(1)

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 2004 FEB 24 AM 9:03

17-JAN-2006

Repository ☐

Reference No. 10147961

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City BURRIDGE State IL Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number [redacted]

E-mail Address

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

In the absence of a[redacted] NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 01/21/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
WBAAV334[redacted]	BMW	325I	2001

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
03/05/01	LAUREL BMW (630) 654-5400		No: Cylinders	Gas
Original Owner ☒	Dealer's City WEST MONT 60559	State IL / Zip Code 60559		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☐ Cruise Control	ALL WHEEL DRIVE	181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
~~15-AUG-2005~~ 03 Aug 2004 / 14 Dec 2005	70000	45	Aug. 03, 04 Excellerating at 45 mph Gas Pedal Fell off w/no way to accelerate

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	1		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*: THE CONTACT STATED WHILE TRAVELING AT 45MPH ON A BUSY HIGHWAY THE ACCELERATOR PEDAL DETACHED. THE VEHICLE WAS MANEUVERED TO THE SIDE OF THE ROAD AND TOWED TO A DEALERSHIP. THE ACCELERATOR PEDAL WAS REPLACED. ONE YEAR LATER WHILE DRIVING THE ACCELERATOR PEDAL DETACHED AGAIN. THE VEHICLE WAS TOWED TO THE DEALERSHIP AND THE ACCELERATOR PEDAL WAS REPLACED AGAIN. THE CONTACT ALSO REPORTED ANOTHER SAFETY DEFECT. WHILE SITTING IN THE DRIVER SEAT, THE HEATED SEAT COILS BURNED A HOLE THROUGH THE SEAT CAUSING INJURY TO THE CONTACT AND THE MANUFACTURER HAS BEEN CONTACTED.

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.

CAR WAS INOPERABLE / NEEDED
to be towed in for Replacement
Cost. $190.00. I INSISTED THEY
REALLY FIND WHAT HAPPENED
I WAS VERY upset! I ALMOST
got hit By A Semi TRUCK RE: acceleration loss of
AND THE OWNER OF A WHITE
PONTIAC HAD TO ASSIST TRAFFIC!
WHEN QUESTIONED IF BMW
found out what Happened They
Said Didn't Know. Will Let
MGR & SERVICE Field Rep Know
THEN ON 12/14/05 THIS SAME
THING HAPPENED AGAIN AT NITE
I HAD TO WALK SEVERAL
Miles Home, in A Snow Storm.
I AGAIN VOICED my Concern
And They Said They Wouldn't
Charge me AGAIN, because I'm
Lucky part is still under
WARRANTY! ALTHOUGH THEY DID
TRY TO CHARGE me for THE TOW.
ALSO INCIDENT # 3 ON
01/15/06 I SAW DRIVING
my Car Had Heated Seats
on, Ran A few ERRANDS
Stopped At Automated Car
WASH. Got out To Dry Car & Tire

Towed to Laurel BMW / Westmont [illegible] Service

Wire Wheels, Got Back
in and Screamed in Horriffic
Pain The Back Seat on
Right Side Had Burnt
Thru! Burning me With 2nd
Burns. I Contacted
Corp Office. Sent out a
Local Field Rep. Said Will
Send Report to Corp.
Derrick Anton from BMW
Corp. Called me on Fri 01/27/06
Said Apparently There is a Grid
That Over Time Can
Over Heat / + Distribute
Too Much Heat into That
Area. Said They Will Fix +
Pay Bills. I Stated I Don't
Want The Vechile, This Area
Major Safety Concerns!
And Whose To Say This Wouldn't
Happen in the Other Heated Seat
He Said its up to me I Can
Trade it in or Whatever I Got
Appalled! + Would Think They
Need to Get This Vechile Out
of Distribution and See
What Went Wrong. It is in
my Garage I Won't Drive it. Over=

PHOTOS ENCLOSED.

ALL SERVICE RECORDS ARE AT [redacted]

WOODMONT IL - [redacted]

I WAS TREATED AT

HINSDALE HOSPITAL
HINSDALE, IL. IN (E.R.)

MISSED 1 WK ON 2ND DEGREE BURNS -

TETNUS SHOT
TYLENOL #3 CODEINE
ANTI BIOTIC

MY PHONE
HOME [redacted]
CELL

01/30/06

DERRICK.

PLEASE ADVISE A.S.A.P.

BMW

REGARDING / BUY BACK

VEHICLE. THESE ARE VERY

SERIOUS SAFETY FAILURES

THAT I FEEL BMW NEEDS TO LOOK

FURTHER INTO AND THIS VEHICLE

SHOULD NOT BE IN CIRCULATION.

