



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

INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

Date Received

NOV 29 2010

02-AUG-2010

Repository

Reference No.

10346781

#### OWNER INFORMATION (Type or Print)

Name

Address

City

STATEN ISLAND

State

NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

#### VEHICLE INFORMATION

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

WAUEJ84A3PN

Make

AUDI

Model

100 CS

Model Year

1993

Date Purchased

APR 3 2004

Dealer's Name and Telephone Number

PRIVATE PERSON

Engine:

No: Cylinders

Fuel Type:

GAS

Original Owner

Dealer's City

CLIFTON, N.J.

State

NJ

Zip Code

Transmission Type

4 SPD AUTO

Antilock Brakes

Cruise Control

Powertrain

QUARTO  
40 AUTO

Multiple Failure:

SEATS + AIR BAGS

Incident Date(s)

02-JUL-2010

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

Vehicle Component Codes: 140000 AIR BAGS. 141100 AIR BAGS-FRONTAL SENSOR/CONTROL MODULE

Failure Mileage

186000

Failure Speed

20

#### 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: DOTM19ABC026)

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

2

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).

TL\* THE CONTACT OWNS A 1993 AUDI 100 CS QUARTO (N/A) THE CONTACT WAS DRIVING AT 20 MPH WHEN HE TRAVELED OVER AN EXTREMELY UNEVEN ROAD SURFACE. THE TRANSMISSION OIL PAN FRACTURED FROM THE VEHICLE AND THE DRIVER SIDE AIR BAG INDEPENDENTLY DEPLOYED. THE PASSENGER SEAT BELT THEN AUTONOMOUSLY RELEASED AND CAUSED THE CONTACT TO ABRUPTLY HIT THE WINDSHIELD. THE PASSENGER SUFFERED INJURIES TO HIS EYES, HEAD AND NOSE. THE CONTACT SUSTAINED INJURY TO HIS KNEE FROM ABRUPTLY STRIKING THE BOTTOM OF THE STEERING WHEEL. THE CONTACT STATED THERE WERE FLAMES COMING FROM THE STEERING WHEEL AND AS HE ATTEMPTED TO MAINTAIN CONTROL OF THE VEHICLE, HE SUSTAINED SECOND DEGREE BURNS TO HIS ARMS AND HANDS. A POLICE REPORT WAS AVAILABLE. THE DEALER CONTACT WAS ABLE TO LOCATE A RECALL PERTAINING TO THE AIR BAG FAILURE (NHTSA CAMPAIGN ID NUMBER: 97V17Z000; AIR BAGS: FRONTAL SENSOR/CONTROL MODULE) BUT WAS ADVISED BY THE DEALER THAT HIS VIN WAS NOT INCLUDED IN THE RECALL. THE MANUFACTURER ADVISED THEY WOULD SEND AN INVESTIGATOR TO FURTHER INSPECT THE FAILURE. THE INVESTIGATOR DETERMINED THAT THE FAILURE WAS CAUSED BY DEFECTIVE STRUTS. THE MANUFACTURER ADVISED THEY WOULD NOT PROVIDE ANY ASSISTANCE BECAUSE THE CONTACT FAILED TO HAVE THE STRUTS CHANGED. THE CONTACT DID NOT BELIEVE THE STRUTS WERE THE CAUSE OF THE FAILURE AND WERE REPLACED LESS THAN 20,000 MILES BEFORE THE FAILURE OCCURRED. THE VEHICLE WAS NOT R

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)

Auto of North America has failed to comply with recall which is still in effect for March 2013 - Plus the Dealer ship refuses to respond, as to where my car is and if have advise ~~as to where my car is~~ contacted the New York Att. General Office, they are looking and going to open a investigation also, All I want is my car fix and amicable let - who needs the car for medical reasons as I can not walk without a ~~EGP~~ ~~ATTACH ADDITIONAL SHEETS IF NECESSARY~~ ~~with~~ ~~initial~~ ~~EGP~~ and have severe damage to both of my knees and use cans to walk. and I live on Social Security as means of **THIS CAR WAS NOT IN FRONTAL IMPACT - CAR WAS RECENTLY insp. BY N.Y.S.**

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.

