



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 151

Date Received

15-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8009889

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) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
WBAEG1314MCB44219	BMW	850	1991			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09002000	Part Name(s) LIGHTING:GENERAL OR UNKNOWN COMPONENT:HEAD LIGHTS	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) 58000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

HEADLIGHTS FAIL TO HAVE PROPER ILLUMINATION WHILE DRIVING. THIS CAUSES POOR VISIBILITY FOR DRIVER. ALSO, HEADLIGHTS DON'T FIT PROPERLY INTO SOCKETS. DEALER HAS NOT SEEN VEHICLE.

*AK

CONTINUED ON REVERSE

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 151

Date Received: 15-MAY-2002
 Office: DEFECTS INVESTIGATION
 Reference No.: 8009889
 Work Number: [REDACTED]
 Home Number: [REDACTED]

OWNER INFORMATION (Type or Print)

Vehicle ID No. (VIN): [REDACTED] 754231
 City: ARIZONA - ARVADA

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 Signature of Owner: [REDACTED] Date: 5/27/02

Vehicle Ident. No. (VIN.)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
WBAEG1314MGB2190	BMW	850i	1991	60,000

Purchase Date: <u>5/25/2000</u>	Dealer's Name: _____	Engine S/z (CID/CC): <u>5.0L</u>	<input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City: _____ State: _____ Zip Code: _____	No. Cylinders: <u>12</u>	

Transmission Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System: <input type="checkbox"/> 3-Point Belt, <input type="checkbox"/> Motorbelt, <input checked="" type="checkbox"/> Driverside Airbag, <input checked="" type="checkbox"/> 2-Point Belt, <input type="checkbox"/> Passengerside Airbag	Cruise Control: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train: <input type="checkbox"/> Front, <input checked="" type="checkbox"/> Rear, <input type="checkbox"/> 4-Wheel	Vehicle Type: <input checked="" type="checkbox"/> Car, <input type="checkbox"/> Sport/Ult. Truck, <input type="checkbox"/> Minivan, <input type="checkbox"/> Motorcycle, <input type="checkbox"/> Other	Body Style: <input checked="" type="checkbox"/> 2-Door, <input type="checkbox"/> 4-Door, <input type="checkbox"/> Stationwagon, <input type="checkbox"/> Pick Up, <input type="checkbox"/> Truck
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component: <u>09002000</u>	Part Name(s): <u>LIGHTING: GENERAL OR OBSOLETE COMPONENT: HEAD LIGHTS</u> <u>Head Light Adjusters</u>	Location: <input checked="" type="checkbox"/> Left, <input checked="" type="checkbox"/> Right, <input checked="" type="checkbox"/> Front, <input type="checkbox"/> Rear	Failed Part(s): <input type="checkbox"/> Original, <input type="checkbox"/> Replacement
No. of Failures: <u>Continuous Defect</u>	Date(s) of Failure(s): <u>From 5/25/2000 to Current</u>	Mileage at Failure(s): <u>30,000</u>	Vehicle Speed at Failure(s): <u>N/A</u>
		Failed Part(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously: <input type="checkbox"/> Yes <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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured: _____	Number of Fatalities: _____	Estimated Property Damage: _____	Reported to Police: <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

HEADLIGHTS FAIL TO HAVE PROPER ILLUMINATION WHILE DRIVING. THIS CAUSES POOR VISIBILITY FOR DRIVER. ALSO, HEADLIGHTS DON'T FIT PROPERLY INTO SOCKETS. DEALER ~~NOT SEEN VEHICLE~~ Solution is to replace the headlight at appx \$500 each with the same parts that will fail again. The problem is twofold: 1.) ILL fitting headlight units. 2.) The adjusters fall off on their own from normal usage.

CONTINUE ON BACK IF NEEDED

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

The headlight units do not fit properly into the headlight "humbats". However, the more serious problem is the vertical and horizontal headlight adjusters. They become detached thru normal usage and fall off the vehicle. The only solution is to purchase new complete headlight assemblies at approx \$500 each plus installation. The new headlight assemblies come with the same defects and are subject to the same failures. This defect occurs on all US model 850's from 1991 thru 1997.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



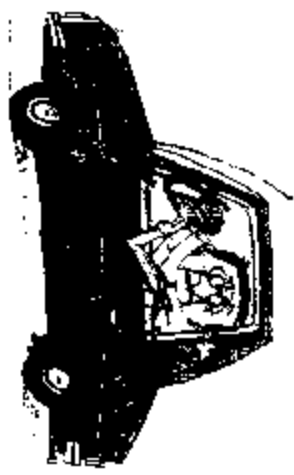
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U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



U.S. Department of Transportation
National Highway Traffic Safety Administration
<http://www.nhtsa.dot.gov/hotline>

1-888-DASH-2-DOT
1-888-327-4236
DOT Auto Safety Hotline
(DASH) 2 DOT

DASH2DOT
and dial toll free at

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM **OR**

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE

VEHICLE OWNER'S