(BMW) 215-2008.

01/30/06

ATTN: DERRICK

BILLS TO DATE TOTAL [redacted]

I Lost Receipts APPROX -

FOR KENTOS CREAM

+ BANDAGES APPROX

IN ADDITION I MISSED 3 1/2 WK OF WORK

MISSED WAGES ANNUAL SALARY [redacted]

ChartONE, Inc.
P.O. Box 152471, Irving, TX [redacted]

FEE APPROVAL NOTICE

Invoice Number: [redacted] Date: 01/30/2006
Medical Record Number: [redacted]

Dear Valued Requester:

UPON RECEIPT OF PAYMENT OF THIS FEE APPROVAL NOTICE, THESE RECORDS WILL BE PROMPTLY COPIED AND FORWARDED TO YOU FROM: HINSDALE HOSPITAL, Hinsdale, IL.

Please detach the bottom portion of this invoice and return with your remittance to ChartONE, Inc. to ensure proper credit.

Comments:

CHART

Requested by:
Na: [redacted]
[redacted]
BURR RIDGE, IL [redacted]

Please make check payable to:

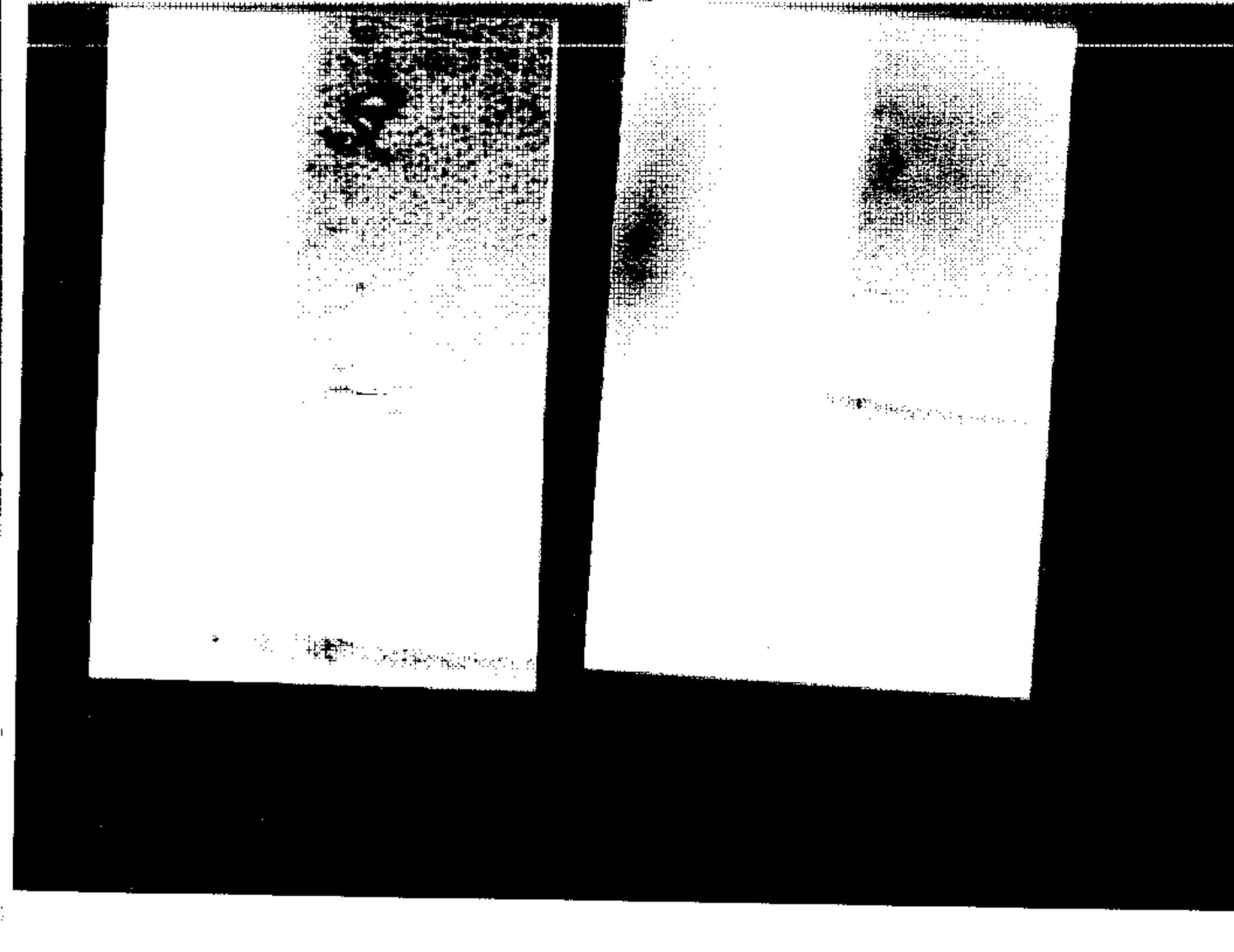
ChartONE, Inc.
P.O. Box 152471
Irving, TX 75015-2471
(800)299-8694
Federal Tax ID# 94-3360691