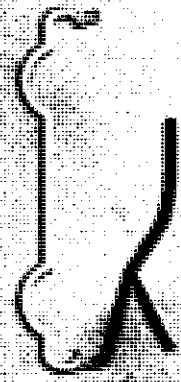
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

**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



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

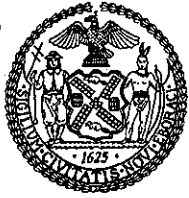
[www.safercar.gov](http://www.safercar.gov)

or call:

Vehicle Safety Hotline  
888-327-4236



NHTSA is a U.S. Department of Transportation agency. We are an Equal Opportunity Employer. For more information, visit [www.safercar.gov](http://www.safercar.gov).



THE CITY OF NEW YORK  
OFFICE OF THE COMPTROLLER  
CLAIMS AND ADJUDICATIONS  
1 CENTRE STREET ROOM 1200  
NEW YORK, N.Y. 10007-2341

WWW.COMPTROLLER.NYC.GOV

Michael Aaronson  
Chief, Bureau of Law and  
Adjustment

015 - 151

John C. Liu  
COMPTROLLER

Date: 09/09/2010  
Claim No: 2010PD027883  
RE: Acknowledgment of Claim

[REDACTED]  
STATEN ISLAND, NY [REDACTED]

Dear Claimant:

We acknowledge receipt of your claim, which has been assigned the claim number shown above. Please refer to this claim number in any correspondence or inquiry you may have with our office.

We will do our best to investigate and, if possible, settle your claim. However, if we are unable to resolve your claim, **any lawsuit against the City must be started within one year and ninety days from the date of the occurrence.**

If you have any questions regarding your claim, you may contact us at either 212-669-8750 for property damage claims or 212-669-4445 for claims involving personal injury.

Sincerely,  
Michael Aaronson

POLICE ACCIDENT REPORT (NYC)

MV-104AN (5/04)

Precinct 72

Accident No. 1648

Complaint Number

AMENDED REPORT

Accident Date: 07/07/2010, Day of Week: FRI, Military Time: 1507, No. of Vehicles: 1, No. Injured: 0, No. Killed: 0, Reconstructed: [checked]

VEHICLE 1, VEHICLE 2, BICYCLIST, PEDESTRIAN, OTHER PEDESTRIAN

VEHICLE 1 - Driver License ID Number, State of Lic. NY, Driver Name, Address

VEHICLE 2 - Driver License ID Number, State of Lic., Driver Name, Address

City or Town, State, Zip Code for both vehicles

Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged

Name - exactly as printed on registration, Sex, Date of Birth

Address (Include Number & Street), Apt. No., Haz. Mat. Code, Released

City or Town, State, Zip Code

Plate Number, State of Reg. NY, Vehicle Year & Make 1993 AUDI, Vehicle Type 4DR, Ins. Code 148

Ticket/Arrest Number(s), Violation Section(s)

Check if involved vehicle is: more than 95 inches wide, more than 34 feet long, etc.

VEHICLE 1 DAMAGE CODES, VEHICLE 2 DAMAGE CODES

Enter up to three more Damage Codes

Vehicle By Towed: To

VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE 17. DEMOLISHED, 15. TRAILER 18. NO DAMAGE, 16. OVERTURNED 19. OTHER

Place Where Accident Occurred: BRONX, KINGS, NEW YORK, QUEENS, RICHMOND

Road on which accident occurred: 61 Street

at 1) intersecting street: 6 Avenue

or 2) Feet Miles, (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes: A + + / P 10 Driver #1 states that while traveling w/B on 61st + 6 Avenue that vehicle drove over uneven pavement at 61st + 6 Ave causing damage to rear end of vehicle. Impact was great which caused airbags to deploy and interior damage to the dashboard. In PD's professional opinion pavement was extremely uneven + unsafe. Damage + accident were unavoidable.

