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

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 1039

Date Received: **19-DEC-2001**

Od_or ____
rt_dt ____
od_rt ____
up_ltr ____

Reference No. **8000942**

[redacted]

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

Signature of Owner ____________________ Date___/___/___

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
WBAAM3331XFP54173	BMW	323I	1999	

Purchase Dat ____ ☐ New ☒ Used

Dealer's Name ____________________
City ____________ State ________ Zip Code ____________

Engine Size (CID/CC/L ____
No Cylinders ________
☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other________	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other______

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12112100	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure ____

Dates of Failure(s) 28-NOV-2001
Mileage at Failure(s 9
Vehicle Speed at Failure(s) ________

Failed Part(s) ☐ Yes ☐ No

NHTSA Previously ☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

SIDE AIR BAGS INADVERTENTLY DEPLOYED. VEHICLE WAS REPAIRED UNDER RECALL 99V063000. DEALER HAS BEEN NOTIFIED. PLEASE PROVIDE ADDITIONAL INFORMATION.*AK

CONTINUE ON BACK IF NEEDED

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 (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1039

Date Received: 04-DEC-2001

Odi_or
rt_dt
od_rt
up_ltr

Reference No.: 8000942

OWNER INFORMATION (Type or Print)

[redacted]

Work Number:
Home: [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of [redacted] address to the vehicle manufacturer.

Signature of Owner: [redacted] Date: 12/5/02

VEHICLE INFORMATION

Vehicle Identification No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
WBAAM3331XFP54173	BMW	323I	1999	not available

Purchase Date: ☒ New ☐ Used

Dealer's Name: Horloff BMW
City: Encinitas State: CA Zip Code: 9

Engine Size (CID/CC/L): 2.3
No Cylinders: 4
☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

Transmission Type	Anti-lock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☐ Motorized ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☒ Rear ☐ 4-Wheel	☒ Car ☐ Sport Utility ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
12112100	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR	☒ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☒ Replacement

No. of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s)	NHTSA Previously
1	28-NOV-2001	33,000	0 MPH	☒ Yes ☐ No	☒ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crashes), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	1	0	0	☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

SIDE AIR BAGS INADVERTENTLY DEPLOYED. VEHICLE WAS REPAIRED UNDER RECALL 99V063000. DEALER HAS BEEN NOTIFIED. PLEASE PROVIDE ADDITIONAL INFORMATION.*AK

Manufacturer was notified, but has not returned any phone calls regarding this incident. They have been contacted four times since the incident.

CONTINUE ON BACK IF NEEDED