

AAA! DOT auto safety

7/3/06

Ref # 10157387

Can someone please call me

I would like to know the status

of my complaint, I haven't heard

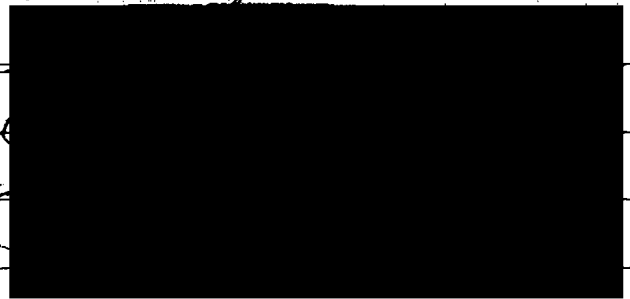
anything for a while and I tried

calling but could not get through.

Ref # 10157387


date filed May 11, 2006

Thank you



AN/MAR
8/2/06

Form Approved O.M.B. No. 2127-0008

 <p>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</p>				FOR AGENCY USE ONLY 100148 Date Received 11-MAY-2006 Repository <input type="checkbox"/> Reference No. 10157387	
OWNER INFORMATION (Type or Print) Name _____ Address _____ City FRESH MEADOWS State NY Zip Code _____ Daytime Telephone Number _____ E-mail Address _____ Evening Telephone Number _____					
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date 6/5/06 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
VEHICLE INFORMATION 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side WBAAM33 _____ Make BMW Model 323i Model Year 2000 Date Purchased 11-APR-00 Dealer's Name and Telephone Number BMW OF BAY SIDE Engine: No: Cylinders 4 Fuel Type: Gas Original Owner <input checked="" type="checkbox"/> Dealer's City BAYSIDE State NY Zip Code 11359 Transmission Type AUTOMATIC <input checked="" type="checkbox"/> Antlock Brakes <input checked="" type="checkbox"/> 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-2006 Failure 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) <input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of Persons Injured 1 Number of Deaths _____ Reported to Police 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					
If available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY			
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 is taking appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, if appropriate, may be used in support of such action.					