ALL INVOLVED: A 1 1 2 1 60 M, B 1 3 2 1 54 M

Officer's Rank and Signature: P.O. Diesel

Print Name in Full: SMITH

Tax ID No. 945016, NCIC No. 03030, Precinct 72

Post/Sector, Reviewing Officer, Date/Time Reviewed

# POLICE ACCIDENT REPORT (NYC)

MV-104AN (5/04)

Precinct **72**  
Accident No. **1648**

Complaint Number

AMENDED REPORT

Accident Date Month <b>07</b> Day <b>07</b> Year <b>2010</b>			Day of Week <b>FRI</b>	Military Time <b>1507</b>	No. of Vehicles <b>1</b>	No. Injured <b>0</b>	No. Killed <b>0</b>	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reconstructed <input checked="" type="checkbox"/>										

VEHICLE 1  VEHICLE 2  BICYCLIST  PEDESTRIAN  OTHER PEDESTRIAN

VEHICLE 1 - Driver License ID Number	State of Lic. <b>NY</b>	VEHICLE 2 - Driver License ID Number	State of Lic.
Driver Name - exactly as printed on license		Driver Name - exactly as printed on license	
Address (Include Number & Street)	Apt. No.	Address (Include Number & Street)	Apt. No.
City or Town	State	City or Town	State

Date of Birth Month <b>06</b> Day <b>06</b> Year <b>1960</b>	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants <b>2</b>	Public Property Damaged <input type="checkbox"/>	Date of Birth Month <b>07</b> Day <b>07</b> Year <b>1977</b>	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>
Name - exactly as printed on registration <b>SIAIA</b>	Sex	Date of Birth Month <b>06</b> Day <b>06</b> Year <b>1960</b>	Sex	Date of Birth Month <b>07</b> Day <b>07</b> Year <b>1977</b>	Name - exactly as printed on registration	Sex	Date of Birth Month <b>07</b> Day <b>07</b> Year <b>1977</b>	Sex	Date of Birth Month <b>07</b> Day <b>07</b> Year <b>1977</b>
Address (Include Number & Street)	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	Address (Include Number & Street)	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	Address (Include Number & Street)	Apt. No.

City or Town	State	Zip Code	City or Town	State	Zip Code
--------------	-------	----------	--------------	-------	----------

Plate Number	State of Reg. <b>NY</b>	Vehicle Year & Make <b>1993 AUDI</b>	Vehicle Type <b>4DRSD</b>	Ins. Code <b>148</b>	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
--------------	-------------------------	--------------------------------------	---------------------------	----------------------	--------------	---------------	---------------------	--------------	-----------

Ticket/Arrest Number(s)	Ticket/Arrest Number(s)
Violation Section(s)	Violation Section(s)

