

 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: 2006 JUN 12 10:20 AM 11-MAY-2006		Repository <input type="checkbox"/> Reference No. 10157387	
OWNER INFORMATION (Type or Print)					
Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	State	Zip Code			
FRESH MEADOWS	NY				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorized signature, you are releasing this information to the vehicle manufacturer.					
Signature of Owner: [Redacted] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: 6/5/06					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year	
WBAAR204XY1 [Redacted]		BMW	323i	2000	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
11-APR-00	BMW OF BAY SIDE		No: Cylinders 4	Gas	
Original Owner	Dealer's City	State	Zip Code		
<input checked="" type="checkbox"/>	BAYSIDE	NY	11359		
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain		Vehicle Component Code	
AUTOMATIC	<input checked="" type="checkbox"/> Cruise Control	FRONT WHEEL DRIVE		141000 AIR BAGS:FRONTAL	
Multiple Failure: 1					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s)	Failure Mileage	Failure Speed			
11 APR 2000 11 AUG 2000	20000				
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: DOTM4LBAC036)		<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), crashes, and injuries.)					
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 93-57) 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 responses 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.					

THE FOLLOWING PAGES ARE ILLEGIBLE





