



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 798

Date Received

10-DEC-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

8000487

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
WAVEH64B71N157751	AUDI	A6	2001			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---------------------------	----------------------	--------------------------	---

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

TRANSMISSION IS DEFECTIVE. WHEN PUTTING VEHICLE IN DRIVE IT WILL NOT MOVE/ IT WILL STOP FOR ABOUT 4 SECONDS; THEN, VEHICLE WILL ACCELERATE. CONTACTED DEALER, AND DEALER TOOK A LOOK AT VEHICLE. *AK

COPIES OF THIS FORM ARE:

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.



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1058

Date Received

12-JUL-2000

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

8000487

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
2B4FP2538VR	DODGE TRUCK	CARAVAN	1997			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) 6 CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08000000	Part Name(s) ELECTRICAL SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 1	Dates of Failure(s) 11-JUL-2000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s)		
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)


Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	---------------------------	----------------------	--------------------------	--

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE PARKED, VEHICLE CAUGHT ON FIRE, THE VEHICLE EXPERIENCED A FIRE THAT ORIGINATED IN THE LEFT FRONT CORNER OF THE ENGINE COMPARTMENT, THE ONLY POSSIBLE NATURAL CAUSE FOR THE FIRE WOULD BE AN ELECTRICAL MALFUNCTION, CLAIM 13-7000-834. *SLC

CONTINUE ON REVERSE

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <h2>Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 795</p> <p>Date Received: <u>1-DEC-2001</u></p> <p>Od or rt_dt: _____ od_r: _____ sp: _____</p>
	<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 729616</p>	<p>Reference No. 8000487</p> <p>Work Number: _____ Home: [Redacted]</p>

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 12/26/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): <u>N/A</u>	Vehicle Make: <u>AUDI</u>	Vehicle Model: <u>A6</u>	Vehicle Year: <u>2001</u>	Current Odometer Reading: <u>1538</u>
Purchase Date: _____	Dealer's Name: <u>McDONALD AUTOMATIVE GROUP</u>	Engine Size (CID/CC/L): <u>2.8</u>	<input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City: <u>LITTLETON</u> State: <u>CO</u> Zip Code: <u>80121</u>	No. Cylinders: <u>6</u>		
Transmission Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System: <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
Vehicle Type: <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport U.I. <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other		Body Style: <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: <u>07300000</u>	Part Name(s): <u>POWER TRAIN:TRANSMISSION:AUTOMATIC</u>	Location: <input type="checkbox"/> Left Front <input type="checkbox"/> Right Front <input type="checkbox"/> Left Rear <input type="checkbox"/> Right Rear	Failed Part(s): <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures: _____	Date(s) of Failure(s): <u>See enclosed @ hand.</u>	Mileage at Failure(s): <u>1</u>	Vehicle Speed at Failure(s): _____
Failed Part(s): <input type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously: <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured: _____	Number of Fatalities: _____	Estimated Property Damage: _____	Reported to Police: <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	----------------------------------	-----------------------------	----------------------------------	--

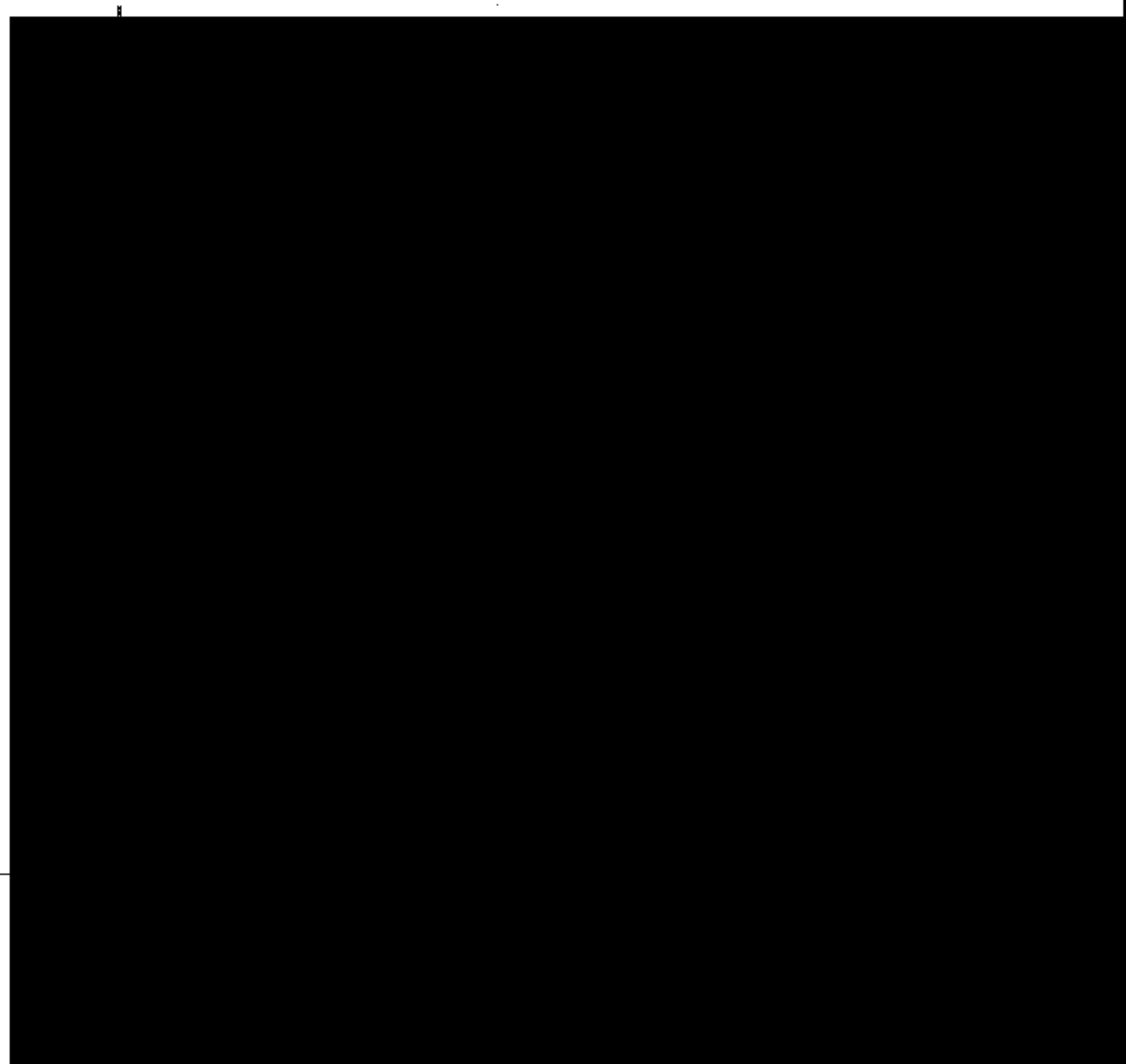
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

TRANSMISSION IS DEFECTIVE. WHEN PUTTING VEHICLE IN DRIVE IT WILL NOT MOVE, IT WILL STOP FOR ABOUT 4 SECONDS; THEN, VEHICLE WILL ACCELERATE. CONTACTED DEALER, AND DEALER TOOK A LOOK AT VEHICLE. *AK

15-2007 THEN

**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

(Page 1 through Page 3)



[Redacted content]

NUMBER

80000487

CHANGED

TO

69000632