<p>Check if involved vehicle is:</p> <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit. <p><b>VEHICLE 1 DAMAGE CODES</b></p> <table border="1"> <tr><td>Box 1 - Point of Impact</td><td>1</td><td>2</td></tr> <tr><td>Box 2 - Most Damage</td><td>2</td><td></td></tr> <tr><td>Enter up to three more Damage Codes</td><td>3</td><td>4</td><td>5</td></tr> </table> <p>Vehicle By Towed: To</p>	Box 1 - Point of Impact	1	2	Box 2 - Most Damage	2		Enter up to three more Damage Codes	3	4	5	<p>Check if involved vehicle is:</p> <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit. <p><b>VEHICLE 2 DAMAGE CODES</b></p> <table border="1"> <tr><td>Box 1 - Point of Impact</td><td>1</td><td>2</td></tr> <tr><td>Box 2 - Most Damage</td><td></td><td></td></tr> <tr><td>Enter up to three more Damage Codes</td><td>3</td><td>4</td><td>5</td></tr> </table> <p>Vehicle By Towed: To</p>	Box 1 - Point of Impact	1	2	Box 2 - Most Damage			Enter up to three more Damage Codes	3	4	5	<p>Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.</p> <table border="1"> <tr> <td>Rear End 1. ← ← ←</td> <td>Left Turn 3. ↙ ↘</td> <td>Right Angle 4. ↓</td> <td>Right Turn 5. → ↘</td> <td>Head On 7. → ←</td> </tr> <tr> <td>Sideswipe (same direction) 2. ← ← ←</td> <td>Left Turn 0. ↙ ↘</td> <td></td> <td>Right Turn 6. → ↘</td> <td>Sideswipe (opposite direction) 8. → ←</td> </tr> </table> <p><b>ACCIDENT DIAGRAM</b></p>	Rear End 1. ← ← ←	Left Turn 3. ↙ ↘	Right Angle 4. ↓	Right Turn 5. → ↘	Head On 7. → ←	Sideswipe (same direction) 2. ← ← ←	Left Turn 0. ↙ ↘		Right Turn 6. → ↘	Sideswipe (opposite direction) 8. → ←
Box 1 - Point of Impact	1	2																														
Box 2 - Most Damage	2																															
Enter up to three more Damage Codes	3	4	5																													
Box 1 - Point of Impact	1	2																														
Box 2 - Most Damage																																
Enter up to three more Damage Codes	3	4	5																													
Rear End 1. ← ← ←	Left Turn 3. ↙ ↘	Right Angle 4. ↓	Right Turn 5. → ↘	Head On 7. → ←																												
Sideswipe (same direction) 2. ← ← ←	Left Turn 0. ↙ ↘		Right Turn 6. → ↘	Sideswipe (opposite direction) 8. → ←																												

VEHICLE DAMAGE CODING:

1-13. SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE 17. DEMOLISHED  
15. TRAILER 18. NO DAMAGE  
16. OVERTURNED 19. OTHER

Reference Marker	Coordinates (if available) Latitude/Northing:	Place Where Accident Occurred: <input type="checkbox"/> BRONX <input checked="" type="checkbox"/> <b>KINGS</b> <input type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND
	Longitude/Easting:	Road on which accident occurred: <b>61 Street</b> (Route Number or Street Name)
		at 1) intersecting street: <b>6 Avenue</b> (Route Number or Street Name)
		or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes: **A + + p 10 Driver #1 states that while traveling w/B ON 61st + 6 Avenue that vehicle drove over uneven pavement at 61st + 6 Ave causing damage to undercarriage of vehicle Impact was great which caused airbags to deploy and interior damage to the dashboard of vehicle. In PD's professional opinion pavement was extremely uneven + unsafe / Damage + accident were UNAVOIDABLE.**

	8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	2	1	60	M	-	-	-	-	-	-	-	-		
B	1	3	2	1	54	M	-	-	-	-	-	-	-	-		
C																
D																
E																
F																

Officer's Rank and Signature <b>P.O. Diegel</b>	Tax ID No. <b>945016</b>	NCIC No. <b>03030</b>	Precinct <b>72</b>	Post/Sector	Reviewing Officer	Date/Time Reviewed <b>4 -</b>
Print Name in Full <b>SMITH</b>						

19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
USE COVER SHEET

**PERSONS KILLED OR INJURED IN ACCIDENT** (Letter designation of persons killed or injured must precede with letter designation on front).

A Last Name _____ First _____ M.I. _____		D Last Name _____ First _____ M.I. _____	
Address _____		Address _____	
Date of Birth Month _____ Day _____ Year _____	Telephone (Area Code) _____	Date of Birth Month _____ Day _____ Year _____	Telephone (Area Code) _____
B Last Name _____ First _____ M.I. _____		E Last Name _____ First _____ M.I. _____	
Address _____		Address _____	
Date of Birth Month _____ Day _____ Year _____	Telephone (Area Code) _____	Date of Birth Month _____ Day _____ Year _____	Telephone (Area Code) _____
C Last Name _____ First _____ M.I. _____		Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address _____		Name _____	
Date of Birth Month _____ Day _____ Year _____	Telephone (Area Code) _____	Shield No. _____	

**ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.**

Vehicle No. 1 _____	Vehicle No. 2 _____
Expiration Date <u>11/2/2010</u>	Expiration Date _____
VIN <u>WAVES84A3PN</u> _____	VIN _____

