INFORMATION REDACTED PURSUANT TOTHE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

To: Fogle, Brenda CTR (NHTSA)
Subject: FW: photos to add to VOQ
Date: Tuesday, February 06, 2018 8:42:50 AM
Attachments: VOQ 11065412.pdf
photo.jpg
photo2.jpg
photo3.jpg

From: Reid, Randy (NHTSA)
Sent: Tuesday, February 06, 2018 8:35 AM
To: Wells,T.Cynthia CTR (NHTSA) <Cynthia.Wells.CTR@dot.gov>
Subject: FW: photos to add to VOQ

Please add the attached photos to VOQ 11065412, private and public repositories.

Thanks

From: Motamedamin, Ali (NHTSA)
Sent: Friday, February 02, 2018 9:23 AM
To: Reid, Randy (NHTSA) <randy.reid@dot.gov>
Subject: photos to add to VOQ

Hi, the consumer sent the photos we discussed to me yesterday I am attaching them and his VOQ.

Thanks

Form Approved: O.M.B. No. 2127-0008

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 ☐
27-JAN-2018	Reference No. 11065412

OWNER INFORMATION (Type or Print)

Name			
Address		Daytime Telephone Number	E-mail Address
City: LAS VEGAS	State: NV	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	Make	Model	Model Year
WBANU535X8	TBD	TBD	9999

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 ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 08-JAN-2018

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 120000 LIGHTING (PWS)	Failure Mileage	Failure Speed 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: DOTMAL9ABC036)	☐ 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			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).

HEADLIGHTS.... ANGEL EYES BOTH SIDES BURNED OFF PROBLEM WITH ELECTRIC SOCKETS I WOULD THINK!!! THIS IS HAPPENING TOO A LOT OF BMW AS RESERCH!
VIN FAILED ## BMW 528i 2008

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