

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

119

Date Received

26-JUL-2000

Od_or

rt_dt

od_rt

up_ltr

Reference No.

866058

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.) (located at front of vehicle or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
WAUKA84A9SN121586	AUDI	S6	1995	

Purchase Date

Dealer's Name

Engine Size

(CID/CCL

☐ Turbo☐ Diesel☐ Gas☐ Fuel Injection☐ New ☒ Used

City _____ State _____ Zip Code _____

No. Cylinders

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual☐ Yes☐ 3-Point Belt☐ Motorbelt☐ Yes☐ Front☐ Car☐ Sport Vlt☐ 2-Door☐ Automatic☒ No☐ Driverside Airbag☐ 2-Point Belt☒ No☐ Rear☐ Van☐ Truck☐ 4-Door☐ Minivan☐ Motorcycle☐ Stationwagon☐ Other☐ Pick Up Truck☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06130000	Part Name(s) FUEL:FUEL LINES FITTINGS AND PUMP	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No. of Failures

Date(s) of Failure(s)

Mileage at Failure(s)

Vehicle Speed at Failure(s)

Failed Part(s)
Available?☐ Yes ☐ NoNHTSA Previously
Contacted?☐ Yes ☐ 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

☐ Yes ☒ No☐ Yes ☒ No☐ Yes ☒ No

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

FUEL LINE WHICH GOES INTO THE ENGINE COMPARTMENT IS LEAKING FUEL, AND CAUSING A FIRE HAZARD. ALSO, RECALL 00V068000 DEALT WITH SAME PROBLEM. HOWEVER, THIS VEHICLE WAS NOT INCLUDED DUE TO VIN. PLEASE PROVIDE ANY FURTHER DETAILS.*AK

CONTINUE ON BACK IF NEEDED

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.

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		RECEIVED AUG 22 PM 3:06 26-JUL-2000 OFFICE DEFECTS INVESTIGATION	
OWNER INFORMATION (Type or Print)		Reference No. 868058	
		623240	
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) (Located at bottom of windshield on driver's side) WAUKA84A9SN121586		Vehicle Make AUDI	Vehicle Model S6
Vehicle Year 1995		Current Odometer Reading 61,000	
Purchase Date _____	Dealer's Name _____		Engine Size (CID/CC/L) 2200CC No Cylinders 5
☐ New ☒ Used	City _____ State _____ Zip Code _____		☒ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
Transmission Type ☒ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☒ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	Cruise Control ☒ Yes ☒ No
Drive Train ☐ Front ☐ Rear ☒ 4-Wheel	Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other	Sport Util ☐ Truck ☐ Motorcycle	Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06130006	Part Name(s) FUEL:FUEL LINES FITTINGS AND PUMP	Location ☒ Left ☐ Right ☒ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures _____	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ Yes ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured _____	Number of Fatalities _____
Estimated Property Damage _____		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
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