


INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

 <p>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</p>		FOR AGENCY USE ONLY 100148 Date Received 07-AUG-2017 OCT 25 2017		Repository <input type="checkbox"/> Reference No. 11013464
OWNER INFORMATION (Type or Print)				
Name		Daytime Telephone Number		E-mail Address
Address		Evening Telephone Number		
City	State	Zip Code		
MILLERSVILLE	MD			
<i>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).</i>				
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year
WBAVL1C54FV		BMW	X1 SAV	2015
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
6/30/2014	BMW/MINI of ANNAPOLIS 410-349-9312		No: Cylinders	GAS
Original Owner	Dealer's City	State	Zip Code	
<input checked="" type="checkbox"/>	ANNAPOLIS,	MD	21401	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)
AUTO	<input type="checkbox"/> Cruise Control			05-FEB-2016
FAILED COMPONENT(S)/PART(S) INFORMATION				
Vehicle Component Code: 140000 AIR BAGS			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: 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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* TAKATA RECALL. THE CONTACT OWNS A 2015 BMW X1. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 16V071000 (AIR BAGS) AND STATED THAT THE PART WAS NOT AVAILABLE WITHIN A REASONABLE TIME FRAME TO SCHEDULE THE RECALL REPAIR. THE DEALER (BMW OF ANNAPOLIS, 31 OLD MILL BOTTOM RD, ANNAPOLIS, MD 21409, 410-349-9312) DID NOT GIVE A SPECIFIC DATE FOR WHEN THE PART WOULD BECOME AVAILABLE. THE CONTACT WAS UNABLE TO DETERMINE WHEN THE VEHICLE WOULD BE REPAIRED. THE MANUFACTURER WAS CONTACTED AND COULD NOT PROVIDE AN ESTIMATED DATE FOR WHEN THE CONTACTS VEHICLE WOULD RECEIVE THE RECALL REPAIR. THE CONTACT WAS NOT EXPERIENCING A FAILURE. PARTS DISTRIBUTION DISCONNECT.				
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.				