

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**

Data Received

14-SEP-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

870460

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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
WAUCB28D7XA010312	AUDI	A4	1999	

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 Injection
<input checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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	Part Name(s)	Location	Failed Part(s)
03250000 09010000 09011000	BRAKES:HYDRAULIC:ANTI-SKID SYSTEM LIGHTING:GENERAL OR UNKNOWN COMPONENT:TURN SIGNAL LI LIGHTING:GENERAL COMPONENT:EMERGENCY FLASHING HAZAR	<input type="checkbox"/> Left <input type="checkbox"/> Frnt <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 32 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**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				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No


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

**WHEN DRIVING AND UPON DEPRESSING BRAKE PEDAL WHEN ATTEMPTING TO STOP, EXPERIENCED COMPLETE BRAKE FAILURE WITHOUT PRIOR WARNING WHICH CAUSED EXTENDED STOPPING DISTANCE. ALSO, DIRECTIONAL SIGNAL AND EMERGENCY LIGHTS MALFUNCTIONED. PLEASE PROVIDE ANY FURTHER DETAILS. \*AK**

CONTINUED ON BACK PLEASE

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.

NSA

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <h3>Vehicle Owner's Questionnaire (VOQ)</h3> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY</b> 119</p>	
	<p>Date Received OCT 10 AM 8:43 14 SEP 2000 OFFICE OF DEFECTS INVESTIGATION</p>		<p>Od or rt dt _____ od rt up ltr _____</p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>637896</p>			<p>Reference No. 870460</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date 9/24/00</p>			<p>Work Number _____ Home Number _____</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 9/24/00

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <b>WAUCB28D7XA010312</b>	Vehicle Make <b>AUDI</b>	Vehicle Model <b>A4</b>	Vehicle Year <b>1999</b>	Current Odometer Reading <b>33,000</b>		
Purchase Date <b>12/28/99</b>	Dealer's Name <b>Bay Ridge Audi</b>		Engine Size (CID/CC/L) <b>1.8</b>	<input checked="" type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <b>Brooklyn</b> State <b>NY</b> Zip Code _____		No Cylinders <b>4</b>			
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 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	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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ut Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Station-wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 03260000 09010000 09011000	Part Name(s) <b>BRAKES:HYDRAULIC;ANTI-SKID SYSTEM LIGHTING:GENERAL OR UNKNOWN COMPONENT:TURN SIGNAL LI LIGHTING:GENERAL COMPONENT:EMERGENCY FLASHING HAZA</b>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <b>brakes &amp; 2 directional signals</b>	Date(s) of Failure(s) <b>9/23/99, 2/7/00</b>	Mileage at Failure(s) <b>15,698 &amp; 22,190</b>	Vehicle Speed at Failure(s) <b>0</b>
Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously Contacted? <input checked="" 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage
				Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHEN DRIVING AND UPON DEPRESSING BRAKE PEDAL WHEN ATTEMPTING TO STOP, EXPERIENCED COMPLETE BRAKE FAILURE WITHOUT PRIOR WARNING WHICH CAUSED EXTENDED STOPPING DISTANCE. ALSO, DIRECTIONAL SIGNAL AND EMERGENCY LIGHTS MALFUNCTIONED. PLEASE PROVIDE ANY FURTHER DETAILS. \*AK

*It was repaired in May, 1999 & stopped working completely again in September 1999. twice.*

CONTINUE ON BACK IF NEEDED

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

D O T

MANUFACTURER/TIRE NAME

SIZE

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

energy flashers & directional signals failed  
 2 times - 5/16/00 (29147 miles) &  
 9/2/00 (32772 miles)  
 vehicle speed varied from 30-40 mph approx.  
 car had to be towed into service  
 center because there were no brakes.  
 There was no forewarning of this.  
 car was regularly maintained  
 at the proper service intervals by Audi &  
 yet they never detected those problems  
 before they arose.

★ U.S. G.P.O.: 1989 - 823-997 / 823996

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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

**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  
 Information Management Staff NSA-10.01  
 400 7th Street, SW  
 Washington, DC 20590





**PORSCHE  
AUDI  
VOLKSWAGEN**

**LEGEND**  
VOLKSWAGEN

188 Metrick Road  
AMITYVILLE, NEW YORK 11701  
(516) 691-7700

ALL PARTS NEW UNLESS SPECIFIED  
OTHERWISE

NEW YORK STATE REPAIR SHOP #  
R162 9270



THESE REPAIRS ARE COVERED BY A LIMITED WARRANTY. LABOR AND PARTS 1 YEAR OR 12,000 MILES, WHICHEVER COMES FIRST. SELLER HEREBY LIMITS IMPLIED WARRANTIES TO THE SAME PERIOD. STORAGE CHARGE \$13.00 PER DAY AS INR. AFTER WORK COMPLETION.

LABORER NANCY ZAYAS	TAG NO. 640	INVOICE DATE 02/09/00	INVOICE NO. AUCS35777
LABOR RATE 83.00	MILEAGE 22100	ORDER WHITE	STOCK NO.
YEAR / MAKE / MODEL 99/AUDI/A4 1.8T FWD/4DR AUTO	VEHICLE NO. WAUCB2807XAD10312	DELIVERY DATE	DELIVERY MILE
P. T. E. NO.	P. O. NO.	SETLING DEALER NO.	PRODUCTION DATE
BUSINESS PHONE	COMMENTS	R. O. DATE 02/07/00	
		MO: 22706	

LABOR & PARTS  
JOB # 1 10A10Z01B  
DIAG BRK CONCERN: BRKTS: 1.00 TECH(S): 286  
OWNER STATES: VEHICLE DOES NOT HAVE BRAKES. CHECK ENTIRE  
BRAKE SYSTEM  
CHECKED BRAKING SYSTEM, FOUND MASTER CYLINDER IN FAILURE  
REPLACED MASTER CYLINDER.

