U.S. Department of Transportation

2009 FEB 23 PM 1:34

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

National Highway Traffic Safety Administration

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
21-JAN-2009	Reference No. 10255851

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City CLOVIS	State CA	Zip Code	Evening Telephone Number

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	Make	Model	Model Year
WBANA535X4	BMW	525I	2004

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code	6	Gas

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Auto	☑ Antilock Brakes ☑ Cruise Control			21-DEC-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 141000 AIR BAGS: FRONTAL	Failure Mileage	Failure Speed
	67000	0

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Iniured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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).

TL*THE CONTACT OWNS A 2004 BMW 525I. THE CONTACT NOTICED THAT THE AIR BAG WARNING INDICATOR CONSISTENTLY ILLUMINATES ON THE INSTRUMENT CONTROL PANEL, WHICH INDICATES THAT THE PASSENGER AIR BAG IS INOPERATIVE. AS A CONSEQUENCE, THE FRONT PASSENGER SIDE AIR BAG WOULD NOT DEPLOY EVENLY IN THE EVENT OF A SERIOUS CRASH. THE MANUFACTURER STATED THAT THE VIN WAS NOT INCLUDED IN NHTSA CAMPAIGN ID NUMBER 08V384000 (AIR BAGS:FRONTAL); THEREFORE, HE IS NOT ENTITLED TO A FREE REMEDY AS REFERENCED IN THE RECALL. THE VEHICLE HAS NOT BEEN REPAIRED. THE FAILURE AND CURRENT MILEAGES WERE 67,000.

BMWNA FIXED MY CAR, BECAUSE THE DIAGNOSTIC CODE INDICATED IT IS SEAT MAT FAILURE. BUT THE BMW REPRESENTATIVE INSISTED MY CAR IS NOT UNDER RECALL, THEY FIXED IT AT GOODWILL.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY