



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 335

Date Received

Repository ☐

Reference No.
10006783

Daytime Telephone Number

E-mail Address

Evening Telephone Number

OWNER INFORMATION (Type or Print)

Name

Address

City

FULLINGTON Fullerton

State CA

Zip Code

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorized signature, your name or address to the vehicle manufacturer.
Signature of Owner Date 2/22/03

VEHICLE INFORMATION

Vehicle Identification Number (VIN) (Do not write VIN of other vehicle)
WBAGJ8329WDM14366

Make
BMW

Model
740iL

Model Year
1998

Date Purchased
Jan. 1998

Dealer's Name and Telephone Number
Shelly BMW

Engine:
No. Cylinders

Fuel Type:

Original Owner
☒

Dealer's City
Buena Park

State
CA

Zip Code
90621

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

354100 EQUIPMENT: MECHANICAL: JACKS

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
03-FEB-2003

Failure Mileage
~~57000~~
67000

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: DOTMALSABC036)

☐ 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).

AFTER JACKING THE VEHICLE UP, THE JACK SUDDENLY COLLAPSED. CONSUMER FOOT WAS ALMOST INJURED AS A RESULT. PLEASE PROVIDE ANY FURTHER INFORMATION. PH

The jack was used for the first time since the purchase of the car. It was at a parking lot where the ground was level. The arm of the jack was twisted & bent and collapsed. The defective Jack is available.

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.