID NUMBER 06V403000 (ELECTRICAL SYSTEM:IGNITION:SWITCH). THE VIN WAS UNKNOWN. THE FAILURE AND CURRENT MILEAGES WERE LESS THAN 200,000.

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)

my KEYS WERE STUCKED IN THE IGNITION SWITCH BECAUSE
OF A RECALL ON THE FAULTY IGNITION SWITCH WHICH THE
AUDI DEALER REFUSED TO MAKE RIGHT WHEN I TOOK
THE CAR TO THEM.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST-CLASS MAIL

PERMIT NO. 1888

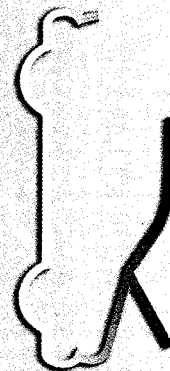
WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



AUTOHAUS LANCASTER
1373 MANHEIM PIKE
LANCASTER, PA 17601
717-299-2801
THANK YOU!!
Sale

ID: 0908
Merchant: 1100000908
11/03/08
MASTERCARD
XXXXXXXXXX
Appr Code: 060822

15:31

Invoice#:

Total:

\$ 46

AUTOHAUS LANCASTER

1373 Manheim Pike Lancaster, PA 17601
Phone (717) 299-2801 * Fax (717) 299-0600
www.autohaus.com

Customer's Copy
THANK YOU!!

NO RETURN WITHOUT PROPER AUTHORIZATION AND THIS INVOICE. NO RETURN ON ELECTRICAL PARTS. NO RETURN (20% HANDLING CHARGE ON ALL RETURNS).

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

DATE ENTERED 03 NOV 08	YOUR ORDER NO.	DATE SHIPPED 03 NOV 08	INVOICE DATE	INVOICE NUMBER 59819
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ACCOUNT NO. 98

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PAGE 1 OF 1

SHIP VIA			SLSM. 444	B/L NO.	TERMS CASH	F.O.B. POINT LANCASTER PA		14:44
ORD.	QUANTITY SHIP	B.O.	PART NO.	DESCRIPTION	LIST	NET	AMOUNT	
1	1	0	4A0-905-849-B	SWITCH	43.79	43.79	43.79	
Hours Mon-Fri 8:00-6:00, Sat 8:00-3:00					PARTS		43.79	
All parts with dashes - are OEM					SUBLET			
Parts without are aftermarket					FREIGHT		0.00	
!! NO RETURN AFTER 30 DAYS !!					SALES TAX		2.63	
Have a nice day!					TOTAL		\$46.42	
CUSTOMER'S SIGNATURE X								

