

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline		FOR AGENCY USE ONLY 100148	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received <b>NOV 29 2011</b> 04-OCT-2011	Repository <input type="checkbox"/> Reference No. 10428443
<b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline			
<b>OWNER INFORMATION (Type or Print)</b>			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City JAMAICA	State NY	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).			
<b>VEHICLE INFORMATION</b>			
17 digit vehicle identification number located at bottom of windshield on driver's side		Make	Model
WBAAH N 835 X 6 D		BMW	750LI
Model Year		2006	
Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
8-13-09	MISA Motors, Inc. 718-523-0500 631-423-1212	No: Cylinders	
Original Owner	Dealer's City	State	Zip Code
<input type="checkbox"/>	NEW YORK	NY	
Transmission Type	Antilock Brakes	Powertrain	Multiple Failure:
Auto	<input type="checkbox"/>		Computer Level control
	Cruise Control		Incident Date(s)
	<input type="checkbox"/>		01-AUG-2011
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Vehicle Component Code: 020000 SUSPENSION		Failure Mileage	Failure Speed
		90000	0
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>			
Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM4L9ABC036)	<input type="checkbox"/> Original Equipment	Failure Location:	
	<input type="checkbox"/> Prior Repair		
Tire Component Code		Tire Failure Type:	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
<b>APPLICABLE INCIDENT INFORMATION</b>			
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)			
Crash	Fire	Number of Persons Injured	Number of Deaths
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			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).			
TL* THE CONTACT OWNS A 2006 BMW 750LI. THE CONTACT STATED THAT THE VEHICLE WAS PARKED WHEN HE NOTICED THAT IT WAS SITTING VERY LOW. A FEW HOURS LATER, THE CONTACT NOTICED THAT THE VEHICLE WAS AGAIN RAISED TO ITS NORMAL POSITION. THE CONTACT ALSO STATED THAT THE VEHICLE WAS EQUIPPED WITH AN AIR SUSPENSION SYSTEM. THE FAILURE OCCURRED ON AN INTERMITTENT BASIS. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE AND INFORMED THE CONTACT THAT THE VEHICLE WAS NOT INCLUDED IN THE RECALL ASSOCIATED WITH NHTSA CAMPAIGN ID NUMBER 06V277000 (SUSPENSION: REAR: SHOCK ABSORBER). THE VEHICLE WAS NOT TAKEN TO HAVE THE FAILURE DIAGNOSED OR REPAIRED. THE FAILURE MILEAGE WAS 90,000. THE VIN WAS UNAVAILABLE.			
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.			

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

i noticed raising and propping of rear of vehicle. During driving i started to notice the vehicle not riding like usual. Decreased handling vehicle practically bouncing when bumps of the smallest size were driven over. This bouncing began causing damage to vehicles frame and maybe even internal. Brought vehicle to BMW of Great Neck diagnoses. Couldnt perform two open recalls because they could not communicate with vehicle. BMW of Great Neck could not find a recall for my VIN. The condition of the shock absorbers greatly effected the landing system which is now damaged.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE. Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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**US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382**



**Think your vehicle has a safety defect?**



**If so:  
Use the enclosed form to file a report.**

**or visit:  
www.safercar.gov**

**or call:  
Vehicle Safety Hotline  
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration

