Form Approved: OMB No. 2127-0042

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 1375

Date Received: 01-JUL-2002

Od_or
rt_dt
od_rt
np_ltr

Reference No.: 8013103

[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.) (Location of number on vehicle)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
PLZ PROVIDE	BMW	325I	2001	

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)
06500000 11600000	EXHAUST/CRANKCASE EMISSION CONTROL DEVICES AIR CONDITIONER	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s)	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s)		

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)

WHEN TURNING ON AIR CONDITIONING A VERY BAD SMELL COMES THROUGH THE VENTS. CONSUMER CONTACTED DEALER, WHO ADVISED THAT IS WAS AN AIR QUALITY ISSUE WITH CONSUMER'S ENVIRONMENT.*AK

CONTINUED ON REVERSE

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 1375

Date Received: 01-JUL-2002

OFFICE OF DEFECTS INVESTIGATION

Old_or
rt_dt
old_rt
up_ltr

Reference No.: 8013103

OWNER INFORMATION (Type or Print)

[redacted] [redacted] 631178

LOS ANGELES CA [redacted]

Work Number

Home Num [redacted]

Do you authorize NHTSA to prov[redacted]ufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorizatio[redacted]our name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 7/12/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Location of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
PLZ PROVIDE	BMW	325I	2001	14,104

Purchase Date: 3/1/01
☒ New ☐ Used

Dealer's Name: CENTER BMW
City: VAN NUYS State: CA Zip Code:

Engine Siz (CID/CC/L:
No Cylinders: 4

☐ 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 ☒ Driverside Airbag ☐ Motorbelt ☐ 2-Point Bel ☒ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Ut ☐ Truck ☐ Motorcycle	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
06500000 11600000	EXHAUST/CRANKCASE EMISSION CONTROL DEVICES AIR CONDITIONER WINDOWS	☒ 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
	7/12/02 14,104	☒ Yes ☐ No	☐ Yes ☒ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(os), and injury(las) 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				☐ Yes ☐ No

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

WHEN TURNING OFF AIR CONDITIONING A VERY BAD SMELL COMES THROUGH THE VENTS. CONSUMER CONTACTED DEALER, WHO ADVISED THAT IS WAS AN AIR QUALITY ISSUE WITH CONSUMER'S ENVIRONMENT.*AK

CONTINUE ON BACK IF NEEDED