



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 _____
pd_rt _____
rp_lr _____

Reference No.

8013103

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 at bottom of windshield and driver's side) **PLZ PROVIDE**	Vehicle Make BMW	Vehicle Model 325i	Vehicle Year 2001	Current Odometer Reading
Purchase Date ☒ New ☐ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08500000 11600000	Part Name(s) EXHAUST/CRANKCASE EMISSION CONTROL DEVICES AIR CONDITIONER	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ 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 ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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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

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 TransportationNational 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

DEFECTS INVESTIGATION

Od or
rt dt
od rt
up_ltr

Reference No.

8013103

Work Number

Home Num

OWNER INFORMATION (Type or Print)

631178

LOS ANGELES

CA

Do you authorize NHTSA to provide information to the manufacturer of your vehicle?
In the absence of an authorization
Signature of Owner

Date 7/12/02

YES NO

your name and address to the vehicle manufacturer

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Last 4 digits of windshield on driver's side)

Vehicle Make

Vehicle Model

Vehicle Year

Current Odometer Reading

PLZ PROVIDE

BMW

325i

2001

14,104

Purchase Date

3/1/01

Dealer's Name CENTER BMW

Engine Size
(CID/CC/L)

No Cylinders 4

☐ Turbo
☐ Diesel
☐ Gas
☒ Fuel Injected

☒ New ☐ Used

City VAN NUYS State CA Zip Code

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual

☒ Yes

☒ 3-Point Belt

☐ Motorbelt

☒ Yes

☒ Front

☒ Car

☐ Sport Ut

☐ 2-Door

☒ Automatic

☐ No

☒ Driverside Airbag

☐ 2-Point Bel

☐ No

☐ Rear

☐ Van

☐ Truck

☒ 4-Door

☒ Passengerside Airbag

☐ No

☒ Motorbelt

☐ 2-Point Bel

☐ No

☐ 4-Wheel

☐ Other

☐ Motorcycle

☐ Stationwagon

☐ Pick Up

☐ Truck

☐ Motorbelt

☐ 2-Point Bel

☐ No

☐ 4-Wheel

☐ Other

☐ Motorcycle

☐ Stationwagon

Component

Part Name(s)

Location

Failed Part(s)

06500000
11600000EXHAUST/CRANKCASE EMISSION CONTROL DEVICES
AIR CONDITIONER
WINDOW
☒ Left

☒ Right

☒ Original

☒ Front

☐ Rear

☐ Replacement

No of Failures

Date(s) of Failure(s)

Mileage at Failure(s)

Vehicle Speed at Failure(s)

7/12/02

14,104

Failed Part(s)

☒ Yes

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 Fatalities

Estimated Property Damage

Reported to Police

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

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CONTINUE ON BACK IF NEEDED

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