**WITNESS (Attach separate sheet, if necessary)**

Name _____	Address _____	Phone _____
------------	---------------	-------------

**DUPLICATE COPY REQUIRED FOR:**

<input type="checkbox"/> Dept. of Motor Vehicles (if anyone is killed/injured)	<input type="checkbox"/> Motor Transport Division (P.D. vehicle involved)	<input type="checkbox"/> NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)	<input type="checkbox"/> Other City Agency (Specify) _____
<input checked="" type="checkbox"/> Office of Comptroller (if a City vehicle involved)	<input type="checkbox"/> Personnel Safety Unit (if a P.D. vehicle involved)	<input type="checkbox"/> Highway Unit _____	

**NOTIFICATIONS:** (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

<b>PROPERTY DAMAGED (other than vehicles)</b>	<b>OWNER OF PROPERTY (include city agency, where applicable)</b>

**IF NYPD VEHICLE IS INVOLVED:**

Police Vehicle—Operator's First Name _____	Last Name _____	Rank _____	Shield No. _____	Tax ID. No. _____	Command _____
Make of Vehicle _____	Year _____	Type of Vehicle _____	Plate No. _____	Dept. Vehicle No. _____	Assigned To What Command _____

Equipment in Use At Time of Accident

Siren     Horn     Turret Light     4-Way Flasher     High-Level Warning Lights     Traffic Cones     Headlights

**ACTIONS OF POLICE VEHICLE**

Responding to Code Signal \_\_\_\_\_

Pursuing Violator \_\_\_\_\_

Other (Describe) \_\_\_\_\_

Complying with Station House Directive

Routine Patrol

**CLAIM AGAINST THE CITY OF NEW YORK  
VEHICULAR PROPERTY DAMAGE**

\*\*\*\*\*READ & FOLLOW THE INSTRUCTIONS ON THE REVERSE SIDE\*\*\*\*\*  
TYPE OR PRINT ALL INFORMATION CLEARLY

**1 - OWNER'S INFORMATION**

Last Name: [REDACTED] First Name: [REDACTED]  
 Complete Street Address: [REDACTED] (Number, Street, City (Boro), State, Zip+4) Staten Island, NY 10314  
 S.S.#: [REDACTED] Home Tel.#: [REDACTED] Bus. Tel.#: [REDACTED] primary II

**2 - COMPLETE VEHICULAR INFORMATION**

Make: Audi Year: 1993 Model: Quattro Mileage: 168,000 Color: GRN Plate: Handicap

**3 - DRIVER'S INFORMATION**

Last Name: [REDACTED] First Name: [REDACTED]  
 Complete Street Address: [REDACTED] (Number, Street, City (Boro), State, Zip+4) SI NY  
 S.S.#: [REDACTED] Home Tel.#: [REDACTED] Bus. Tel.#: [REDACTED] primary

**4 - INSURANCE INFORMATION**

Name of Carrier: Geico Code 178 *copy to accident report ATTACH*  
 Complete Street Address: Geico Plaza  
 Policy Number: Washng De 2070-3001 Name of Agent: N/A Tel: 877 206 045  
 Do you have Collision Insurance?  Yes  No Did you report accident to your insurance Co.?  Yes  No Were you paid by your insurance Co.?  Yes  No Amount of Deductible? 0

**5 - ACCIDENT INFORMATION**

Exact Date of Occurrence: Month: 07/02/10 Day: Friday Year: 2010 Time: 1:45 ~~1:00~~ am: 1:45 pm: 1:45  
 Exact Accident Location: 61 Street crossing from 6 Ave onto 6 Ave  
 Detailed Description of Accident: 61 street roadway was app 3-5" lower than the street on 5 Ave and 6 Ave - My vehicle hit a rain porthole of roadway going onto 6 Ave when it ripped out my transmission oil pan, damaging my air bags, damaging my under carriage and breaking my lower grill - fog lights air bags - Wind shield - Dash Board, rest cluster.

