



AUG 26 2004

U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. John Maddox, Product Compliance Officer
Volkswagen of America, Inc.
3800 Hamlin Road
Auburn Hills, MI 48326

NVS-213cla
EA04-017

Dear Mr. Maddox:

As you know, the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has upgraded its investigation of throttles sticking open in model year (MY) 1998 through 1999 Audi A6 vehicles from a Preliminary Evaluation (PE04-023) to an Engineering Analysis (EA04-017). We have also expanded the scope of the investigation to include MY 1998 through 1999 Audi A4 and Volkswagen Passat vehicles. This letter requests additional information from Volkswagen to assist us in our investigation.

This office has received 26 reports alleging incidents of throttles failing to return to idle while driving in cold ambient temperatures. Nine of the complaints allege multiple incidents of the throttle sticking open and 16 allege that the driver had to turn the ignition "OFF" to control engine speed. A copy of each of the reports is enclosed for your information.

Unless otherwise stated in the text, the following definitions apply to these information requests:

- **Subject vehicles:** all MY 1996 through 2000 Audi A4, A6 and Volkswagen Passat vehicles and that have been manufactured for sale or lease in the United States.
- **Subject components:** all throttle body, throttle body temperature management, crankcase ventilation, throttle linkage, and air induction components used as original equipment or service parts on MY 1996 through 2000 Audi A4, A6 and Volkswagen Passat vehicles.
- **Volkswagen:** Volkswagen AG, Audi AG and Volkswagen of America, Inc., all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of Volkswagen, who are or, in or after January 1,



1993, were involved in any way with any of the following related to the alleged defect in the subject vehicles:

- a. Design, engineering, analysis, modification or production (e.g. quality control);
- b. Testing, assessment or evaluation;
- c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
- d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.

- **Alleged defect:** throttle fails to return to idle.

- **Document:** "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by Volkswagen, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by Volkswagen or not. If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other Terms:** To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fire," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as Volkswagen has previously provided a document to ODI, Volkswagen may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not stand alone, or be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After Volkswagen's response to each request, identify the source of the information and indicate the last date the information was gathered.

1. State, by model, engine, and model year, the number of subject vehicles Volkswagen has manufactured for sale or lease in the United States. Separately, for each subject vehicle manufactured to date by Volkswagen, state the following:
 - a. Vehicle identification number (VIN);
 - b. Make;
 - c. Model;
 - d. Engine;
 - e. Model Year;
 - f. Date of manufacture;
 - g. Date warranty coverage commenced; and
 - h. The State in the United States where the vehicle was originally sold or leased (or delivered for sale or lease).

Provide the table in Microsoft Access 2000, or a compatible format, entitled "PRODUCTION DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table that provides further details regarding this submission.

2. State the number of each of the following, received by Volkswagen, or of which Volkswagen are otherwise aware, which relate to, or may relate to, the alleged defect in the subject vehicles:
 - a. Consumer complaints, including those from fleet operators;
 - b. Field reports, including dealer field reports;

- c. Reports involving a crash, injury, or fatality, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
- d. Reports involving a fire, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
- e. Property damage claims; and
- f. Third-party arbitration proceedings where Volkswagen is or was a party to the arbitration; and
- g. Lawsuits, both pending and closed, in which Volkswagen is or was a defendant or codefendant.

For subparts "a" through "d, / e," state the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition, for items "c" through "d/e/f/g," provide a summary description of the alleged problem and causal and contributing factors and Volkswagen's assessment of the problem, with a summary of the significant underlying facts and evidence. For items f and g, identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

3. Separately, for each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
 - a. Volkswagen's file number or other identifier used;
 - b. The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
 - c. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
 - d. Vehicle's VIN;
 - e. Vehicle's make, model and model year;
 - f. Vehicle's mileage at time of incident;
 - g. Incident date;
 - h. Report or claim date;
 - i. Whether a crash is alleged;
 - j. Whether property damage is alleged;
 - k. Number of alleged injuries, if any; and
 - l. Number of alleged fatalities, if any.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "REQUEST NUMBER TWO DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table that provides further details regarding this submission.

4. Produce copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method Volkswagen used for organizing the documents. Also, provide dealer copies of the full service histories of each vehicle identified in the enclosed complaints and in the vehicles identified in Volkswagen's information responsive to the Request No. 2.
5. State, by model, engine, and model year, a total count for all of the following categories of claims, collectively, that have been paid by Volkswagen to date that relate to, or may relate to, the alleged defect in the subject vehicles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign.

Separately, for each such claim, state the following information:

- a. Volkswagen's claim number;
- b. Vehicle owner or fleet name (and fleet contact person) and telephone number;
- c. VIN;
- d. Repair date;
- e. Vehicle mileage at time of repair;
- f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
- g. Labor operation number;
- h. Problem code;
- i. Replacement part number(s) and description(s);
- j. Concern stated by customer; and
- k. Comment, if any, by dealer/technician relating to claim and/or repair.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "WARRANTY DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table that provides further details regarding this submission.

6. Describe in detail the search criteria used by Volkswagen to identify the claims identified in response to Request No. 5, including the labor operations, problem codes, part numbers and any other pertinent parameters used. Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions applicable to the alleged defect in the subject vehicles. State, by make and model year, the terms of the new vehicle warranty coverage offered by Volkswagen on the subject vehicles (i.e., the number of months and mileage for which coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage option(s) that Volkswagen offered for the subject vehicles and state by option, model, and model year, the number of vehicles that are covered under each such extended warranty.
7. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that Volkswagen has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include

the latest draft copy of any communication that Volkswagen is planning to issue within the next 120 days.

8. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject vehicles that have been conducted, are being conducted, are planned, or are being planned by, or for, Volkswagen. For each such action, provide the following information:
 - a. Action title or identifier;
 - b. The actual or planned start date;
 - c. The actual or expected end date;
 - d. Brief summary of the subject and objective of the action;
 - e. Engineering group(s)/supplier(s) responsible for designing and for conducting the action; and
 - f. A brief summary of the findings and/or conclusions resulting from the action.

