



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

2005 MAY 07

Repository

Reference No.
10120642

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City LOS ANGELES State CA Zip Code [Redacted]

Daytime Telephone Number [Redacted]

E-mail Address [Redacted]

Evening Telephone Number [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 _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
W5AGJ232AVD [Redacted] Make GMW Model 7403 Model Year 1998
Date Purchased 01-JUN-90 Dealer's Name and Telephone Number Beverly Hills BMW
Original Owner Dealer's City Los Angeles State CA Zip Code 90211
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE
Vehicle Component Code 110000 ELECTRICAL SYSTEM
Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 09-MAY-2005 Failure Mileage 82,000 Failure Speed 20MPH

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 the event or incident, failure, crash, and injury.)

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).

DT CONTACT STATES APPROXIMATELY 4 DAYS AGO THE CLUSTER ON THE DASH WENT OUT THE TURN SIGNAL STOPPED WORKING ON THE INSIDE OF THE VEHICLE, BUT THEY WERE WORKING ON THE OUTSIDE OF THE VEHICLE. CALLED DEALERSHIP, THEY INFORMED CONTACT TO BRING IN THE VEHICLE. MONDAY, MAY 9, THE VEHICLE STARTED CHUGGING, AS IF RUNNING OUT OF GASOLINE. THE VEHICLE WAS TOWED TO THE DEALERSHIP. THE DEALERSHIP STATED THERE WAS DAMAGE TO THE FUEL TANK. THE CONTACT SEARCHED THE VEHICLE BUT HE DID NOT SEE ANYTHING WRONG WITH THE FUEL TANK. *NM

Rear lights always failing for 4 years - changed bulbs + receptacles, but really had defect! Plastic connectors were melting - defective part! NO DAMAGE to fuel tank!

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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.

This could CAUSE accident from Rear!
Dealer admitted defect!

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

Peak lights defect could cause accident -
I had returned to dealer numerous
times without any results.



ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



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QUESTIONNAIRE**

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COMPLETE THIS FORM
OR

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and dial toll free at

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(DASH) 2 DOT



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