

Form Approved: O.M.B. No. 2127-0009

 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 2009 AUG 26 (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148 Date Received PH 12:04 10-AUG-2009		Repository ☐ Reference No. 10279885
		Daytime Telephone Number Evening Telephone Number		E-mail Address		
OWNER INFORMATION (Type or Print)						
Name		Address		City		State
ROCKVILLE		MD		Zip Code		
The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).						
VEHICLE INFORMATION						
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make		Model		Model Year
WB102280X9Z		BMW		F 650 GS US		2009
Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:	
Original Owner	Dealer's City			No. Cylinders		
Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)		
				09-AUG-2009		
FAILED COMPONENT(S)/PART(S) INFORMATION						
Vehicle Component Code: 061000 ENGINE AND ENGINE COOLING: ENGINE				Failure Mileage	Failure Speed	
				7000	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: 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	Fire	Number of Persons Injured	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 2009 BMW F 650 GS US MOTORCYCLE. THE CONTACT STATED THAT THE VEHICLE STALLS AND PERFORMS POORLY IN RAINY CONDITIONS. AFTER STOPPING TO PLACE FUEL IN THE VEHICLE, IT WOULD NOT RESTART DUE TO THE RAIN. AS A RESULT, HE HAD TO RENT A VEHICLE IN ORDER TO GET HOME. THE CONTACT WILL CALL THE BMW MANUFACTURER REGARDING THIS ISSUE. THE FAILURE MILEAGE WAS 7,000.						
THE POTENTIAL SAFETY ISSUE IS AS FOLLOWS: THE BIKE CAN STALL WHEN CLUTCH IS DISENGAGED TO SHIFT DOWN TO A LOWER GEAR. THIS CAN CAUSE A TEAR WHEEL SKID IN WET CONDITIONS CAUSING THE RIDER TO LOSE CONTROL AND FALL IN TRAFFIC. ALSO, THE ERATIC THROTTLE RESPONSE CAN CAUSE THE BIKE TO FAIL TO ACCELERATE OR TO STALL WHEN PULLING INTO TRAFFIC FROM AN INTERSECTION PUTTING RIDER AT RISK OF BEING STRUCK BY OTHER VEHICLES.						
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.						

Fax Transmission**To: ___ National Highway Traffic Safety Administration (NHTSA)****FAX Number ___ 202 366-1767****From: ___ [REDACTED]****Phone Number ___ [REDACTED] ___****Total Pages (including cover) ___ 2****Message:**

Attached, as requested, is follow-up of ODI Complaint # ~~10278985~~

10279885