For each action identified, provide copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

9. Describe all modifications or changes made by, or on behalf of, Volkswagen in the design, material composition, manufacture, quality control, supply, or installation of the subject components, from the start of production to date, which relate to, or may relate to, the alleged defect in the subject vehicles. For each such modification or change, provide the following information:
 - a. The date or approximate date on which the modification or change was incorporated into vehicle production;
 - b. A detailed description of the modification or change;
 - c. The reason(s) for the modification or change;
 - d. The part numbers (service and engineering) of the original component;
 - e. The part number (service and engineering) of the modified component;
 - f. Whether the original unmodified component was withdrawn from production and/or sale, and if so, when;
 - g. When the modified component was made available as a service component; and
 - h. Whether the modified component can be interchanged with earlier production components.

Also, provide the above information for any modification or change that Volkswagen is aware of which may be incorporated into vehicle production within the next 120 days.

10. In a letter dated May 11, 1999, Volkswagen notified NHTSA of a defect that could result in insufficient brake assist in approximately 12,500 MY 1997 through 1999 Audi A4 and Volkswagen Passat vehicles operated in the states of Alaska, Colorado, Connecticut, Illinois, Iowa, Maine, Michigan, Montana, Minnesota, Nebraska, New Hampshire, New York, North Dakota, South Dakota, Vermont, Wisconsin, and Wyoming (Recall 99V-131). According to Volkswagen, a control valve in the vacuum hose connecting the brake booster to the intake

manifold may not open or close fully at temperatures below -4° F under certain driving conditions, resulting in insufficient vacuum supply to the booster. A subsequent letter dated September 3, 1999, amended the scope of the recall to include approximately 33,000 additional MY 1997 through 1999 Audi A4 and A6 and Volkswagen Passat vehicles equipped with 2.8L V6 engines and registered in the same set of states. Provide the following information concerning Recall 99V-131:

- a. Provide copies of all technical reports and presentations that summarize the problem addressed by 99V-131;
 - b. State, by model, engine, and model year, the number of recalled vehicles Volkswagen has repaired under 99V-131;
 - c. State the numbers of incidents associated with the alleged defect that occurred: (1) in vehicles prior to completion of 99V-131 repairs; and (2) in vehicles after completion of 99V-131 repairs;
 - d. State the completion dates for 99V-131 repairs for all vehicles that have been involved in incidents of the alleged defect condition;
 - e. Provide Volkswagen's assessment of the relationship between the condition addressed by 99V-131 and the alleged defect in the subject vehicles; and
 - f. Provide Volkswagen's assessment of the effect of the repairs conducted under 99V-131 on the alleged defect in the subject vehicles. Include in the assessment the effects from proper repairs and the potential effects from improper repairs.
11. In a June 23, 2004 meeting with NHTSA staff, representatives from Volkswagen presented information regarding its analysis of the alleged defect. During the meeting, Volkswagen indicated that only a few vehicle inspections and owner interviews had been conducted concerning the alleged defect. Provide the following information concerning Volkswagen's analysis, owner interviews, and vehicle inspections:
- a. Copies of all material presented or displayed at the June 23, 2004 meeting;
 - b. A detailed description and chronology of all subsequent efforts to interview owners and inspect incident vehicles; and
 - c. Detailed summaries of all owner interviews and vehicle inspections.
12. State the number of subject components that Volkswagen has sold that may be used in the subject vehicles by component name, part number (both service and engineering/production), model and model year of the vehicle in which it is used and month/year of sale (including the cut-off date for sales, if applicable).

For each component part number, provide the supplier's name, address, and appropriate point of contact (name, title, and telephone number). Also identify by make, model and model year, any other vehicles of which Volkswagen is aware that contain the identical component, whether installed in production or in service, and state the applicable dates of production or service usage.

13. Provide a schematic and description showing all aspects of the design of the subject components that relate to the control/prevention of throttle icing. Provide Volkswagen's assessment of the environmental and operating conditions that can produce throttle icing in the subject vehicles when subject components are functioning properly. Provide

Volkswagen's assessment of factors that affect throttle ice prevention functionality as a vehicle accumulates time/miles in service.

14. Furnish Volkswagen's assessment of the alleged defect in the subject vehicle, including:
 - a. The causal or contributory factor(s);
 - b. The failure mechanism(s);
 - c. The failure mode(s);
 - d. The risk to motor vehicle safety that it poses;
 - e. What warnings, if any, the operator and the other persons both inside and outside the vehicle would have that the alleged defect was occurring or subject components was malfunctioning; and
 - f. The reports included with this inquiry.

This letter is being sent to Volkswagen pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. Volkswagen's failure to respond promptly and fully to this letter could subject Volkswagen to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

If Volkswagen cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, Volkswagen does not submit one or more requested documents or items of information in response to this information request, Volkswagen must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

Volkswagen's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by October 8, 2004. Please refer to EA04-017 in Volkswagen's response to this letter. If Volkswagen finds that it is unable to provide all of the information requested within the time allotted, Volkswagen must request an extension from Mr. Jeffrey Quandt at (202) 366-5207 no later than five business days before the response due date. If Volkswagen is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information Volkswagen then has available, even if an extension has been granted.

If Volkswagen claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, Volkswagen must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, as amended (68 Fed. Reg. 44209 et seq; July 28, 2003), to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. Volkswagen is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

If you have any technical questions concerning this matter, please call Chris Lash of my staff at (202) 366-2370.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. DeMeter', with a long horizontal flourish extending to the right.

