

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 333

Data Received

31-JAN-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

855789

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>(Listed at front of windshield or drivers side)</small> WBABJ6329RJD34296	Vehicle Make BMW	Vehicle Model 325ISA	Vehicle Year 1994	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 Ult <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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08540000	Part Name(s) ELECTRICAL SYSTEM:IGNITION:ELECTRONIC CONTROL UNIT	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
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No. of Failures	Date(s) of Failure(s) <u>15-JAN-2000</u> Mileage at Failure(s) <u>60000</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN THERE IS A HEAVY DOWN POUR OR TAKING TO THE CAR WASH , COMPUTER GETS WET WHICH WON'T ALLOW THE VEHICLE TO START. CONTACTED DEALER. DEALER SAID VEHICLE WAS OUT OF WARRANTY. *AK

CONTINUED ON BACK PLEASE

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.

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 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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
WBABJ6329RJD34296	BMW	325ISA	1994	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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 08540000	Part Name(s) ELECTRICAL SYSTEM:IGNITION:ELECTRONIC CONTROL UNIT	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 Failures	Date(s) of Failure(s) 15-JAN-2000 Mileage at Failure(s) 60000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN THERE IS A HEAVY DOWN POUR OR TAKING TO THE CAR WASH , COMPUTER GETS WET WHICH WON'T ALLOW THE VEHICLE TO START. CONTACTED DEALER. DEALER SAID VEHICLE WAS OUT OF WARRANTY. *AK

CONTINUED ON BACK PLEASE

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FOR AGENCY USE ONLY 333
 Date Received: 00 FEB 23 AM 5:00
 Office: 31-JAN-2000
 Effects Investigation
 Reference No. 85789

OWNER INFORMATION (Type or Print)
 Home No. [Redacted]
 Work Number [Redacted]
 Signature of Owner [Redacted]
 Date: 2/17/00

VEHICLE INFORMATION
 Vehicle Identification No. (VIN) [Redacted]
 Vehicle Make: BMW
 Vehicle Model: 325iSA
 Vehicle Year: 1994
 Current Odometer Reading: [Redacted]

VEHICLE INFORMATION
 Purchase Date: 9-1999
 Dealer's Name: [Redacted]
 ZIP Code: [Redacted]
 Transmission Type: Automatic
 Manual:
 Restraint System: 3-Point Belt
 2-Point Belt
 Passenger Side Airbag
 Cruise Control: Yes
 No
 Drive Train: Front
 Rear
 4-Wheel
 Vehicle Type: Car
 Van
 Minivan
 Motorcycle
 Other
 Body Style: Sport Utility
 Truck
 4-Door
 2-Door
 Station Wagon
 Pick Up Truck
 Other

FAILED COMPONENT(S) INFORMATION
 Component: [Redacted]
 Part Name(s): [Redacted]
 Location: Left
 Right
 Front
 Rear
 Failed Part(s): Original
 Replacement
 NHTSA Previously Contacted? Yes
 No

APPLICATION INCIDENT INFORMATION
 No of Failure: [Redacted]
 Date(s) of Failure(s): 15-JAN-2000
 Mileage at Failure(s): 60000
 Vehicle Speed at Failure(s): [Redacted]
 Failed Part(s) Available? Yes
 No
 NHTSA Previously Contacted? Yes
 No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
 Credit: Yes
 No
 Fire: Yes
 No
 Number of Persons Injured: [Redacted]
 Number of Fatalities: [Redacted]
 Estimated Property Damage: [Redacted]
 Reported to Police: Yes
 No

WARRANTY, AK
 WHEN THERE IS A HEAVY DOWN POUR OR TAKING TO THE CAR WASH, COMPUTER GETS WET WHICH WON'T ALLOW THE VEHICLE TO START. CONTACTED DEALER, DEALER SAID VEHICLE WAS OUT OF WARRANTY. AK
 I got told that's needed to purchase a \$300.00
 kit to prevent computer from getting wet. The
 kit to prevent (computer) from getting wet that
 the dealer (so, no) could not get a kit that
 would fit in the rain, with will not start.
 (no) kit out in the rain, with will not start.

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Handwritten notes:
 I purchased this car...
 I don't know if my car will not start...
 I don't know if my car will not start...