Did the Police Investigate the Accident? Yes:  No:  If YES, then identify the Police Officer with the following:  
 Officer's Name: PO. J Smith Shield #: 945016 Precinct: 72 Report #: 1648

**6 - TOW CLAIMS:**

Exact Date of Tow: Month: 7/02 Day: FR Year: 2010 Time: 1:45 am:  pm:   
 Exact Location Vehicle was towed from: 61 Street between 5 and 6 Ave - Bldg 572  
 Location Vehicle was picked up at: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Voucher #: \_\_\_\_\_

**7 - LIST OF DAMAGES AND COST**

DATE:	DESCRIPTION:	COST:
	AIR BAGS Front Driver - front Passenger	
	Rest Cluster Repair	
	Transmission Panel TRANSMISSION	
	Wind shield Front Fog lights Grill - Replacement	
		est Total repairs \$2500 per [unclear]



8 - N.Y.C. VEHICLE INFORMATION

owner

Last Name: [Redacted] First Name: [Redacted] Title: [Redacted]  
 Complete Street Address: [Redacted] (Number, Street, City (Boro), State, Zip)  
 City Agency Employed By: DOT  
 Type of Vehicle: Audi Quattro License Plate #: [Redacted] Towed Away: Yes:  No:

9 - AUTHORIZATION TO INSPECT AND APPRAISE YOUR VEHICLE'S DAMAGE

FULLY COMPLETE AND SIGN THE FOLLOWING AUTHORIZATION TO ALLOW US TO INSPECT & APPRAISE YOUR VEHICLE

Make: Audi Year: 1993 Model: Quattro License Plate #: [Redacted]  
 V.I.N. Number: WAUET84A3PN [Redacted] Mileage: 186,100  
 Location where the vehicle may be seen: Bay Ridge of Bklyn 65 St and 3 Ave  
 Tel. #'s you may be reached at: Home: [Redacted] Work: [Redacted] Keeper: [Redacted]  
 Signature X: [Redacted]

10 - IMPORTANT INSTRUCTIONS FOR FILING THIS CLAIM

CLAIMS MUST BE FILED WITHIN 90 DAYS FROM THE DATE OF THE INCIDENT AT THE NEW YORK CITY COMPTROLLER'S OFFICE, 1 CENTRE STREET ROOM 1225, NEW YORK CITY, NEW YORK 10007. COMPLETE ALL THE QUESTIONS ON BOTH SIDES OF THIS CLAIM FORM WHICH APPLY TO YOUR CLAIM.

PURSUANT TO STATE AND FEDERAL LAWS, THE COMPTROLLER'S OFFICE IS AUTHORIZED TO OBTAIN SOCIAL SECURITY NUMBERS FOR TAX REPORTING PURPOSES AND FOR THE COLLECTION OF LIENS HELD BY THE CITY AND STATE.

WE REQUIRE COPIES OF THE FOLLOWING DOCUMENTS:

- ITEMIZED STATEMENTS OF ESTIMATES OF DAMAGES
- ITEMIZED PAID BILLS, CANCELED CHECKS, ETC. AS PROOF OF PAYMENT FOR THE REPAIR OF THE DAMAGE.
- PHOTOGRAPHS OF DAMAGE DONE TO THE VEHICLE, IF AVAILABLE, WITH YOUR NAME AND ADDRESS PRINTED CLEARLY BEHIND EACH ONE SUBMITTED.
- PHOTOGRAPHS OF THE DEFECTIVE STREET OR ROADWAY, IF AVAILABLE.
- NOTARIZED WITNESS STATEMENTS, IF AVAILABLE.
- COPIES OF REGISTRATION, DRIVER'S LICENSE, TITLE AND LEASE AGREEMENT, IF APPLICABLE, VALID AT THE TIME OF THE ACCIDENT.

11 - NOTARY CERTIFICATION

Claimant's signature: [Redacted] Date: Aug 02 / 2010

State of New York ) ss:  
County of

[Redacted] being duly sworn deposes and says that I have read

the foregoing NOTICE OF CLAIM and know the contents thereof; that the same is true to the best of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters, I believe them to be true.