Kathleen C. DeMeter, Director
Office of Defects Investigation
Enforcement

Enclosure 1, One CD ROM titled Data Collection Disc containing three files
Enclosure 2, VOQ reports



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1367

Date Received

14-JAN-2004

Repository ☐

Reference No.
10054069

OWNER INFORMATION (Type or Print)

Name

Address

City CANDEA

State NH

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
WAUDA24B5X0N

Make
AUDI

Model
A6

Model Year
1999

Date Purchased

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:

Original Owner
☒

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain

Vehicle Component Code
181000 VEHICLE SPEED CONTROL: ACCELERATOR PEDAL

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage
65000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THROTTLE STICKS WHEN DRIVING IN COOL TEMPERATURES. WHEN THIS OCCURS VEHICLE ACCELERATES AT A HIGH SPEED. VEHICLE HAS TO BE TURNED OFF TO SOLVE THE PROBLEM. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1374

Date Received

27-JAN-2003

Repository ☐Reference No.
10004751

OWNER INFORMATION (Type or Print)

Name

Address

City

GORHAM

State

ME

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WAUBAZ43XXN

Make

AUDI

Model

A6

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL

Multiple Failure:

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

ACCELERATION PEDAL STUCK, CAUSING LOSS OF CONTROL. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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
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DOT Auto Safety Hotline

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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 125

Date Received

21-NOV-2000

Repository ☐Reference No.
875293

OWNER INFORMATION (Type or Print)

Name

Address

City JERICHO

State NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

AUDI

Model

A6

Model Year

1998

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

182000 VEHICLE SPEED CONTROL LINKAGES

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING VEHICLE ACCELERATES WITHOUT WARNING. BRAKES FAILED TO STOP VEHICLE, VEHICLE WAS PUT INTO PARK TO GAIN CONTROL. PLEASE GIVE ANY FURTHER DETAILS. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 92-578) 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

**Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects**
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 375

Date Received

21-JUN-2004

Repository ☐Reference No.
10079546

OWNER INFORMATION (Type or Print)

Name

Address

City

HUDSON

State

WI

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 6/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WALIDA2487XN

Make

AUDI

Model

A6

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

☒

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☒ Cruise Control

ALL WHEEL DRIVE

Vehicle Component Code

073000 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

16-MAY-2004

Failure Mileage

51521

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

MY WIFE HAD A PRETTY BAD EXPERIENCE LAST MONTH WITH THE CRUISE CONTROL. SHE HAD THE CRUISE SET AT 75MPH AND HIT THE BRAKE TO TURN OFF THE CRUISE (VIA PEDAL). WHEN THE CAR DID NOT RESPOND, SHE TURNED OFF THE SWITCH ON THE STEERING COLUMN. WHEN THAT DID NOT STOP THE CRUISE, SHE PUT BOTH FEET ON THE BRAKE AND TRIED TO STOP THE CAR, BUT THE ENGINE CONTINUED TO RUN AGAINST HER EFFORTS. FORTUNATELY, SHE WAS ABLE TO POWER-BRAKE THE CAR, AS IT SHUDDERED, OVER TO THE SHOULDER OF THE HIGHWAY AND BRING THE SPEED DOWN ENOUGH TO SLAM THE TRANSMISSION INTO PARK AND ABRUPTLY STOP THE CAR'S MOTION. SHE SAID ALL FOUR WHEELS WERE SMOKING (BRAKES I WOULD GUESS). SHE TURNED THE CAR OFF.

SHE CALLED THE MAPLEWOOD AUDI DEALER, WHERE WE JUST HAD THE CAR IN FOR FULL SERVICE AND SCHEDULED CHECK-UP ONE MONTH PRIOR (\$300). THE CAR WAS TOWED TO THE DEALER AND KEPT FOR DIAGNOSTIC AND INVESTIGATION BY THE TECH. WHEN THE AUDI TECH TURNED THE CAR ON THE ENGINE IMMEDIATELY REVED BACK UP TO CRUISING RPM AGAIN.

THE SERVICE DEPT PULLED THE THROTTLE CABLE FROM OUR CAR AND DISCOVERED CRACKS IN THE HOUSING ON THIS CABLE. THEY COULD NOT

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

12-APR-2004

Repository ☐Reference No.
10066002

OWNER INFORMATION (Type or Print)

Name

Address

City

SKANEATELES

State

NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WUJAA24B3WN123132

Make

AUDI

Model

A6

Model Year

1998

Date Purchased
04-SEP-01Dealer's Name and Telephone Number
BURDICK AUDI 315-699-2661Engine:
No: Cylinders 6Fuel Type:
GasOriginal Owner
☐Dealer's City
CICEROState
NYZip Code
13039

Transmission Type

AUTOMATIC

☒ Antilock Brakes☒ Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failure: 3

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)

19-MAR-2004

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

I OWN A 1998 AUDI A6 WHICH ON SEVERAL OCCASIONS HAS EXPERIENCED SUDDEN UNINTENDED ACCELERATION. WHILE ATTEMPTING TO SLOW THE VEHICLE BY BRAKING FOR A STOP, THE ENGINE STARTS TO ACCELERATE AND REV ALL THE WAY TO 6000 RPM. THE ONLY WAY TO AVOID AN ACCIDENT WAS THE DEPRESS THE BRAKE PEDAL AS HARD AS POSSIBLE, PUT THE GEAR SELECTOR IN NEUTRAL, AND TURN THE ENGINE OFF. AFTER RESTARTING THE ENGINE, THE VEHICLE WOULD OPERATE IN A NORMAL FASHION.

