



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

2005 APR 25 AM 5:01

FOR AGENCY USE ONLY 100192

Date Received: 24-MAR-2005
Repository:
Reference No.: 10115804

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: COATESVILLE State: PA Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] 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 a signature, NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 4/11/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: WBAAM3349YC [REDACTED]
Make: BMW Model: 323I Model Year: 2000
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: 125000 EXTERIOR LIGHTING: BRAKE LIGHTS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-JUN-2004 Failure Mileage: 36180 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: DOTM9ABC036) 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).

RECALL CAMPAIGN 00V048000 CONCERNING BRAKE LAMP. CONSUMER COMPLAINED OF A BRAKE LAMP PROBLEM. WHEN APPLYING THE BRAKES BRAKE LIGHT IN THE INTERIOR OF THE VEHICLE ILLUMINATED, BUT ONLY THE REAR RIGHT LAMP ILLUMINATED WHEN THE BRAKES WERE APPLIED. OWNER CONTACTED THE MANUFACTURER. HOWEVER, THIS VEHICLE WAS NOT INCLUDED IN THE CURRENT RECALL DUE TO VIN. ALSO, WARRANTY EXPIRED. *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 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.