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE
JOB # 1	1	800-611-021-B	MASTER CYL	
JOB # 1	1	409-611-243	GASKET	
JOB # 1	2	8-000-706-A1	BRACKET/UTG	
JOB # 1	1	500-698-151-C	5000PAUSE	
JOB # 1	2	440-615-301-D	BRAKE DISC	
			JOB # 1 TOTAL PARTS	0.00

JOB # 1 TOTAL LABOR & PARTS  
TECH(S): 124  
J# 2+36RZLOWNER LOWER  
CUSTOMER STATES LOWER

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE
JOB # 2	2	2.30	TECH(S): 286	
			JOB # 2 TOTAL PARTS	0.00

J# 3+10A2ZF FRONT BRAKE JOB  
OWNER STATES: CHECK BRAKES. SQUEAKING AND GRINDING BEFORE  
LOSING ALL BRAKES.  
CHECKED BRAKES. FOUND FRONT PADS & 6mm. ROTORS @ 22,900mi.  
FRONT BRAKE PADS LIM. ROTORS OUT OF SPECIFICATIONS. ROAD  
TESTER YELLOW. FOUND GRINDING NOISE COMING FROM REAR.  
REPLACED FRONT PADS AND ROTORS. NEW REAR ROTORS AND SAVED  
APPLIED. BUS STOP SQUEAK. ROAD TESTED. OPERATING TO FACTORY  
SPECIFICATIONS AT THIS TIME.

*Can  
be  
in  
Cobden  
drive  
it*

**PORSCHE  
AUDI  
VOLKSWAGEN**

**LEGEND**  
AUTORAMA LTD.

168 Merrick Road  
AMITYVILLE, NEW YORK 11701  
(516) 691-7700

ALL PARTS NEW UNLESS SPECIFIED  
OTHERWISE

NEW YORK STATE REPAIR SHOP #  
R152 3270



THESE REPAIRS ARE COVERED BY A LIMITED WARRANTY, LABOR AND PARTS 1 YEAR OR 17,000 MILES, WHICHEVER COMES FIRST. SELLER HEREBY LIMITS IMPLIED WARRANTIES TO THE SAME PERIOD. STORAGE CHARGE \$10.00 PER DAY 48 HRS AFTER WORK COMPLETION.

CUSTOMER NO. 25628	ADVISOR MONEY ZAYAS	TAG NO. 756	INVOICE NO. AUCS38223
LABOR RATE 83.00	LABOR HOURS 124	INVOICE DATE 05/17/00	STOCK NO.
YEAR MAKE / MODEL 1991 AUDI A4	LICENSE NO. K323NF	COLOR WHITE	DELIVERY DATE
VEHICLE ID. NO. WAUCB2807XA010312	VEHICLE TYPE 1.8T FWD/4DR AUTO	DELIVERY UNIT	PRODUCTION DATE
P. E. T. NO.	P. O. NO.	S.B. LINKS SALE/1 NO.	
COMMENTS	M.D.: 27148		

LABOR & PARTS  
JOB # 1 20M/2SL

SIGNAL LAMPS UNITS: 1.90 TECH(S):37  
OWNER STATES: DIRECTIONAL'S PROP.  
CHECKED FUSE 23A BLOWN. REPLACED. FOUND FUSE BURNS OUT  
EVERYTIME REPLICED FOR LEFT LOWER DASH. RAR EMERGENCY  
FLASHER. RMR TURN SIGNAL SWITCH. CHECKED AND TRACED CIRCUIT  
FOR SHORT. CHECKED AND REPAIRED SHORTED RED/YELLOW  
WIRE BEHIND CENTER CONSOLE. RECHECKED FUSE. NO LONGER BLOWS  
OUT. BUT DIRECTIONAL STILL INOP. TRACED CIRCUITS  
FOUND EMERGENCY FLASHER RELAY IN FAILURE. RECHECKED  
OPERATION. ALL OPERATING TO FACTORY SPECIFICATIONS AT THIS  
TIME.

WARRANTY

PARTS - QTY - FP NUMBER - DESCRIPTION - UNIT PRICE -  
JOB # 1 1 000-941-509-E-DIC SWITCH  
JOB # 1 2 N-017-131-12 FUSE 15AMP

JOB # 1 TOTAL PARTS  
TECH(S):37

JOB # 1 TOTAL LABOR & PARTS

JOB # 2 20M/200B DIAG ELECTRICAL UNITS:  
OWNER STATES: FOUR WAY LIGHTS INOP.  
SEE JOB#1 FOR EXPLANATION AND REPAIR, BOTH JOBS RELATED.

PARTS - QTY - FP NUMBER - DESCRIPTION - UNIT PRICE -  
JOB # 2 TOTAL LABOR & PARTS

TOTALS:

TOTAL LABOR..... 0.00  
TOTAL PARTS..... 0.00  
TOTAL SUBLET..... 0.00  
TOTAL G.O.G..... 0.00  
TOTAL MISC CHG..... 0.00  
TOTAL TAX..... 0.00

\*\*\*\*\*  
\* [ ] CASH [ ] CHECK CK NO. [ ] \*  
\* [ ] VISA [ ] MASTERCARD [ ] DISCOVER \*  
\* [ ] AMEX XPRESS [ ] OTHER [ ] CHARGE \*  
\*\*\*\*\*

*Blow  
again  
in  
9/02*

Printed on Recycled Paper. 100% Recycled Paper. 100% Recycled Paper. 100% Recycled Paper.