THIS PROBLEM EXTREMELY DANGEROUS SITUATION HAS OCCURRED 3 TIMES SINCE I PURCHASED THE VEHICLE (AUDI CERTIFIED PRE-OWNED) AND HAS BEEN REPORTED TO THE LOCAL AUDI DEALER ON SEVERAL OCCASIONS. THEY CAN FIND NOTHING WRONG WITH THE CAR.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

13-APR-2004

Repository ☐

Reference No.
10065056

OWNER INFORMATION (Type or Print)

Name

Address

City ANNAPOLIS

State MD

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 4/13/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WAUBA24B4XN

Make

AUDI

Model

A6

Model Year

1999

Date Purchased

11-MAY-99

Dealer's Name and Telephone Number

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

ALL WHEEL DRIVE

Vehicle Component Code

061000 ENGINE AND ENGINE COOLING:ENGINE

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

16-FEB-2004

Failure Mileage

88000

Failure Speed

45

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC035)

☐ Original Equipment

☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

UNINTENDED ACCELERATION - CAR ACCELERATED RAPIDLY. WOULD NOT SLOW EVEN WHEN DRIVER'S FOOT WAS NOT ON THE GAS. ENGINE REVVED RAPIDLY AND WOULD NOT RETURN TO NORMAL IDLE SPEED.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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National Highway
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-927-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

16-MAR-2004

Repository ☐Reference No.
10062344**OWNER INFORMATION (Type or Print)**

Name

Address

City

INDIANAPOLIS

State IN

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 3 / 1 /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WAUBA24B6XN

Make

AUDI

Model

A6

Model Year

1999

Date Purchased
10-SEP-02Dealer's Name and Telephone Number
CUSTOM CAR CAREEngine:
No: Cylinders 6Fuel Type:
Gas

Original Owner

Dealer's City

DECATUR

State

IN

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes☒ Cruise Control

Powertrain

ALL WHEEL DRIVE

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
06-FEB-2004Failure Mileage
75900Failure Speed
70**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE THROTTLE STUCK ON MY '99 AUDI A6 2.8 QUATTRO AT 70 MPH ON INTERSTATE I-65 IN INDIANAPOLIS, IN. IT TOOK BOTH FEET ON THE BRAKE TO STOP THE VEHICLE AND STILL ALMOST HIT SOMEONE IN THE REAR (SCARY). I PUT THE CAR IN PARK, IT RED-LINED AND I TURNED OFF THE IGNITION. WHEN I RESTARTED THE CAR THE THROTTLE HAD RESET. FORTUNATELY MY WIFE WAS NOT DRIVING.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 375

Date Received

12-MAR-2004

Repository ☐Reference No.
10063073

OWNER INFORMATION (Type or Print)

Name

Address

City CHATHAM

State NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WAUBA34B4XN

Make

AUDI

Model

A6

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders 6

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

ALL WHEEL DRIVE

☐ Cruise Control

Vehicle Component Code

070000 FUEL SYSTEM, GASOLINE

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

02-FEB-2004

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC035)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

AS PER OUR PHONE CONVERSATION, I WAS TELLING YOU HOW MY SON WAS NEARLY KILLED IN MY WIFE'S AUDI A6 QUATTRO AWD. THE CAR JUST TOOK OFF AT A HIGH RATE OF SPEED AND HE NEARLY HIT ANOTHER CAR. I TOLD HIM IT WAS HARD TO BELIEVE UNTIL I DROVE THE CAR 3 WEEKS AGO IN TEMPERATURE OF 12 DEGREES, I WAS PULLING OF THE NORTHWAY ON TO ROUTE HEADED WEST WHEN THE CAR JUST TOOK OFF BY ITSELF, I CHECKED CREWS CONTROL TO SEE IF IT WAS ON, IT WAS NOT. I'VE HAD OVER 35 CARS SINCE I WAS 16 NOW 56. LOTS OF SPORTS CARS BMW'S ETC. I HEARD IT ALL AND THIS IS A CAR MALFUNCTION. AS I TOLD YOU THE DEALER SAID THIS WAS INHERENT TO THE A6. PROBLEM, THE THROTTLE PLATE FREEZES CAUSING THE CAR TO TAKE OFF AT HIGH SPEED. THIS COULD REALLY KILL SOMEONE. AUDI SAID THEY NEVER HEARD OF THIS. WE BOTH KNOW THAT IS A LIE. WHEN I STOPPED I PUT THE CAR IN NEUTRAL AND IT RED LINED. IT ALSO WITH MY FOOT HARD ON THE BRAKES WITH NEW PADS 3 DAYS BEFORE WANTED TO GO THROUGH A BUILDING. AUDI REFUSE TO DO ANYTHING ABOUT THIS AS I SAID, SAYING THEY HAVE NOT HEARD OF THIS. THANKS FOR ANYTHING YOU CAN DO. LETS NOT SEE ANYONE KILLED ON THIS ONE.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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National Highway
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Administration

DOT Auto Safety Hotline
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To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received

26-FEB-2004

Repository ☐

Reference No.
10057440

OWNER INFORMATION (Type or Print)

Name

Address

City CHANTILLY

State VA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
WVW063B4XE

Make
VOLKSWAGEN

Model
PASSAT

Model Year
1999

Date Purchased
01-AUG-99

Dealer's Name and Telephone Number
FAIRFAX VOLVO 703 273 6700

Engine:
No. Cylinders 6

Fuel Type:

Original Owner
☒

Dealer's City
FAIRFAX

State
VA

Zip Code

Transmission Type

☒ Antilock Brakes
☒ Cruise Control

Powertrain

Vehicle Component Code

182000 VEHICLE SPEED CONTROL LINKAGES

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
31-JAN-2004

Failure Mileage
72000

Failure Speed
55

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING AT 55 MPH VEHICLE ACCELERATED TO 80 MPH. *AK WHEN THE CONSUMER APPLIED THE BRAKES, ONE FOOT WAS LIFTED FROM THE BRAKES AND THE VEHICLE ACCELERATED BACK TO 80 MPH. THE VEHICLE DID NOT CEASE TO ACCELERATE UNTIL PLACED INTO NEUTRAL, TURNED OFF, AND HAD TO STAND ON THE BRAKES IN ORDER TO STOP THE VEHICLE. *SC

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

16-MAR-2004

Repository ☐Reference No.
10062313**OWNER INFORMATION (Type or Print)**

Name

Address

City AMHERST

State NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1 / 1 /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WAUED28DOW

