

<p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p><b>FOR AGENCY USE ONLY</b> 1375</p> <p>Date Rec'd: JAN 11 2003 3:35 02-DEC-2002</p> <p>OFFICE OF DEFECTS INVESTIGATION</p> <p>Reference No. 8023499</p> <p>Work Number _____ Home Number _____</p>
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>SOUTHBURY CT</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO

In the absence of an authorized NHTSA representative, provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 12/23/2002

<b>VEHICLE INFORMATION</b>						
Vehicle Ident. No. (VIN) <small>(Entered at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
WAULC68E22A234481	AUDI	A4 1.8T Quattro	2002	7535		
Purchase Date	Dealer's Name <u>Valenti Motors, Inc.</u>		Engine Size <u>1700HP</u>	<input checked="" type="checkbox"/> Turbo Diesel Gas Fuel Injectio		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	600 Straits Tpke City <u>Watertown</u> State <u>CT</u> Zip Code <u>06795</u>		CO/CCL <u>109</u>	<input type="checkbox"/> Gas Fuel Injectio		
No Cylinders <u>4</u>						
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Component 08530002	Part Name(s) ELECTRICAL SYSTEM:IGNITION:COIL	Location		Failed Part(s)	
		<input type="checkbox"/> Left <input checked="" type="checkbox"/> Front	<input type="checkbox"/> Right <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original Replacement	
No of Failures 1	Date(s) of Failure(s) 30-NOV-2002	Mileage at Failure(s) <del>7109</del>	Vehicle Speed at Failure(s) 30mph	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>APPLICATION INCIDENT INFORMATION</b> (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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured NONE	Number of Fatalities NONE	Estimated Property Damage NONE	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

CONSUMER STATED THAT IGNITION COIL FAILED WHILE DRIVING, CAUSING THE VEHICLE TO STALL ON THE PARKWAY. CONSUMER FEELS THE VEHICLE IS DANGEROUS. MANUFACTURER IS AWARE OF DEFECTIVE PART, BUT WILL ONLY REPLACE WHEN IT FAILS. TS

*\*\*NOTE - Owner of 2002 Audi A4 1.8T is Lori J. Keon, Questionnaire + Complaint filed by husband, \_\_\_\_\_*

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

Owner has called AUDI Client Services (1-800-822-2834) ref# 203-99590 + registered her complaint + nothing has been done to remedy the situation. Owner has followed up numerous times with the AUDI Dealership (Valenti Motors, Inc) 860-274-8846 and nothing has been done. They say they don't have the replacement coil packs available and that there are several cars waiting for them to come in. We have stated that we would be willing to pay to have the remaining three coil pack wires replaced even though the AUDI warranty covers such a problem, but to no avail. The coil wires are not available. We feel the AUDI is UNSAFE to drive as is, where any of the 3 remaining coil wires could go at ANY time, any where.

ATTACHED SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

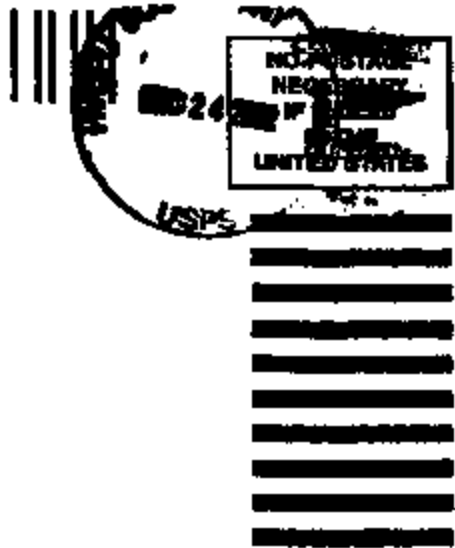
400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



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



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

1-866-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



U.S. Department of Transportation National Highway Traffic Safety Administration Web: www.nhtsa.dot.gov/hotline