Signature of Claimant: X: [Redacted] Date: Aug 02 2010

IMPORTANT: IF THE CLAIM IS NOT SETTLE, YOU MUST START LEGAL ACTION WITHIN ONE YEAR AND NINETY DAYS FROM THE DATE OF THE INCIDENT.

NOTARY PUBLIC STAMP: MOISE TCHOOUNGUA, NOTARY PUBLIC STATE OF NEW YORK, LIC. #01TC6085683, COMM. EXP. 12/30/2010, COMMISSION IN RICHMOND COUNTY

Sworn to before me this 08/02/2010 Day of Aug 2010

October 26 2010

TO U.S. DOT - NHTSB.

Since my first report of this incident, I have  
 on July 02 2010. I had to buy another seat. I  
 then received the enclosed letters of inquiry from  
 the city comptroller office, as they have  
 opened a case file on this incident, as  
 well as the Attorney General's office  
 of New York. I have tried with  
 no luck to locate the vehicle as  
 I get the run around about ~~the seat~~ <sup>this and that</sup>

and about the shocks, expired recall date, fact is  
 the car was legally ~~tested~~ <sup>tested</sup> ~~passed~~ <sup>passed</sup> N.Y.S. Request  
 inspection months before the ~~date~~ <sup>incident date</sup>, ~~date~~ <sup>7/2/00</sup>

I was informed the last recall notice was  
 made on may of 2000 - ~~all~~ <sup>and all</sup> recalls have a 13 year

I've each and I have owned the vehicle my 1993 Audi  
for over ~~17~~ 2 yrs. and even sent the supplied  
new ownership card attached and required, found in  
the Owners manual to Audi of America. after purchase.

This attitude is very disturbing, ~~because~~ <sup>negative</sup>, Demanding

I ~~worried~~ <sup>worried</sup> for Porsche, Audi in the ~~1970's~~ 1970's  
at Aldan Motors on Glenwood Rd in Bklyn. NY.  
and this is not my first time will be my

last Audi, the cars are good, ~~but there~~ <sup>customer, customer</sup> ~~service~~ Customer  
and Customer relations ~~and~~ <sup>plus</sup> follow ups

ON technical recalls, and defects need ~~to~~ <sup>to</sup> ~~be~~ <sup>improved</sup>

<sup>means</sup> to be improved; especially for those of us who handicapped  
are physically disabled and need a quality - durable

~~auto~~ to go from place to place. I thank you for

continuing

your ~~unfiring~~ <sup>unfiring</sup> efforts to correct this mess. ~~if I~~ <sup>if I</sup> ~~do not~~  
find my vehicle ~~at~~ <sup>location</sup> the Dealership of Bay Ridge Audi. ~~DO I~~  
in Bklyn New York. I will  
report the car as Stolen I ~~suppose~~ <sup>suppose</sup> have yet to receive any  
Paper work as to its location and repairs.   
Sincerely yours,  
[Redacted]

Please also note that in Nov 2010  
Bay Ridge Audi Finally Notified me  
that they would not repair the  
Defect and Damage to my vehicle  
and order me to Pick up my vehicle  
which was un Drivable, refused to  
be tow to my Residence as they had  
originally had it towed to their Shop  
in Brooklyn and if I did not they  
were going to ship the car to a storage  
yard where it would be held responsible  
for fee, they had the vehicle from July  
to November and the only comment  
they had was the Frame By the

Transmission or Pan set off

the Air Bag module and they  
were not responsible as did  
Audi of America, that is not  
acceptable as a former Audi Mech  
the sensors used on early Audi was a  
a plugger on the front bumper ass.

not the Transmission, so I had  
sell my car for 200% a great  
loss to me as I am disabled and

live on SSD now I have to

save up again to purchase another vehicle

they have the original Paper work  
which had my correct address, but  
the wrong plate # and phone # etc.  
Mr. Silva Secure [REDACTED]  
mgr



Staten Island, NY



US Department of Transportation  
National Highway Traffic  
Safety Administration  
Office of Defects Investigations  
NHTSA-210

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

200779382