



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

2007

FOR AGENCY USE ONLY 100148

Date Received
JAN 10 AM 9:40
 16-NOV-2006

Repository

Reference No.
 10173657

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
 Address: [REDACTED]
 City: SAINT LOUIS State: MO 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
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 5UXFB5354 [REDACTED]
 Make: BMW Model: X5 Model Year: 2006

Date Purchased: 21-NOV-05 Dealer's Name and Telephone Number: SUNTHUP WEST COUNTY BMW Engine: No: Cylinders 8 Fuel Type: Gas

Original Owner: Dealer's City: MANCHESTER State: MO Zip Code: 63011

Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
 Powertrain: ALL WHEEL DRIVE Vehicle Component Code: 103000 POWER TRAIN:AUTOMATIC TRANSMISSION
 Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 16-NOV-2006 Failure Mileage: 4900 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: 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 THE TRANSMISSION WOULD NOT DOWNSHIFT PROPERLY. THE VEHICLE WAS TAKEN TO THE DEALERSHIP AND THE TRANSMISSION WAS REPLACED, BUT THE PROBLEM PERSISTED. ALSO, THE ENGINE REVVED WHILE AT A STOP. THE DEALERSHIP WAS UNABLE TO DETERMINE A PROBLEM. THE VEHICLE WAS A 2006 BMW X5. *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 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.