



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 241

Date Received

04-MAY-2001

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Reference No.

887509

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) (Locate at bottom of windshield or driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
WAUGA84A3TN041207		AUDI	A6	1996	
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)	☐ 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
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other
					☐ Sport Util ☐ Truck ☐ Motorcycle ☐ Other
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08510000 08320100	Part Name(s) ELECTRICAL SYSTEM:IGNITION:SWITCH ELECTRICAL SYSTEM:INSTRUMENT PANEL:CLUSTER MODULE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part's ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 17-APR-2001 62000 Mileage at Failure(s)	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

96 V 017 000/IGNITION SWITCH: INTERMITTENT PROBLEM WITH STARTING, AND INSTRUMENT FAILURE DURING OPERATING OF VEHICLE. MANUFACTURER NOTIFIED, AND INFORMED CONSUMER THAT VEHICLE WAS NOT COVER UNDER RECALL DUE TO VIN. FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK

COPIES OF REPORTS - FREE -

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 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 241 Date Received <u>04-MAY-2001</u> Reference No. <u>887509</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) [Redacted] 690248				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 <u>5/18/01</u>	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) WAUGA84A3TN041207		Vehicle Make AUDI		Vehicle Model A8	
Vehicle Year 1996		Current Odometer Reading 63417			
Purchase Date <u>10/12/96</u>		Dealer's Name <u>Flaw Motors</u>		Engine Size (CID/CC/L) <u>2.8L</u>	
☒ New ☒ Used		City <u>Winston Salem</u> State <u>NC</u> Zip Code _____		No Cylinders <u>6</u>	
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 ☒ Wheel		Vehicle Type ☒ Car ☐ Sport Util ☐ 2-Door ☐ Van ☐ Truck ☒ 4-Door - ☐ Minivan ☐ Motorcycle ☐ Stationwagon ☐ Other ☐ Pick Up Truck ☐ Other	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 08510000 08320100		Part Name(s) ELECTRICAL SYSTEM:IGNITION:SWITCH ELECTRICAL SYSTEM:INSTRUMENT PANEL:CLUSTER MODULE		Location ☐ Left ☐ Right ☐ Front ☐ Rear	
No of Failures _____		Date(s) of Failure(s) <u>17-APR-2001</u> Mileage at Failure(s) <u>62000</u> 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)					
96 V 017 000/IGNITION SWITCH: INTERMITTENT PROBLEM WITH STARTING, AND INSTRUMENT FAILURE DURING OPERATING OF VEHICLE. MANUFACTURER NOTIFIED, AND INFORMED CONSUMER THAT VEHICLE WAS NOT COVER UNDER RECALL DUE TO VIN. FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK Dealer (Charles Mound - Austin, TX) confirmed that my vehicle had one of the defective switches but could not reimburse the repair since the VIN was not in the recall. Very Frustrated with Audi					
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CONTINUE ON BACK IF NEEDED