



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** 119

Date Received

26-MAR-2001

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

Reference No.

884103

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		
WAUED28D5XA014099	AUDI	A4	1999			
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 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 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 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 03273000 03250000	Part Name(s) BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB BRAKES:HYDRAULIC:ANTI-SKID 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	Date(s) of Failure(s) _____ Mileage 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" 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
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHENEVER ROADS ARE WET AND BRAKE ROTORS FAIL VEHICLE IS VERY DIFFICULT TO STOP. BRAKES FAIL TO RESPOND, CAUSING EXTENDED STOPPING DISTANCE. CONSUMER HAS CONTACTED DEALER, DEALER UNABLE TO DETERMINE CAUSE OF PROBLEM. PLEASE PROVIDE ANY FURTHER DETAILS.\*AK

COPIED FROM NHTSA FORM 101

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  
 DOT Auto Safety Hotline  
 www.nhtsa.dot.gov/hotline  
 1-888-327-4238  
 NATIONWIDE 1-888-DASH-2-DOT

**Vehicle Owner's Questionnaire (VOQ)**

Date Received 26-MAR-2001

Od. or  
 it dt  
 od. n  
 up. lr

Reference No. 884103

82524

Work Number  
 Home Number

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

In the absence of an authorization, provide your name and address to the vehicle manufacturer. Signature of Owner

**VEHICLE INFORMATION**

Vehicle Identification No. (VIN) [redacted] (located at bottom of windshield on driver's side)  
 Vehicle Make AUDI  
 Vehicle Model A4  
 Vehicle Year 1999  
 Current Odometer Reading [redacted]

Purchase Date:  New  Used  
 Dealer's Name \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Engine Size \_\_\_\_\_ (CID/C/L) \_\_\_\_\_ No. Cylinders \_\_\_\_\_  
 Turbo  Diesel  Gas  Fuel Injection

Transmission Type:  Manual  Automatic  
 Antilock Brakes:  Yes  No  
 Restraint System:  3-Point Belt  Motorbelt  2-Point Belt  
 Cruise Control:  Yes  No  
 Drive Train:  Front  Rear  4-Wheel  
 Vehicle Type:  Car  Van  Minivan  Other  Sport UTV  Truck  Motorcycle  
 Body Style:  2-Door  4-Door  Stationwagon  Pick Up Truck  Other

**FAILED COMPONENT(S)/PART(S) INFORMATION**  
 Component 03273000 BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB  
 03260000  
 Part Name(s)  
 Location:  Front  Left  Right  Rear  
 Failed Part(s):  Original  Replacement

No of Failures \_\_\_\_\_  
 Dates of Failure(s) \_\_\_\_\_  
 Mileage at Failure(s) 37  
 Vehicle Speed at Failure(s) \_\_\_\_\_  
 Failed Part(s) Available?  Yes  No  
 NHTSA Previously Contacted?  No  Yes

**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 Damages \_\_\_\_\_  
 Reported to Police  Yes  No

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

WHENEVER ROADS ARE WET AND BRAKE ROTORS FAIL VEHICLE IS VERY DIFFICULT TO STOP. BRAKES FAIL TO RESPOND, CAUSING EXTENDED STOPPING DISTANCE. CONSUMER HAS CONTACTED DEALER, DEALER UNABLE TO DETERMINE CAUSE OF PROBLEM. PLEASE PROVIDE ANY FURTHER DETAILS.

Dealer replaced brake rotors & pads. Problem with New assembled components.

CONTINUE ON BACK IF NEEDED

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