Make

AUDI

Model

A4

Model Year

1998

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes☒ Cruise Control

Powertrain

ALL WHEEL DRIVE

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

26-1AN-2004

Failure Mileage

110000

Failure Speed

20

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1SABC036)

☐ Original Equipment☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

1998 AUDI A4 QUATTRO 2.8

ACCELERATOR THROTTLE STUCK OPEN THIS WINTER SEVERAL TIMES

CAUSING AN ACCIDENT AT MY HOME. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

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To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100079

Date Received

20-JAN-2004

Repository ☐Reference No.
10055364**OWNER INFORMATION (Type or Print)**

Name

Address

City

JOHNSTOWN

State NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1 / 1 / 2004

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WAUBA2484XN

Make

AUDI

Model

A6

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Gas

Original Owner

☒

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes☒ Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

20-JAN-2004

Failure Mileage

Failure Speed

61

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING GAS PEDAL STUCK AT 61 MPH. CONSUMER HAD TO PULL OUT OF THE ROAD, AND TURN OFF THE ENGINE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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
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National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

1-888-DASH-2-DOT

(1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

20-JAN-2004

Repository ☐Reference No.
10054473

OWNER INFORMATION (Type or Print)

Name

Address

City CANANDAIGUA

State NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 1/1/

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WAUED2BD9XA

Make

AUDI

Model

A4

Model Year

1999

Date Purchased
18-FEB-03Dealer's Name and Telephone Number
HOLTZ AUDI 585 334 0880Engine:
No. Cylinders 6Fuel Type:
GasOriginal Owner
☐Dealer's City
ROCHESTERState
NYZip Code
14623Transmission Type
AUTOMATIC☒ Antilock Brakes
☒ Cruise ControlPowertrain
ALL WHEEL DRIVEVehicle Component Code
180000 VEHICLE SPEED CONTROL

Multiple Failure: 6

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
14-JAN-2004Failure Mileage
50000Failure Speed
45

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THROTTLE STICKS AT LOW AMBIENT TEMPERATURE. THIS HAS OCCURED SEVERAL TIMES IN THE LAST MONTH WHEN TEMPERATURE WAS BELOW 10 F. IT OCCURS WITH THE CRUISE CONTROL ON AND WHEN THE CRUISE CONTROL IS OFF. VERY DANGEROUS SITUATION AND HARD TO STOP VEHICLE WITH A THROTTLE STUCK OPEN. LETTING THE CAR SIT FOR A FEW MINUTES WARMS UP THE THROTTLE BODY ENOUGH THE THE THROTTLE UNSTICKS. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 335

Date Received

24-FEB-2004

Repository ☐Reference No.
10055284

OWNER INFORMATION (Type or Print)

Name

Address

City HINESBURG

State VT

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1 / 1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WAUDA24B2XN

Make

AUDI

Model

A6

Model Year

1999

Date Purchased
10-APR-01

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

☐ Antilock Brakes☐ Cruise Control

Powertrain

UNKNOWN

Vehicle Component Code

046200 SERVICE BRAKES, AIR:ANTILOCK:INTERCONNECTING ASSE

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

14-JAN-2004

Failure Mileage

60000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHEN THE CONSUMER ATTEMPTED TO APPLY THE BRAKES, THE VEHICLE DID NOT SLOW DOWN RIGHT AWAY. THE DRIVER HAD TO SHUT OFF THE ENGINE TO STOP THE VEHICLE. PLEASE DESCRIBE FURTHER. *JB *MR

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 an 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
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

29-JAN-2004

Repository ☐

Reference No.
10055196

OWNER INFORMATION (Type or Print)

Name

Address

City

DOLGEVILLE

State NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/1/

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side

WAUBA2486WN

Make

AUDI

Model

A6

Model Year

1998

Date Purchased
28-SEP-01

Dealer's Name and Telephone Number

Engine:
No: Cylinders 6

Fuel Type:
Gas

Original Owner
☐

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
ALL WHEEL DRIVE

Vehicle Component Code
182000 VEHICLE SPEED CONTROL LINKAGES

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
10-JAN-2004

Failure Mileage

Failure Speed
70

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

THE THROTTLE STICKS IN COLD WEATHER CAUSING THE AUDI A6 VEHICLE TO ACCELERATE ON ITS OWN WITHOUT PRESSING THE GAS. THIS HAS HAPPENED TO ME SEVERAL TIMES THIS WINTER AND LAST WINTER. I REPORTED THIS LAST YEAR WITH NO SATISFACTION. IT IS A DANGEROUS SITUATION AND AUDI SHOULD BE HELD ACCOUNTABLE. I HAVE CONTACTED THEM SEVERAL TIMES, BUT THEY CONTINUE TO IGNORE THE PROBLEM. I KNOW OF AT LEAST TWENTY OTHER VEHICLES OF THIS MAKE WITH THE SAME PROBLEM. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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National Highway
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

02-FEB-2004

Repository ☐

Reference No.

10056314

OWNER INFORMATION (Type or Print)

Name

Address

City

JOHNSTOWN

State

NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WAUBA24B00N

Make

AUDI

Model

A6

Model Year

1999

Date Purchased

20-NOV-02

Dealer's Name and Telephone Number

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes☒ Cruise Control

Powertrain

ALL WHEEL DRIVE

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

10-JAN-2004

Failure Mileage

665300

Failure Speed

40

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC0361)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure(s) i.e. parts repaired or replaced (and if old part is available).

