



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 294

Date Received

13-MAR-2000

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

858393

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 driver's side)</small>	Vehicle Make <b>BMW</b>	Vehicle Model <b>323i</b>	Vehicle Year <b>2000</b>	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 checked="" type="checkbox"/> New <input 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 12110000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	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) _____ Mileage at Failure(s) _____ 17 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)

**AIRBAG LIGHT STAYS ILLUMINATED WHILE THE VEHICLE IS IN MOTION. THE DEALER HAS INSPECTED AND REPAIRED VEHICLE SEVERAL TIMES, AND THE PROBLEM STILL EXISTS. \*AK**

CONTINUED ON BACK (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.

<p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY</b> 284</p>
	<p><b>Date Received</b> 01 APR 13 PM 2:55 13-MAR-2000</p> <p><b>OFFICE</b> DEFECTS INVESTIGATION</p> <p><b>Reference No.</b> 858393</p>
<p><b>U.S. Department of Transportation</b> <b>National Highway Traffic Safety Administration</b></p>	<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>[Redacted] 596088</p>
<p><b>Do you authorize NHTSA to contact the vehicle's manufacturer?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>In the absence of an address to the vehicle manufacturer.</b></p> <p><b>Signature of Owner</b> [Redacted] <b>Date</b> 3/24/00</p>	

**VEHICLE INFORMATION**

<p><b>Vehicle Ident. No. (VIN)</b> (Located at bottom of windshield on driver's side) WBAAH3333YKC65513</p>	<p><b>Vehicle Make</b> BMW</p>	<p><b>Vehicle Model</b> 323i</p>	<p><b>Vehicle Year</b> 2000</p>	<p><b>Current Odometer Reading</b> 18,000</p>
<p><b>Purchase Date</b> 7/99</p>	<p><b>Dealer's Name</b> PRESTIGE BMW</p>		<p><b>Engine Size (CID/CC/L)</b> 2.5</p>	<p><input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p><b>City</b> RANSEY <b>State</b> N.J. <b>Zip Code</b> 07446</p>		<p><b>No Cylinders</b> 6</p>	

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

<p><b>Component</b> 12110000</p>	<p><b>Part Name(s)</b> INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG</p>	<p><b>Location</b> <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>	<p><b>Failed Part(s)</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p><b>No of Failures</b> 4X</p>	<p><b>Date(s) of Failure(s)</b> _____</p> <p><b>Mileage at Failure(s)</b> 17</p> <p><b>Vehicle Speed at Failure(s)</b> _____</p>	<p><b>Failed Part(s) Available?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>NHTSA Previously Contacted?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

**APPLICATION INCIDENT INFORMATION**  
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

<p><b>Crash</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>Fire</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>Number of Persons Injured</b></p>	<p><b>Number of Fatalities</b></p>	<p><b>Estimated Property Damage</b></p>	<p><b>Reported to Police</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

AIRBAG LIGHT STAYS ILLUMINATED WHILE THE VEHICLE'S MOTION. THE DEALER HAS INSPECTED AND REPAIRED VEHICLE SEVERAL TIMES, AND THE PROBLEM'S STILL EXISTS. \*AK

CONTINUE ON BACK IF NEEDED

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 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.



# prestige BMW

985 Route 17 South  
Ramsey, New Jersey 07446  
(201) 327-2525  
fax: (201) 825-2393  
WWW.PRESTIGEBMW.COM



CLIENT NO 113523	ADDRESS TIMOTHY M GANNON 128	FAIR NO 3587	INVOICE DATE 10/21/99	INVOICE NO BMCS107958
	APRCH DATE 80.00	LICENSE NO BZP-4251	VILEAGE 8878	COLOR ALPINE WHIT
	YEAR - MAKE, MODEL 00/BMW/323i4 DOOR		DELIVERY DATE 07/13/99	STOCK NO 3423
	VEHICLE ID NO WBAAM3333YKC65513		SPECIAL ORDER INFO	DELIVERY MILES 0
	P.L. NO	P.O. NO	RECEIVED DATE 10/19/99	MO: 8878
COMMENTS				