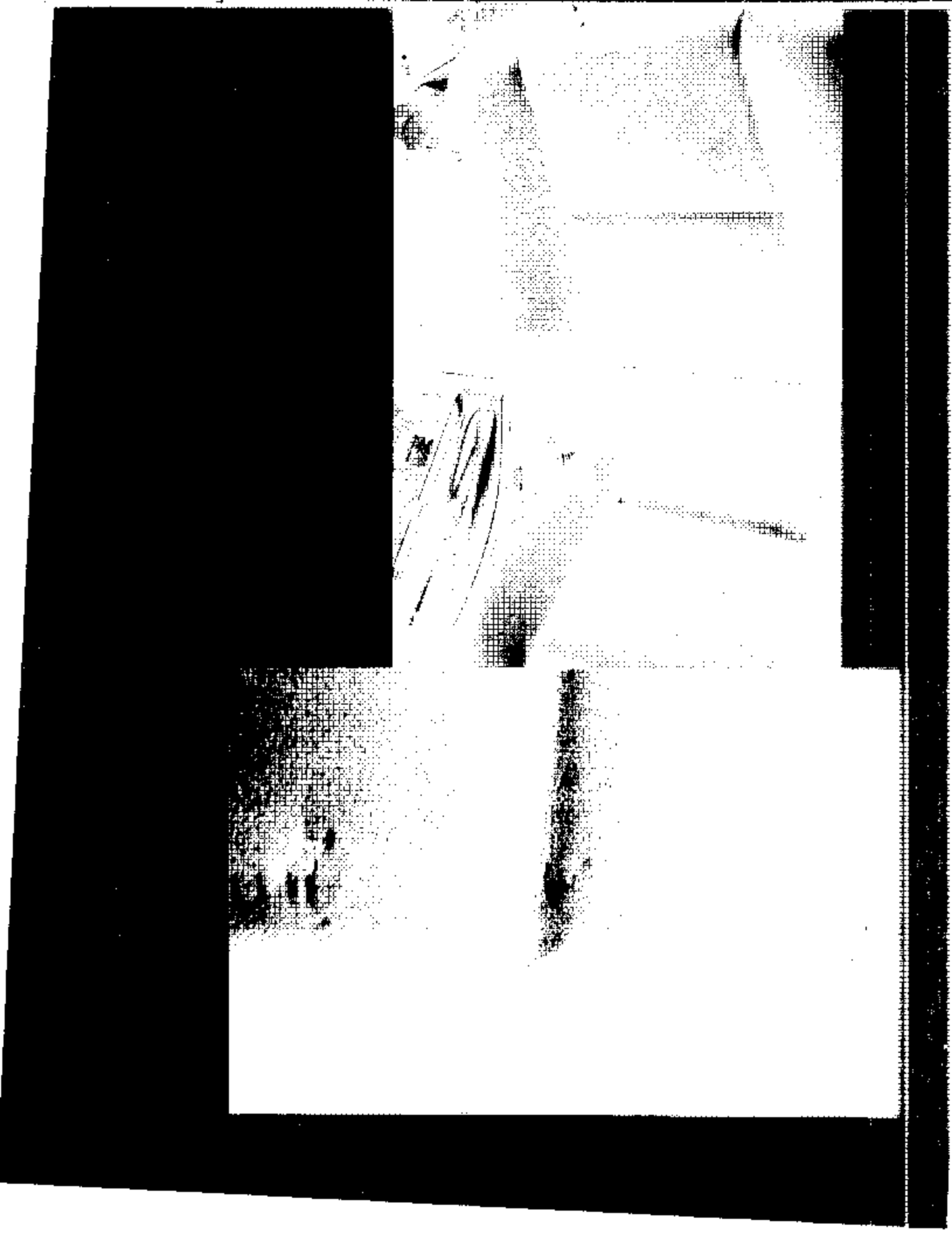
Patient: [redacted]
Category: Self
SSN:
Birth Date: / /
Admission Date: / /
Requester ID:
Other ID:
TDN/VPN:
Paper Pages: 10
Microfiche Pages: 0
Computer Pages: 0