WHEN THE TEMPERATURE DROPS BELOW ZERO, THE CAR ACCELERATES EVEN AFTER YOU TAKE YOUR FOOT OFF THE GAS PEDAL. IT HAPPENED SEVERAL TIMES LAST WINTER AND AGAIN DURING THIS LAST COLD SPELL IN JANUARY. WE WERE LUCKY TO BE ABLE TO GET THE CAR OFF THE ROAD AND STOPPED. DOWNSHIFTING AND HEAVY BRAKING ALMOST DIDN'T GET IT STOPPED. THE CAR WENT TO THE SHOP AGAIN FOR A BANDAID FIX BUT I WAS TOLD BY THE DEALERSHIP THAT SOMETIMES THIS PARTICULAR CAR JUST DOES THAT. I WAS CHARGED \$130.00 FOR THEM TO CLEAN THE THROTTLE BODY AND TOLD THAT I SHOULD REMOVE THE AIR FILTER AND CLEAN THE HOUSING MYSELF OCCASIONALLY. THIS IS ABSOLUTELY UNACCEPTABLE. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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National Highway
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 375

Date Received

22-JUN-2004

Repository ☐Reference No.
10079615**OWNER INFORMATION (Type or Print)**

Name

Address

City

BURLINGTON

State

NJ

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WAUBA2480X

Make

AUDI

Model

A6

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☒ Cruise Control

Vehicle Component Code

073000 FUEL SYSTEM, GASOLINE; FUEL INJECTION SYSTEM

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

01-JAN-2004

Failure Mileage

Failure Speed

70

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1SABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(es).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(es).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

I TOO EXPERIENCED A STUCK THROTTLE ON MY 1999 AUDI A6 SEDAN. IT HAPPENED DURING SUB-ZERO WEATHER WHILE I WAS DOING ABOUT 70MPH ON A HIGHWAY. I HAD TO USE BOTH FEET ON THE BRAKE TO PULL OVER AND WHEN I PUT IT IN PARK, IT REDLINED. I SHUT IT OFF AND TURNED IT BACK ON WITHOUT ANY PROBLEMS SINCE. DEALER LOOKED IT OVER AND SAID THEY COULDN'T FIND ANY PROBLEMS WITH THE CAR. I HATE TO THINK WHAT WOULD'VE HAPPENED IF I'D BEEN IN HEAVIER TRAFFIC OR DIDN'T REALIZE THE CAR WASN'T RESPONDING PROPERLY IN TIME.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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DOT Auto Safety Hotline

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

09-JAN-2004

Repository ☐Reference No.
10052734

OWNER INFORMATION (Type or Print)

Name

Address

City

LITTLE FALLS

State

NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1 / 1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WAUED28D4XA

Make

AUDI

Model

A4

Model Year

1999

Date Purchased

24-AUG-03

Dealer's Name and Telephone Number

LICART MOTOR CAR (315) 866-4141

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

HERKIMER

State

NY

Zip Code

13350

Transmission Type

AUTOMATIC

☒ Antilock Brakes☒ Cruise Control

Powertrain

ALL WHEEL DRIVE

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

08-DEC-2003

Failure Mileage

55000

Failure Speed

55

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOT M1A9ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; (e.g., parts repaired or replaced (and if old part is available)).

WHILE TRAVELING ON THE HIGHWAY ON A SUB ZERO (-6 DEGREE F) NIGHT, MY CAR WHICH WAS SET AT 55 MPH ON CRUISE CONTROL, ACCELERATED ON ITS OWN TO 62 MPH, AND THE THROTTLE BECAME STUCK. BRAKING, AND PUSHING THE APPROPRIATE BUTTONS WOULD NOT DISENGAGE THE CRUISE CONTROL. I HAD TO PHYSICALLY PUSH THE FOOT BRAKE AS HARD AS POSSIBLE TO FORCE THE CAR TO A STOP, AND THEN THE CAR WAS STILL ACCELERATING ON ITS OWN WHEN I RELEASED THE BRAKE. AFTER STARTING THE CAR AND TURNING IT OFF 3 TIMES, I FINALLY DISENGAGED THE CRUISE CONTROL AND MADE IT TO MY DESTINATION. ON THE WAY HOME, WITHOUT TOUCHING ANY CRUISE CONTROL FEATURES, THE THROTTLE ONCE AGAIN BECAME STUCK AND WAS TRYING TO ACCELERATE THE CAR. TODAY I HAD THE CAR SERVICED, AND I WAS INFORMED THAT THEY HAD RECEIVED 3 CALLS DURING THE TIME PERIOD I WAS THERE REGARDING A SIMILAR SITUATION WITH VEHICLES THAT CONTAIN THE SAME OR A SIMILAR ENGINE.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
of Transportation
National Highway
Traffic Safety
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

03-DEC-2003

Repository ☐Reference No.
10049107**OWNER INFORMATION (Type or Print)**

Name

Address

City

WEST SUFFIELD

State

CT

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1 / 1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WVWMD63B6XE

Make

VOLKSWAGEN

Model

PASSAT

Model Year

1999

Date Purchased
02-NOV-98Dealer's Name and Telephone Number
CROWLEY VW (860) 410-2000

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

☒

Dealer's City

PLAINVILLE

State

CT

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes☒ Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

181000 VEHICLE SPEED CONTROL/ACCELERATOR PEDAL

Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
03-DEC-2003Failure Mileage
80000Failure Speed
45**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

FOR 2 YEARS NOW, ON COLD DAYS (TEMPS IN THE TEENS) THERE HAVE BEEN OCCASIONS (ABOUT 5) WHERE THE ACCELERATOR STICKS IN THE ACCELERATING POSITION. ADJUSTING THE PEDAL POSITION HAS NO EFFECT ON SLOWING THE CAR DOWN. IN FACT, THERE WERE TIMES WHEN THE ONLY WAY TO STOP THE CAR WAS TO SHUT THE ENGINE OFF. THIS ACTUALLY CAUSES LOSS OF POWER, BRAKES AND STEERING AND MAKES IT MORE DIFFICULT TO MAINTAIN CONTROL. AFTER WAITING ON THE SIDE OF THE ROAD FOR ABOUT 5 TO 10 MINUTES, YOU CAN START THE CAR AND EVERYTHING IS BACK TO NORMAL. THIS IS A VERY DANGEROUS AND PERHAPS A LIFE THREATENING CONDITION. THE CAR HAS A 2.8 LITER V6 WITH AN AUTOMATIC TRANSMISSION. I HAVE A FRIEND WHO HAD AN AUDI A6 QUATRO (1999) WITH THE SAME 2.8 V6 AND HAD THE SAME ISSUE. AFTER SPENDING SEVERAL HUNDRED DOLLARS TRYING TO GET IT RESOLVED WITH NO LUCK, HE SOLD THE CAR. THIS DOESNT SOLVE THE PROBLEM, BUT IT MAY KEEP HIS FAMILY ALIVE. *NLM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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National Highway
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