LABOR & PARTS  
 J# 1 61BMZ GENERAL ELECT SYS. HOURS: 2.20 TECH(S):43 WARRANTY  
 SRS LIGHT ON AGAIN  
 FC 09  
 REPAIRED /REPLACED WIRING PINS AT A PILLAR PLUG X256  
 PER V SAT BULLETIN

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
JOB # 1	2	61-13-1-392-234	MALE PIN		
				JOB # 1 TOTAL PARTS	0.00
				JOB # 1 TOTAL LABOR & PARTS	0.00

J# 2 63BMZ LIGHTS HOURS: 0.20 TECH(S):43 WARRANTY  
 CHECK HEADLIGHT AIM THE CUSTOMER STATES THEY SEEM TO BE LOW  
 HAS TO DRIVE WITH THE HIGH BEAMS ON  
 AIMED HEADLIGHTS

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
				JOB # 2 TOTAL PARTS	0.00
				JOB # 2 TOTAL LABOR & PARTS	0.00

TOTALS

*****PAY METHOD*****	TOTAL LABOR	0.00
[ ] CASH [ ] CHECK	TOTAL PARTS	0.00
[ ] VISA [ ] MC	TOTAL SUBLET	0.00
[ ] AMEX [ ] PCC	TOTAL G.O.G.	0.00
CASHIER *****	TOTAL MISC CHG.	0.00
	TOTAL MISC DISC	0.00
	TOTAL TAX	0.00
	TOTAL INVOICE \$	0.00

CUSTOMER SIGNATURE \_\_\_\_\_  
 \*\*\*\*\* DUPLICATE INVOICE \*\*\*\*\*



# prestige BMW

985 Route 17 South  
Ramsey, New Jersey 07446  
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WWW.PRESTIGEBMW.COM



SALES NO 113523	ALBUM NO ELIZABETH A MCCART 24	TAX NO 3043	INVOICE DATE 10/07/99	ORDER NO BMCS106930
	AMOUNT 80.00	EXP NO BZP 4251	PLATE NO ALPINE WHIT	PLATE NO 3423
	VEHICLE MAKE BMW	VEHICLE NO 00/BMW/323/4 DOOR	DATE OF PURCHASE 07/13/99	DATE OF PURCHASE
	VEHICLE ID NO WBAAM3333YKC65513	VEHICLE TYPE	DATE OF SALE 09/21/99	DATE OF SALE MO: 8031
	COMMENTS			

LABOR & PARTS		HOURS: 0.80 TECH(S): 43		WARRANTY	
JOB # 1 32BMZZAB AIR BAG					
C/S CHECK SRS LIGHT ON					
CHECKED SYSTEM FOR FAULTS					
REPLACED RS DOOR AIRBAG					
PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
JOB # 1	1	72-12-B-248-610	AIRBAG MODULE		
				JOB # 1 TOTAL PARTS	0.00
				JOB # 1 TOTAL LABOR & PARTS	0.00
SUBLET	PO#	VEND INV#	INV DATE	DESCRIPTION	WARRANTY
JOB # 1	7958	D522652	10/07/99	RENTAL CAR	0.00
				TOTAL - SUBLET	0.00
COMMENTS					
WAIT					
TOTALS					
*****PAY METHOD*****				TOTAL LABOR	0.00
[ ] CASH [ ] CHECK				TOTAL PARTS	0.00
[ ] VISA [ ] MC				TOTAL SUBLET	0.00
[ ] AMEX [ ] PCC				TOTAL G.O.G.	0.00
CASHIER *****				TOTAL HISC CHG.	0.00
				TOTAL HISC DISC.	0.00
				TOTAL TAX	0.00
				TOTAL INVOICE \$	0.00

