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 ☐
28-OCT-2016	Reference No. 10919911
JAN 25 2017	

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number	E-mail Address
Address [redacted]			Evening Telephone Number	[redacted]
City WINSTON-SALEM	State NC	Zip Code [redacted]		

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
WBANW13518C [redacted] => correct ++	BMW	535I	2008

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

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
	☐ Antilock Brakes ☐ Cruise Control			16-MAR-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)	Failure Mileage	Failure Speed
	60000	60

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
Continental	extreme PWS	245/40ZR18
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
DOT AF2PW0G5		
Tire Component Code		Tire Failure Type:
0916		

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			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 2008 BMW 535I. WHILE DRIVING APPROXIMATELY 60 MPH, THE FUEL PUMP FAILED AND THE ENGINE WARNING INDICATOR ILLUMINATED. THE VEHICLE WAS PULLED OVER TO THE SHOULDER AND TOWED TO THE DEALER WHERE IT WAS DIAGNOSED THAT THE FUEL PUMP NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE CONTACT STATED THAT BOTH OF THE VEHICLE&S FUEL PUMPS WERE REPLACED, BUT THE FAILURE RECURRED. THE VEHICLE WAS TAKEN TO THE SAME DEALER AND THE FUEL PUMP WAS REPLACED AGAIN DUE TO A DEFECTIVE MANUFACTURER&S PART. THE FAILURE MILEAGE WAS 60,000.

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