



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 1367**

Date Received

11-JUN-2002

Ord. or  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8011489

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>(Please fill in block of and/or block of dashes only)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
PLEASE FILL IN	AUDI	A6	1996			
Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____				
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<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 _____	<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 08510000	Part Name(s) ELECTRICAL SYSTEM:IGNITION:SWITCH	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) 11-JUN-1998 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 Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ORGINIAL OWNER HAD RECALL DONE FOR IGNITION SWITCH. PROBLEM REOCCURRED. \*AK

CONTINUED 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.

DOT Auto Safety Hotline				FOR AGENCY USE ONLY 1367	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		Date Received 11 JUN 2002 OFFICE DEFECTS INVESTIGATION	Od or up No. 8011489
OWNER INFORMATION (Type or Print)					
[REDACTED]				758397	
YARDLEY PA [REDACTED]				Work Number [REDACTED] Home Number [REDACTED]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
In the absence of an authorized signature, please provide name and address to the vehicle manufacturer.					
Signature of Owner [REDACTED]				Date 6/27/02	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) WAPFA84A01N035800 PLEASE FILL IN		Vehicle Make AUDI	Vehicle Model A6	Vehicle Year 1998	Current Odometer Reading 81,079
Purchase Date		Dealer's Name		Engine Siz (CID/CCL) 2.8L	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		City _____ State _____ Zip Code _____		No Cylinders 6	<input type="checkbox"/> Diesel
<input type="checkbox"/> Manual	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 3-Point Belt	<input type="checkbox"/> Motorbelt	<input type="checkbox"/> Front	<input type="checkbox"/> Gas
<input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> No	<input type="checkbox"/> Driverside Airbag	<input type="checkbox"/> 2-Point Bel	<input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> No.	<input type="checkbox"/> 4-Wheel	Cruise Control	Drive Train	Vehicle Type
<input type="checkbox"/> Sport Ult	<input type="checkbox"/> Truck	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Front	<input type="checkbox"/> 2-Door
<input type="checkbox"/> Stationwagon	<input type="checkbox"/> Pick Up	<input type="checkbox"/> Truck	<input type="checkbox"/> No.	<input type="checkbox"/> Rear	<input type="checkbox"/> 4-Door
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 4-Wheel	<input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Pick Up
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 06310000	Part Name(s) ELECTRICAL SYSTEM:IGNITION:SWITCH		Location		Failed Part(s)
<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Original	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	<input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) 11-JUN-1998		Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s)
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	NA	NA
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	NA	NA	NA	<input type="checkbox"/> Yes
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	NA	NA	NA	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	NA	NA	NA	N/A
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
ORIGINAL OWNER HAD RECALL DONE FOR IGNITION SWITCH. PROBLEM REOCCURRED. *AK					
The cost to repair this problem was \$375.00 (including diagnosis) at Audi of Huntington Valley, PA.					
CONTINUE ON BACK IF NEEDED					
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

The ignition switch would sometimes stick and keep the started engaged. Other times the A/C and radio and lights would not go on although the vehicle was running. You had to manually set the key in a position that would turn these items on.

On several occasions the car was running and a large bump in the road caused the Key to move and cut these electronic items off. On one occasion as this happened I tried to set the key in the position that would turn them back on and I turned it too far cutting the ignition off.

No injuries occurred but dangerous, & distracting occurrences could have easily caused an accident. ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
DOT Auto Safety Hotline, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590

20590+0001



**VEHICLE OWNER'S QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

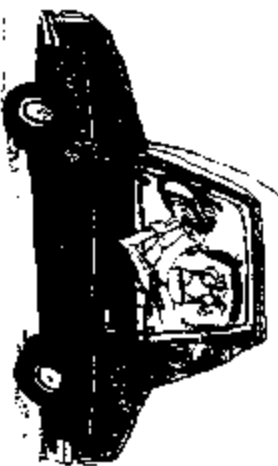
**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



US Department of Transportation  
National Highway Traffic Safety Administration  
<http://www.nhtsa.dot.gov/hotline>

**Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)**

The ignition switch would sometimes stick and keep the starter engaged. Other times the A/C and radio and lights would not go on although the vehicle was running. You had to manually set the key in a position that would turn these items on.

On several occasions the car was running and a large bump in the road caused the key to move and cut these electronic items off. On one occasion as this happened I tried to set the key in the position that would turn them back on and I turned it too far cutting the ignition off!

- No injuries occurred but dangerous, distracting occurrences could have easily caused an accident. ATTACH ADDITIONAL SHEETS IF NECESSARY

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400 7th Street, SW  
Washington, DC 20590

1000408890



**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

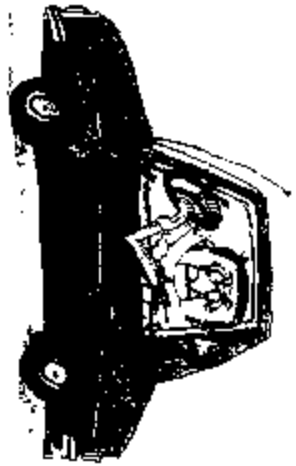
TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
ON

**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**  
**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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