CUSTOMER SIGNATURE \_\_\_\_\_ DUPLICATE INVOICE \*\*\*\*\*

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# prestige BMW

985 Route 17 South  
Ramsey, New Jersey 07446  
(201) 327-2525  
fax: (201) 825-2393  
WWW.PRESTIGEBMW.COM



INVOICE NO 113523	ADDRESS JOHN D. VIELHOUSE 108	TAC NO 8120	INVOICE DATE 03/17/00	INVOICE NO BMCS113521
	LABOR RATE 85.00	VEHICLE NO BZP-4251	VEHICLE 17848	VEHICLE NO 13423
	YEAR/MAKE/MODEL 00/BMW/323I4 000R		DELIVERY DATE 07/13/99	DELIVERY DATE 0
	VEHICLE ID NO WBAAM3333YKC05513		DELIVERY DATE 06/01/99	DELIVERY DATE 06/01/99
	P I T NO	P O NO	R ST DATE 03/17/00	MD: 17848
	COMMENTS			

LABOR & PARTS  
JOB # 1 328MZZAB AIR BAG HOURS: 1.10 TECH(S): 51 WARRANTY  
C/S THIS IS THE FOURTH TIME HIS AIR BAG LITE HAS COME ON  
FC9 IN SRS. PERFORM WIRE TEST WITH SCOPE AS PER SERVICE  
ROUTABLE 9/99. NO PROBLEM FOUND WITH WIRING.  
REPLACE SRS CONTROL UNIT AND CODE WITH CD 20.1  
STEVE GREEN INSPECTED.

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
JOB # 1	1	65-77-8-372-521	CONTROL UNIT		
				JOB # 1 TOTAL PARTS	0.00
				JOB # 1 TOTAL LABOR & PARTS	0.00

JOB # 2 368M2 WHEELS AND TIRES HOURS: TECH(S): 51  
C/S PLEASE CHECK TIRE PRESSURES AND ADVISE ON TIRE ROTATION  
TIRE PRESSURE ADJUSTED; SHOP FOREMAN DOES NOT SUGGEST  
ROTATING BEST TIRES SHOULD BE UPFRONT FOR SAFETY

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
				JOB # 2 TOTAL PARTS	0.00
				JOB # 2 TOTAL LABOR & PARTS	0.00

COMMENTS  
ENTERPRISE

TOTALS

*****PAY METHOD*****	TOTAL LABOR	0.00
[ ] CASH [ ] CHECK	TOTAL PARTS	0.00
[ ] VISA [ ] MC	TOTAL SUBLET	0.00
[ ] AMEX [ ] PCC	TOTAL G.O.G.	0.00
CASHIER *****	TOTAL MISC CHG.	0.00
	TOTAL MISC DISC.	0.00
	TOTAL TAX	0.00
	TOTAL INVOICE \$	0.00

CUSTOMER SIGNATURE

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 Ramsey, New Jersey 07446  
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 fax: (201) 825-2393  
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113523	ANTHONY CIRCELLI 116 80.00 BZP4251	8328 13119	12/29/99 ALPINE WHIT 07/13/99	BMCS110503 13423 D MD: 13129
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LABOR & PARTS  
 J# 1 328MZ STEERING HOURS: TECH(S):146 0.00  
 CK SRS LITE STAYING ON  
 FC 9 R/S SIDE AIR BAG  
 RESISTANCE TO HIGH. FAULT NOT CURRENTLY PRESENT  
 UNABLE TO DUPLICATE FAULT  
 TEST DRIVE CAR OVER NITE LITE DID NOT COME BACK ON REMOVE GL  
 DVE BOX CK ALL CONNECTIONS TO AIR BAG ALL OK

JOB # 1 TOTAL LABOR & PARTS 0.00

J# 2 518MZ BODY EQUIPMENT HOURS: TECH(S):146 INTERNAL  
 PROGRAM KEYS TO LOCK DOORS WHEN CAR IS DRIVING AND OPEN ON  
 ONE CLICK COMPLETED

JOB # 2 TOTAL LABOR & PARTS 0.00

TOTALS

*****PAY METHOD*****	TOTAL LABOR	0.00
[ ] CASH [ ] CHECK	TOTAL PARTS	0.00
[ ] VISA [ ] MC	TOTAL SUBLET	0.00
[ ] AMEX [ ] PCC	TOTAL G.O.G.	0.00
CASHIER *****	TOTAL MISC CHG.	0.00
	TOTAL MISC DISC	0.00
	TOTAL TAX	0.00
	TOTAL INVOICE \$	0.00

CUSTOMER SIGNATURE

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