



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 100222

Data Received

Repository

18-MAR-2005

Reference No.
10115378

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: COVINGTON State: LA Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]

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: [Redacted] Date: 03/28/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number: WBADM5340Y [Redacted] Location: [Redacted]
Make: BMW Model: 528iT Model Year: 2000
Date Purchased: 12/23/99 Dealer's Name and Telephone Number: PEAKE BMW 504-469-6165
Original Owner: Dealer's City: Kenner State: LA Zip Code: 70062 Engine: No. Cylinders: 6 Fuel Type: Gas
Transmission Type: MANUAL Antilock Brakes: Powertrain: REAR WHEEL DRIVE
Vehicle Component Code: 344000-AIR-BAGS-FRONTAL Airbags - Driver's side F+R
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 15-MAR-2005 Failure Mileage: 125000 Failure Speed: 65

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/66R16): [Redacted]
DOT No. (Example: DOTMALB8C036): [Redacted] Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition(s), and injury(ies).)
Crash: Yes No Fire: Yes No
Number of Persons Injured: 1 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).

CONSUMER WAS DRIVING AT 65 MPH ON THE HIGHWAY WHEN SUDDENLY THE FRONTAL AIR BAGS DEPLOYED. MANUFACTURER AGREED TO DO REPAIRS. HOWEVER, THEY HAVE NOT MADE ANY ADDITIONAL CONTACT WITH THE CONSUMER. *AK

BOTH DRIVER-SIDE DOOR MOUNTED AIRBAGS (F+R) DEPLOYED AS DID THE HEAD PROTECTION SYSTEM ON THAT SIDE. INCIDENT OCCURRED 3/15/05.

MANUFACTURER'S ENGINEER TO INSPECT 3-29-05. MANUFACTURER NOT YET COMMITTED TO REPAIR. REPAIR ESTIMATE IS \$5,200.00

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-578 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.