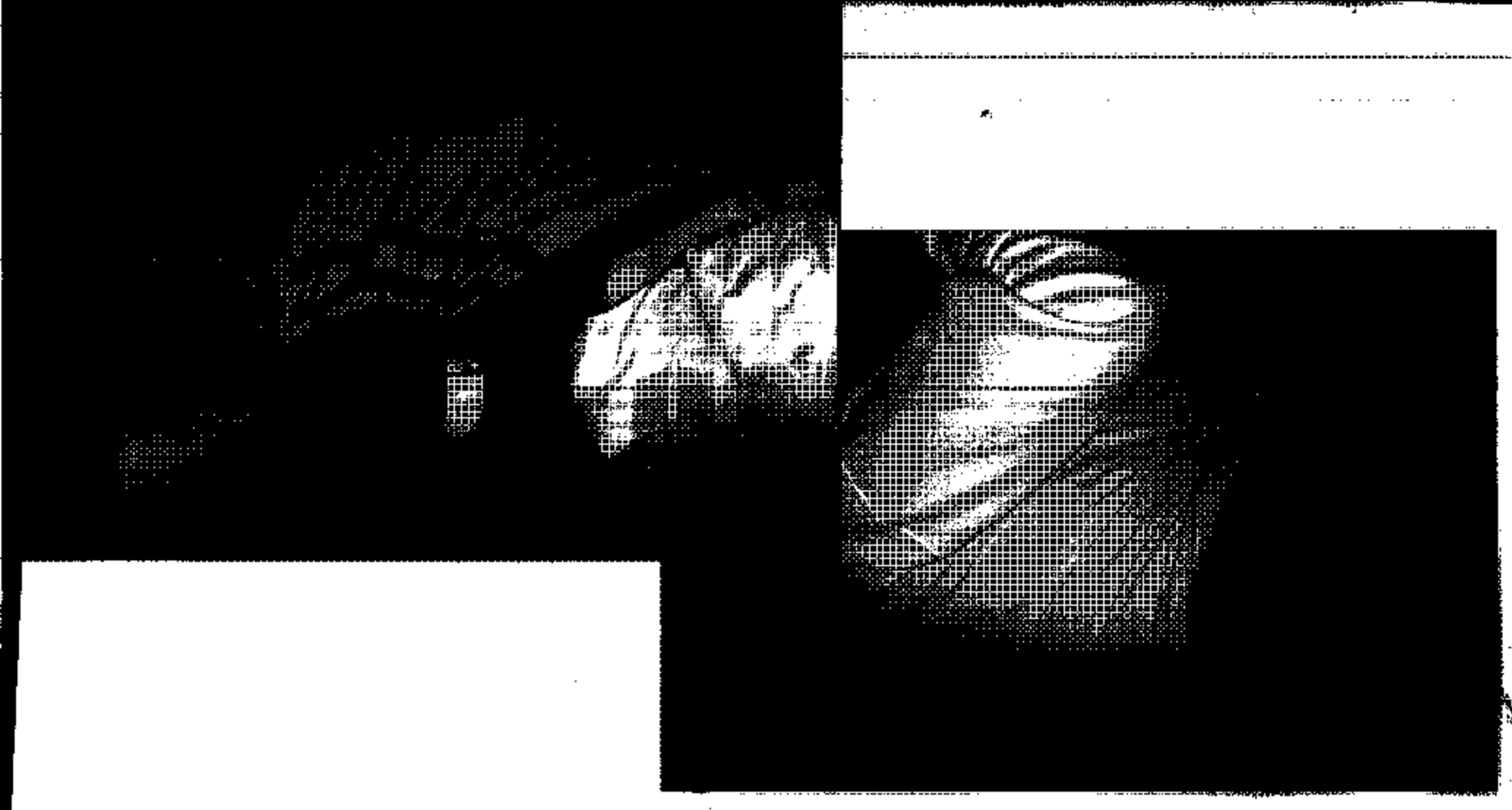
Base Fee: [redacted]
Page Fee:
Shipping:
Handling:
Itemized:
Tax:
Adjustment:
Pre-Payment:
Total Due:

06

Please return this portion with your payment payable to:







THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).