

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

130

Date Received

31-JUL-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

866293

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
WBADM6344YGU22487	BMW	528I	2000	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertia Belt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input 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 Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12240000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 2000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available?	NHTSA Previously Contacted?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No


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

PASSENGER'S SIDE SHOULDER BELT WILL GET JAMMED IN THE RETRACTER, CAUSING LOSS OF PROTECTION. DEALER HAS REPLACED SEATBELT MECHANISM, BUT DEFECT KEEPS OCCURRING.

*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 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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		Date Received: 00 SEP 14 AM 11:45 31 JUL 2000 OFFICE OF DEFECTS INVESTIGATION		Od_or _____ Rt_of _____ Od_Rt _____ Up_Ltr _____			
OWNER INFORMATION (Type or Print)				Reference No. 866293			
[Redacted] 623730				Work Number _____ Home Number [Redacted]			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.							
Signature of Owner [Redacted]				Date 9/5/00			
VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) WBADM6344YGU22487		Vehicle Make BMW	Vehicle Model 528i	Vehicle Year 2000	Current Odometer Reading 5,500		
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used		Dealer's Name <u>HILTON HEAD MOTORS</u> City <u>Bluffton</u> State <u>SC</u> Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders <u>6</u> <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Anti-lock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" 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		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 <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 checked="" 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 12240000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS		Location <input 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 checked="" type="checkbox"/> Replacement		
No. of Failures	Date(s) of Failure(s) <u>June July</u> Mileage at Failure(s) <u>3000</u> Vehicle Speed at Failure(s) <u>At Speeds</u>		Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously Contacted? <input checked="" 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 0	Number of Fatalities 0	Estimated Property Damage 0	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)							
PASSENGER'S SIDE SHOULDER BELT WILL GET JAMMED IN THE RETRACTER, CAUSING LOSS OF PROTECTION. DEALER HAS REPLACED SEATBELT MECHANISM, BUT DEFECT KEEPS OCCURRING. *AK <i>Dealer claims normal action due to federal requirement for child safety seat in front passenger side. Lock up occurs with any movement in passenger side, almost to a point of choking passenger. It is my understanding that children belong in the rear seat of car, over</i>							
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