



U.S. Department of Transportation  
National Highway Traffic Safety Administration

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

AGENCY USE ONLY 100148	
Date Received 02-DEC-2014	Repository <input type="checkbox"/>
	Reference No. 10661614

OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	
Address		E-mail Address	
City ABINGTON	State MD	Zip Code	
		Evening Telephone Number	

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 5UXFF0C51A1		Make BMW	Model Year 2010
Date Purchased	Dealer's Name and Telephone Number		Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	No: Cylinders
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Incident Date(s) 28-NOV-2014
		Multiple Failure:	

FAILED COMPONENT(S)/PART(S) INFORMATION		
Vehicle Component Codes: ENGINE (PWS), 010000 STEERING		Failure Mileage 44000
		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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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				
<i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>				
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	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 2010 BMW X5. THE CONTACT STATED THAT THE STEERING WHEEL SEIZED AND THE POWER STEERING WARNING LIGHT ILLUMINATED. THE VEHICLE WAS TAKEN TO A DEALER WHERE IT WAS DIAGNOSED THAT THE LOWER IDLER PULLEY BOLT NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE AND STATED THAT THE VIN WAS NOT INCLUDED IN NHTSA CAMPAIGN NUMBER: 12V550000 (ENGINE AND ENGINE COOLING , STEERING). THE FAILURE MILEAGE WAS 44,000.

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.

**Subject:** FW: Fw: FW: NHTSA: Follow up to ODI Complaint: ----10661614-----  
**Date:** Monday, December 22, 2014 9:09:43 AM  
**Attachments:** [EVOQ\\_EMAIL\\_RESPONSE.doc](#)  
[10661614.pdf](#)  
[2010BMW5d\\_Complaint.pdf](#)  
[2010BMW5d\\_Invoice.pdf](#)

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**Subject:** FW: Fw: FW: NHTSA: Follow up to ODI Complaint: ----10661614-----

**From:** [REDACTED]  
**Sent:** Friday, December 19, 2014 9:34 AM  
**To:** DataQuality, DataQuality (NHTSA)  
**Subject:** Fwd: Fw: FW: NHTSA: Follow up to ODI Complaint: ----10661614-----

I have made some modifications to the PDF file that was sent to us. I have also included the repair invoice from BMW for the broken idler pulley bolt. Please email me and let me know if you have further questions regarding this case/vehicle.

Thank you,  
[REDACTED]

----- Forwarded message -----

**From:** [REDACTED]  
**Date:** Thu, Dec 18, 2014 at 11:13 AM  
**Subject:** Fw: FW: NHTSA: Follow up to ODI Complaint: ----10661614-----  
**To:** [REDACTED]

----- Forwarded Message -----

**From:** "[EVOQ@dot.gov](mailto:EVOQ@dot.gov)" <[EVOQ@dot.gov](mailto:EVOQ@dot.gov)>  
**To:** [REDACTED]  
**Sent:** Thursday, December 18, 2014 11:09 AM  
**Subject:** FW: FW: NHTSA: Follow up to ODI Complaint: ----10661614-----

Please see the attached copy of your recent complaint and instructions. Please make any necessary edits and return via email to [dataquality@dot.gov](mailto:dataquality@dot.gov) or fax to (202) 366-1767. Due to the volume of complaints we receive and our limited resources, we cannot respond to every complaint.  
NHTSA/Office of Defects Investigation





U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**

1200 New Jersey Avenue SE  
Washington, DC 20590

Dear Consumer:

NVS-216rr

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failures(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid Chief  
Correspondence Research Division  
Office of Defects Investigation  
Enforcement

Enclosure: VOQ





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

02-DEC-2014

Repository Reference No.  
10661614**OWNER INFORMATION (Type or Print)**

Name [REDACTED]

Address [REDACTED]

City ABINGTON

State MD

Zip Code [REDACTED]

Daytime Telephone Number

[REDACTED]

E-mail Address

Evening Telephone Number

*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

5UXFF0C51A1 [REDACTED]

Make

BMW

Model

X5

Model Year

2010

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

Powertrain

 Cruise Control

Multiple Failure:

Incident Date(s)

28-NOV-2014

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Codes: ENGINE (PWS), 010000 STEERING

Failure Mileage  
44000

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

0

Number of Deaths

0

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).

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CUSTOMER #: [REDACTED]

\*INVOICE\*



1705 Conowingo Rd. · Bel Air, MD 21014  
(443) 640-1000  
www.bmwbelair.com  
Email: info@bmwbelair.com

ABINGDON, MD

PAGE 2

HOME: [REDACTED] CONT: [REDACTED]  
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 1199 WILLIAM MCCAULEY JR

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
GREY	10	BMW X5	5UXFF0C51AL[REDACTED]		57740/57740	T2094

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01MAR10	DD05JAN10	01MAR2014	17:00 28NOV14			CASH	02DEC14

R.O. OPENED	READY	OPTIONS:
09:44 28NOV14	15:27 02DEC14	DLR:BELAIR ENG:3.0_Liter

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
EST:				28NOV14 13:01	SA: 1199		

CUSTOMER PAY ENVIRONMENTAL DISPOSAL FEE FOR REPAIR ORDER 18.06



Manufacturer Special Policy Adjustment Programs: Federal law requires manufacturers to furnish the National Highway Traffic Safety Administration (N.H.T.S.A.) with bulletins describing any defects in their vehicles. You may obtain copies of these bulletins from either the manufacturer or N.H.T.S.A. In addition, certain consumer publications or organizations publish this information, which may available for a fee or for free.

