CL-10265399-5961

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

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	Repository ☐
15-APR-2009	Reference No. 10265399

2009 APR 24 PM 3:58

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]		
City BRIDGEPORT	State CT	Zip Code [redacted]	

Daytime Telephone Number [redacted]	E-mail Address [redacted]
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: BMW	Model: 3-SERIES	Model Year: 2003

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

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s): 14-APR-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 120000 EXTERIOR LIGHTING	Failure Mileage	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: 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 ☐ 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).

FORMAL PETITION FOR SAFETY DEFECT INVESTIGATION, AFTER REPLACING THE TAIL LIGHT BULBS IN ON THE PASSENGER AND DRIVER'S SIDE THEY CONTINUED TO BURN OUT, AFTER TAKING THE BULB HOUSING COVER OFF, I NOTICED A BURNING SMELL AND THE BROWN WIRE IN THE UNIT HAD MELTED THE ENTIRE CONNECTION. I WAS TOLD BY MY LOCAL BMW DEALERSHIP THIS IS A KNOW FLAW AS THE GROUND WIRE IS NOT ADEQUATE TO HANDLE THE POWER COMING THORUGH, THIS ISSUE HAS CAUSED ME TO ALMOST BE REAR-ENDED 4 TIMES WHEN THE LIGHT SUDDENLY WILL STOP WORKING BMW USA WHOM I CONTACTED IS AWARE OF THIS MALFUNCTION, AND HAS DONE NOTHING TO ADDRESS THIS ISSUE

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

NM 3:58 4/24/09 NJ