19-FEB-2003

Repository ☐Reference No.
10007818

OWNER INFORMATION (Type or Print)

Name

Address

City

FLUSHING

State

NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 1/1/

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

AUDI

Model

A6

Model Year

1999

Date Purchased
19-APR-02

Dealer's Name and Telephone Number

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes☒ Cruise Control

Powertrain

ALL WHEEL DRIVE

Vehicle Component Code

103000 POWER TRAIN;AUTOMATIC TRANSMISSION

Multiple Failure: 1

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)

14-FEB-2003

Failure Mileage

47000

Failure Speed

50

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure(s).
i.e., parts repaired or replaced (and if old part is available).

MY CAR WAS ACCELERATING WITHOUT THE GAS PEDAL BEING DEPRESSED. I WAS FIGHTING TO STOP THE CAR WITH THE BRAKE BUT FAILED TO DO SO AS THE CAR WAS ACCELERATING AT HIGH SPEEDS ON A MAJOR HIGHWAY. I HAD GOT THE CAR DOWN FROM 50MPH TO 15 MPH. AT THIS POINT TURNED ON MY HAZARDOUS LIGHTS AND PULLED OVER TO THE SHOULDER. AT 15 MPH I SAFELY SHUT MY CAR OFF AS I WAS UNABLE TO COMPLETELY STOP. AFTER 30 SECONDS, I TURN MY CAR BACK ON AND SEE THAT THE CAR IS HITTING REDLINE OF 7000 RPMs IN PARK MODE. I SHUT MY CAR DOWN ONCE MORE AND WAIT ANOTHER MINUTE. I START THE CAR AND THE CAR IS BACK TO NORMAL. I AM BEING TOLD BY MANY PEOPLE IN MY CAR'S INTERNET FORUM THAT THIS HAS BEEN HAPPENING TO MANY PEOPLE AND IT IS A FAULTY THROTTLE PEDAL. THE PEDAL HAS A HEATING ELEMENT THAT HAS FAILED DUE TO THE RECENT EXTREMELY COLD WEATHER.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

17-FEB-2003

Repository ☐Reference No.
10007690**OWNER INFORMATION (Type or Print)**

Name

Address

City SOUTH BURLINGTON

State VT

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 1/1/

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WAUBA24B6X

Make

AUDI

Model

A6

Model Year

1999

Date Purchased

13-DEC-02

Dealer's Name and Telephone Number

IMPORTED CAR CENTER 802-878-3391

Engine:

No. Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

WILLISTON

State

VT

Zip Code

05495

Transmission Type

AUTOMATIC

☒ Antilock Brakes☐ Cruise Control

Powertrain

ALL WHEEL DRIVE

Vehicle Component Code

181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL

Multiple Failure: 1

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)

14-FEB-2003

Failure Mileage

48000

Failure Speed

75

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM18ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

☐ Yes ☒ No☐ Yes ☒ No

0

0

N

Narrative Description of Incident(s), Crash(es), and Injury(es).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, i.e., parts repaired or replaced (and if old part is available).

VEHICLE FULLY ACCELERATED ON IT OWN, RESULTING IN VERY HIGH SPEEDS IN TRAFFIC AND ON DOWNHILL DRIVE. VERY DIFFICULT TO STOP VEHICLE WHEN CAREENING DOWN STEEP HILL TOWARD AN INTERSECTION. REPORTEDLY CAN HAPPEN IN COLD WEATHER AT ANY TIME. DANGEROUS!!

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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DOT Auto Safety Hotline
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

17-FEB-2003

Repository ☐

Reference No.
10007697

OWNER INFORMATION (Type or Print)

Name

Address

City

LITTLETON

State

MA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WAUBA2485XN

Make

AUDI

Model

A6

Model Year

1999

Date Purchased
17-DEC-02

Dealer's Name and Telephone Number

Engine:
No: Cylinders 6

Fuel Type:
Gas

Original Owner
☐

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
ALL WHEEL DRIVE

Vehicle Component Code
090000 FUEL SYSTEM, OTHER

Multiple Failure: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
27-JAN-2003

Failure Mileage
49000

Failure Speed
65

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e. parts repaired or replaced (and if old part is available).

CAR ACCELERATE ON IT'S OWN. ABOUT 15 MINUTES INTO TRIP, STARTED TO FEEL THE CAR ACCELERATING ON IT'S OWN. WHEN I LET GO OF THE ACCELERATOR, RPM DID NOT DROP. DOUBLE CHECK THE CRUISE CONTROL, TURN IT ON AND OFF MAKES NO DIFFERENCE. PULL OFF ROAD, PUT IN NEUTRAL TO STOP, RACE TO 4K RPM. RESTART CAR, STILL @4K. STOPPED FOR 5 MINUTES, RESTART, BACK TO NORMAL. AN ACCIDENT WAITING TO HAPPEN!

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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U.S. Department
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DOT Auto Safety Hotline
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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100092

Date Received

01-APR-2003

Repository ☐

Reference No.
10012218

OWNER INFORMATION (Type or Print)

Name

Address

City

OCEAN CITY

State NJ

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

AUDI

Model

A6

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

073200 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:INJECTC

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
23-JAN-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

☐ Yes ☒ No

☐ Yes ☒ No

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

ENGINE MALFUNCTION. *MR. THE CONSUMERS WIFE WAS DRIVING THE VEHICLE WHEN IT SUDDENLY BEGAN TO RACE, SHE WAS UNABLE TO STOP THE VEHICLE. THE CONSUMER RAN STOP SIGNS AND AN INTERSECTION UNTIL SHE FINALLY TURNED THE VEHICLE OFF. THE VEHICLE CONTINUED TO RACE, AND DUE TO THE LEVEL OF RACING, THE CRANKCASE SEAL BLEW OUT WHICH CAUSED OIL TO FLOW. THE DEALER ADVISED THE CONSUMER THE PROBLEM WAS DUE TO A STUCK FUEL INJECTOR. SCC *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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National Highway
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 778

Date Received

23-APR-2002

Repository ☐Reference No.
8008412**OWNER INFORMATION (Type or Print)**

Name

Address

City PHOENIXVILLE

State PA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 4/23/02

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WAUBA24B0WN

Make

AUDI

Model

A6

Model Year

1998

Date Purchased
01-APR-02

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes☒ Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

23-APR-2002

Failure Mileage

Failure Speed

30

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOT161BABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

VEHICLE WOULD CONTINUE TO ACCELERATE, EVEN AFTER REMOVING FOOT OFF THE ACCELERATOR PEDAL. DEALER AND THE MANUFACTURER WERE NOTIFIED. *AK *TT

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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Administration

DOT Auto Safety Hotline
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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received

02-JAN-2003

Repository ☐Reference No.
10001868**OWNER INFORMATION (Type or Print)**

Name

Address

City

SALISBERRY

State NY

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1-1-03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WAUDA24B1D0

Make

AUDI

Model

A6

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

010000 STEERING

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

18-DEC-2002

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19A8C036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER STATES IN INCLIMATE WEATHER WHILE DRIVING VEHICLE'S THROTTLE GETS STUCK OPEN CAUSING VEHICLE TO HAVE A HARD SHIFT. PLEASE PROVIDE ADDITIONAL INFORMATION. TS

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

24-JAN-2003

Repository ☐Reference No.
10003352**OWNER INFORMATION (Type or Print)**

Name

Address

City

MAHOPAC

State

NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1/1/

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WAUBA24B7WN

Make

AUDI

Model

A6

Model Year

1998

Date Purchased

30-JAN-02

Dealer's Name and Telephone Number

MOHEGAN LAKE MOTORS 914-582-8076

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

☐

Dealer's City

MOHEGAN LAKE

State

NY

Zip Code

10547

Transmission Type

AUTOMATIC

☐ Antilock Brakes☒ Cruise Control

Powertrain

ALL WHEEL DRIVE

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

18-JAN-2003

Failure Mileage

48000

Failure Speed

60

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1S9ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

VEHICLE SPEED CONTROL: VEHICLE CONTINUED TO ACCELERATE AFTER RELEASING ACCELERATOR AND WHILE DEPRESSING BRAKES. RPM'S REVD AS HIGH AS 5000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

29-JAN-2003

Repository ☐Reference No.
10003601**OWNER INFORMATION (Type or Print)**

Name

Address

City

LYNDONVILLE

State NY

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

JRC100@EARTH-LINK.NET

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

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WALUBA3457X

Make

AUDI

Model

A6

Model Year

1999

Date Purchased
30-DEC-98

Dealer's Name and Telephone Number

Engine:

No. Cylinders 6

Fuel Type:

Gas

Original Owner

☒

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes☒ Cruise Control

Powertrain

ALL WHEEL DRIVE

Vehicle Component Code

090000 FUEL SYSTEM, OTHER

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

19-JAN-2003

Failure Mileage

116501

Failure Speed

65

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

ON JANUARY 19, RETURNING HOME FROM A FAMILY TRIP, THE THROTTLE ON OUR 1999 A6 STUCK OPEN AT 65MPH. I WAS TRAPPED IN THE LEFT LANE OF A 4 LANE HIGHWAY WITH NO SHOULDER TO PULL ONTO DUE TO HEAVY SNOW ACCUMULATION. I HAD STAND ON THE BRAKES AS HARD AS I COULD TO AVOID SMASHING INTO THE VEHICLES AHEAD OF ME THAT STARTED TO SLOW DOWN FOR AN UPCOMING SPEED ZONE. I OVERHEATED MY BRAKES ALMOST TO THE POINT OF FAILURE IN ORDER TO PULL INTO THE RIGHT LANE AND MAKE A QUICK EXIT WHERE I TURNED OFF THE KEY. MY BRAKES SMOKED AND SMELLED FOR ABOUT 15 MINUTES IN ZERO TEMPERATURES. AFTER LETTING IT SIT FOR A WHILE I TRIED TO START IT AGAIN AND IT IMMEDIATELY REDLINED. WE WERE EVENTUALLY ABLE TO RESTART AND DRIVE THE CAR HOME AT A VERY SLOW AND CAUTIOUS PACE USING BACK ROADS. THIS WAS A TERRIFYING AND VERY DANGEROUS, LIFE THREATENING SITUATION FOR MY SELF AND MY FAMILY.

FOUR DAYS AFTER THE "REPAIR" AT JOHN HOLTZ AUDI THE THROTTLE AGAIN FROZE WHEN MY WIFE HAD TO SLOW FOR A STOPPING SCHOOL BUS. THE EXACT SAME SYMPTOMS OCCURED.

I AM A MEMBER OF THE AUDI QUATRO CLUB. THROUGH MY EXPOSURE TO MANY OTHER AUDI OWNERS I HAVE LEARNED THAT THIS PROBLEM IS FAIRLY COMMON IN VERY COLD WEATHER AND THE AUDI SOLUTION OF CLEANING THE THROTTLE BODY DOES NOT PREVENT THE PROBLEM.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

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