

# 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

US Department of Transportation

National Highway Traffic Safety Administration

**POSTED** FOR AGENCY USE ONLY

Date Received: **RECEIVED**  
**QC'd**  
 OCT -2 AM 7:53

Office: **REPORTS SECTION**

Reference No.: **555271**

Daytime Telephone Number: [Redacted]

### OWNER INFORMATION (Type or Print)

Name: [Redacted]  
 Street: [Redacted]  
 City: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: [Redacted]

Date: 9/28/00

### PRODUCT INFORMATION

Vehicle Identification No. (VIN) (Located at bottom of windshield on driver's side)				Make	Model	Year													
W	B	A	B	R	3	3	4	3	Y	E	A	S	3	0	9	S	BMW	323IC	2000
Purchased Date		Dealer's Name			Engine Size (CID/CC/L)		<input type="checkbox"/> Turbo												
5/2000		ERHARD BMW			323IC		<input type="checkbox"/> Diesel												
<input type="checkbox"/> New <input type="checkbox"/> Used		Dealer's City		State	Zip Code	No. Cylinders	<input type="checkbox"/> Gas												
		Bloomfield Hills		MI	48301	6	<input checked="" type="checkbox"/> Fuel Injection												
Manufacture Date (on driver's door or pillar)	Transmission Type	Reeljoint System		Cruise Control	Drivetrain	Vehicle Type		Body Style											
4/2000	<input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Moonroof <input checked="" type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other		<input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other Low v. h. wt.											

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

Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
Side Air bag	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?
	Mileage at Failure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)	NHTSA Previously Contacted?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

### APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	0	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

A car failed to stop at a stop sign and crashed directly into the driver's side door. The side air bag did not activate and the car was hit hard enough that the motor mounts were broken and the rollover protection system activated. I am unable to get any help from the dealership or the manufacture. Please help.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.