



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

23-AUG-2006

Repository

Reference No.
10166367

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Address [REDACTED]

City POMPANO BEACH

State FL

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?
In the absence of an authorized signature, your name or address to the vehicle manufacturer. YES NO
Signature of Owner [REDACTED] Date 8/23/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
WB10439A64Z [REDACTED]

Make
BMW

Model
R1150 R

Model Year
2004

Date Purchased
01-JUL-03

Dealer's Name and Telephone Number
441 CYCLE SHOP

Engine:
No: Cylinders 2

Fuel Type:
Gas

Original Owner

Dealer's City
PLANTATION

State
FL

Zip Code

Transmission Type
MANUAL

Antilock Brakes
 Cruise Control

Powertrain
UNKNOWN

Vehicle Component Code
070000 FUEL SYSTEM, GASOLINE

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
23-AUG-2006

Failure Mileage
9000

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

0

Number of Deaths

0

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*: THE CONTACT STATED AFTER THE VEHICLE WAS STARTED FUEL BEGAN LEAKING FROM THE ENGINE COMPARTMENT. THE VEHICLE WAS TURNED OFF AND THE DEALERSHIP WAS CALLED. THE DEALERSHIP DETERMINED THE FUEL CUT OFF VALVE CORRODED AND SHOULD BE REPLACED. THE PART HAS BEEN ORDERED, BUT THE VEHICLE WAS NOT INSPECTED BY THE DEALERSHIP.

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.