



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

11-MAY-2006

Repository Reference No.
10157387

OWNER INFORMATION (Type or Print)

Name

Address

City

FRESH MEADOWS

State

NY

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of the vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

 YES NO

Signature of Owner

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

WBAAM334XY

Make

BMW

Model

323i

Model Year

2000

Date Purchased
11-APR-00Dealer's Name and Telephone Number
BMW OF BAY SIDE

Engine:

No: Cylinders 4

Fuel Type:

Gas

Original Owner

Dealer's City

BAYSIDE

State

NY

Zip Code

11359

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
11-APR-2006Failure Mileage
20000

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: DOTM19ABC036)

 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

1

Y

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 STOPPING AT A TRAFFIC LIGHT THE CONTACT'S VEHICLE WAS REAR ENDED. SUBSEQUENTLY, TURNING THE VEHICLE INTO A 360 DEGREE SPIN. THE VEHICLE CRASHED INTO A CONCRETE RETAINING WALL. THIS WAS A FULL FRONTAL IMPACT AND THE AIRBAGS DID NOT DEPLOY. SEAT BELTS WERE IN USE. HOWEVER, INJURIES WERE SUSTAINED. A POLICE REPORT WAS TAKEN AT THE SCENE. THE VEHICLE WAS TOWED TO DEALER AND WAS AWAITING INSPECTION. THE MANUFACTURER HAS BEEN CONTACTED. THE INSURANCE COMPANY DEEMED THE VEHICLE A TOTAL LOSS. *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 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.