



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 336

Date Received

12-SEP-2001

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Reference No.

896202

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) (Location at bottom of windshield and driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
WAUAA88G9SA002325		AUDI	CABRIOLET	1995	
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	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other
		☐ Motorbelt ☐ 2-Point Bel			☐ Sport Utl ☐ Truck ☐ Motorcycle
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08510000 10312000 11600000	Part Name(s) ELECTRICAL SYSTEM:IGNITION:SWITCH VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR AIR CONDITIONER	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 0	Date(s) of Failure(s) C1-SEP-2001 71000 Mileage at Failure(s) 0	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 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING IN A STORM WINDSHIELD WIPERS/ HEADLIGHTS/ AIR CONDITIONER, AND WINDOWS STOPPED WORKING. ONLY THING WORKING WAS THE ENGINE. CONSUMER TOOK VEHICLE TO DEALER, AND DEALER STATED THAT IGNITION SWITCH HAD BEEN REPLACED UNDER A PREVIOUS RECALL # 96 V 017 000. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

COPIES OF THIS FORM ARE:

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 Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 335 Date Received <u>01 OCT - 3 PM 2001</u> <u>12-SEP-2001</u> OFFICE DEFECTS INV. SECTION Reference No. <u>896202</u> Work Number <u>[REDACTED]</u> Home Number <u>[REDACTED]</u>	
OWNER INFORMATION (Type or Print) [REDACTED] 714347			
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 <u>[REDACTED]</u> ☒ YES ☐ NO Date <u>9/25/01</u>			
VEHICLE INFORMATION Vehicle Ident. No. (VIN) <u>WAUAA88G9SA002325</u> (washed on front fender) Vehicle Make <u>AUDI</u> Vehicle Model <u>CABRIOLET</u> Vehicle Year <u>1995</u> Current Odometer Reading <u>70,000</u> Purchase Date <u>9/00</u> Dealer's Name <u>PORT MOTORS</u> Engine Size (CID/CC/L) <u>[REDACTED]</u> ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection ☐ New ☒ Used City <u>ROSLYN</u> State <u>NY</u> Zip Code <u>11576</u> No Cylinders <u>[REDACTED]</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 ☐ 4-Wheel		Vehicle Type ☒ Car ☐ Sport Util ☐ Truck ☐ Motorcycle ☐ Other Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION Component <u>08510000</u> Part Name(s) <u>ELECTRICAL SYSTEM:IGNITION:SWITCH</u> Location ☐ Left ☐ Right ☐ Front ☐ Rear <u>10312000</u> <u>VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR</u> Failed Part(s) ☐ Original ☒ Replacement <u>11600000</u> <u>AIR CONDITIONER</u>			
No of Failures <u>0</u> Date(s) of Failure(s) <u>01-SEP-2001</u> Mileage at Failure(s) <u>71000</u> Vehicle Speed at Failure(s) <u>0</u>		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 <u>0</u>	Number of Fatalities <u>0</u>
Limited Property Damage ☐ Yes ☒ No		Reported to Police ☐ Yes ☒ No	

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

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- Directional stop working - everything electrical stops working

CONTINUE ON BACK IF NEEDED

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