WARRANTY STATEMENT: PURSUANT TO MARYLAND LAW, CONSUMERS HAVE SPECIFIC IMPLIED WARRANTY RIGHTS IN CONNECTION WITH THE SALE OF CONSUMER GOODS AND SERVICES. ANY WARRANTIES BY A MANUFACTURER OR SUPPLIER OTHER THAN OUR DEALERSHIP, HOWEVER, ARE THEIRS, NOT OURS, AND ONLY SUCH MANUFACTURER OR SUPPLIER SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES. NO EXPRESS WARRANTIES ARE GIVEN BY OUR DEALERSHIP. IF THIS REPAIR IS NOT PERFORMED IN CONNECTION WITH A CONSUMER TRANSACTION, THE DEALERSHIP HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF PARTS OR PRODUCTS OR THE REPAIR.

\*SHOP SUPPLY COSTS: We have added a charge equal to 16% of the total cost of labor, not to exceed \$39.00, to the Repair Order for shop supplies used in connection with this repair.

I hereby acknowledge that the Dealership is not responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond its control (please direct questions relating to the extent of the Dealership's responsibility or insurance coverage to a Dealership Representative). By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

DESCRIPTION	TOTALS
LABOR AMOUNT	580.50
PARTS AMOUNT	85.18
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES *	18.06
TOTAL CHARGES	683.74
LESS DISCOUNT	0.00
SALES TAX	6.19
PLEASE PAY THIS AMOUNT	689.93

DATE CUSTOMER SIGNATURE AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

CUSTOMER #: [REDACTED]

\*INVOICE\*



1705 Conowingo Rd. - Bel Air, MD 21014  
(443) 640-1000  
www.bmwbelair.com  
Email: Info@bmwbelair.com

ABINGDON, MD

PAGE 1

HOME: [REDACTED] CONT: [REDACTED]  
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 1199 WILLIAM MCCAULEY JR

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
GREY	10	BMW X5	5UXFF0C51AL7[REDACTED]		57740/57740	T2094

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01MAR10	DD05JAN10	01MAR2014	17:00 28NOV14			CASH	02DEC14

R.O. OPENED: [REDACTED] READY: [REDACTED] OPTIONS: DLR:BELAIR ENG:3.0\_Liter

09:44 28NOV14 15:27 02DEC14

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A CUST STATES THE TRUCK WILL NOT CRANK TO START  
11 Engine

305 MATHIAS, ADAM PERNELL LIC#: 7825

						451.50	451.50
1	11-28-7-799-859	DEFLECTION PULLEY:112813			66.09	66.09	66.09
1	07-11-9-905-409	FILLISTER-HEAD SCREW:071000			2.09	2.09	2.09
1	12-31-8-574-809	HEX BOLT WITH INTERNAL THREA:129500			17.00	17.00	17.00

PARTS: 85.18 LABOR: 451.50 OTHER: 0.00 TOTAL LINE A: 536.68

57740 DEFLECTION PULLEY AND BOLT BROKE 3.50 FOUND ALTERNATOR BELT  
LOOSE DUE TO BROKEN DEFLECTION PULLEY. REMOVED BROKEN BOLT FROM  
ALTERNATOR BRACKET. REPLACED BROKEN BOLT AND DEFLECTION PULLEY. CLEARED  
ALL RELATED FAULTS AND TEST DROVE VEHICLE. ABOVE CONCERN NO LONGER  
PRESENT.

\*\*\*\*\*

B TOWED IN BY OUTSIDE VENDOR

TOW TOWED IN BY OUTSIDE VENDOR

305 MATHIAS, ADAM PERNELL LIC#: 7825

						0.00	0.00
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE B:	0.00

\*\*\*\*\*

C\*\* CUST STATES THE SERVICE ENGINE SOON LIGHT COMES ON AT TIMES  
DIAG VEHICLE DIAGNOSTIC CHECK

305 MATHIAS, ADAM PERNELL LIC#: 7825

						129.00	129.00
PARTS:	0.00	LABOR:	129.00	OTHER:	0.00	TOTAL LINE C:	129.00

57740 FAULTS 492C AND 4BAC STORED IN DDE 1.00 FOUND FAULTS 492C AND  
4BAC STORED IN DDE. FAULTS STORED FOR ACTIVE TANK SENSORS. FAULTS ARE  
NOT CURRENTLY PRESENT .PER TEST MODULE CLEARED FAULTS AND TEST DROVE  
VEHICLE. FAULTS DID NOT RETURN.

\*\*\*\*\*

Manufacturer Special Policy Adjustment Programs: Federal law requires manufacturers to furnish the National Highway Traffic Safety Administration (N.H.T.S.A.) with bulletins describing any defects in their vehicles. You may obtain copies of these bulletins from either the manufacturer or N.H.T.S.A. In addition, certain consumer publications or organizations publish this information, which may be available for a fee or for free.

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\*SHOP SUPPLY COSTS: We have added a charge equal to 16% of the total cost of labor, not to exceed \$39.00, to the Repair Order for shop supplies used in connection with this repair.

I hereby acknowledge that the Dealership is not responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond its control (please direct questions relating to the extent of the Dealership's responsibility or insurance coverage to a Dealership Representative). By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs (itemized in this invoice and that you received for had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES *	
TOTAL CHARGES	
LESS DISCOUNT	
SALES TAX	
PLEASE PAY THIS AMOUNT	

DATE CUSTOMER SIGNATURE AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

BMW OF BEL AIR  
1705 CONOWINGO RD  
BEL AIR, MD 210141815

12/03/2014

08:30:55

CREDIT CARD  
VISA SALE

CARD #	XXXXXXXXXXXX
INVOICE	
SEQ #:	0001
Batch #:	000695
Approval Code:	01662C
Entry Method:	Swiped
Mode:	Online
<b>SALE AMOUNT</b>	<b>\$689.93</b>

CUSTOMER COPY