



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 252

Date Received

08-JAN-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8001812

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) _____<br><small>(Location at bottom of windshield and driver's side door)</small> |                                                                                    | Vehicle Make<br><b>BMW</b>                                                                                                                                                                                                           | Vehicle Model<br><b>318i</b>                                                      | Vehicle Year<br><b>1998</b>                                                                                                                  | Current Odometer Reading<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Purchase Date<br><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                 | Dealer's Name _____<br>City _____ State _____ Zip Code _____                       |                                                                                                                                                                                                                                      | Engine Size<br>(CID/CC/L) _____<br>No Cylinders _____                             | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Transmission Type<br><br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic             | Antilock Brakes<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                       | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____<br>Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

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

|                              |                                                                                                                   |                                                                                                                                          |                                                                                             |
|------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>08510000</b> | Part Name(s)<br><b>ELECTRICAL SYSTEM:IGNITION:SWITCH</b>                                                          | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure                | Dates of Failure(s) <b>07-JAN-2001</b><br>Mileage at Failure(s) <b>81000</b><br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> 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<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------|----------------------|--------------------------|------------------------------------------------------------------------------------|

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

CONSUMER WAS INSIDE OF VEHICLE AND WENT TO PUT KEY INSIDE OF IGNITION TO START VEHICLE, SHE TOOK KEY OUT OF THE IGNITION TO TURN VEHICLE OFF, AND VEHICLE WAS RUNNING, SHE DROVE VEHICLE TO THE DEALERSHIP. MECHANIC TOLD HER THAT CYLINDER LOCK SWITCH NEEDED TO BE REPLACED.\*AK

COPIES OF THIS FORM ARE:

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.



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 252

Date Received

FEB 25 PM 1:12  
JAN-2002

Od or  
rt dt  
od rt  
up ltr

Reference No.

8601812

OWNER INFORMATION (Type or Print)

732533

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

☒ YES ☐ NO

Signature of Owner

Date 1/27/02

## VEHICLE INFORMATION

|                                                                                  |                                                                        |                                                                                                                                                                                                                                           |                                                                        |                                                                                                                                              |                                                                                                                                                                                              |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)      |                                                                        | Vehicle Make                                                                                                                                                                                                                              | Vehicle Model                                                          | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                     |
| WBA CC 0324 WEK 25743                                                            |                                                                        | BMW                                                                                                                                                                                                                                       | 318i                                                                   | 1998                                                                                                                                         | 81415                                                                                                                                                                                        |
| Purchase Date                                                                    | Dealer's Name                                                          |                                                                                                                                                                                                                                           | Engine Size (CID/CC/L)                                                 | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                              |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used            | City Sacramento State CA Zip Code 95825                                |                                                                                                                                                                                                                                           | No. Cylinders 4                                                        |                                                                                                                                              |                                                                                                                                                                                              |
| Transmission Type                                                                | Antilock Brakes                                                        | Restraint System                                                                                                                                                                                                                          | Cruise Control                                                         | Drive Train                                                                                                                                  | Vehicle Type                                                                                                                                                                                 |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other                                                |
|                                                                                  |                                                                        |                                                                                                                                                                                                                                           |                                                                        |                                                                                                                                              | Body Style                                                                                                                                                                                   |
|                                                                                  |                                                                        |                                                                                                                                                                                                                                           |                                                                        |                                                                                                                                              | <input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up<br><input type="checkbox"/> Truck |

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

|                 |                                                                                          |                                                                                                                                    |                                                                           |
|-----------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Component       | Part Name(s)                                                                             | Location                                                                                                                           | Failed Part(s)                                                            |
| 08510000        | ELECTRICAL SYSTEM:IGNITION:SWITCH                                                        | <input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | <input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures | Date(s) of Failure(s)                                                                    | Failed Part(s)                                                                                                                     | NHTSA Previously                                                          |
| 1               | 07-JAN-2002<br>Mileage at Failure(s) 81000<br>Vehicle Speed at Failure(s) Car was parked | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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 Fatalities | Estimated Property Damage | Reported to Police                                       |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |                      |                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

CONSUMER WAS INSIDE OF VEHICLE AND WENT TO PUT KEY INSIDE OF IGNITION TO START VEHICLE, SHE TOOK KEY OUT OF THE IGNITION TO TURN VEHICLE OFF, AND VEHICLE WAS RUNNING, SHE DROVE VEHICLE TO THE DEALERSHIP. MECHANIC TOLD HER THAT CYLINDER LOCK SWITCH NEEDED TO BE REPLACED.\*AK

My biggest concern is that I could NOT turn off my vehicle. I could pull the keys out of the ignition but could not turn the ignition at all. If this would have happened on a weekend + the dealer wasn't open - I don't know what I would have done. This, in my opinion, could have been a major liability for me.

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974 (Public Law 93-573) 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.

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

D O T

MANUFACTURER/TIRE NAME

SIZE

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

My vehicle is only four years old. I have owned several vehicles & never had this problem. I had no indication that there was a problem with the ignition. The dealership indicated that the issue may be related to the key being worn, but again it was purchased with the car. I missed time at work, several meetings as I could not leave my car in the work parking lot unattended. My only option was to drive it to a mechanic shop to have them remove my key off the vehicle.

U.S. G.P.O.: 1992-625-877/80098

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

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



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IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

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U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
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Washington, DC 20590

20590+0001



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