



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 241

Date Received

07-JUN-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

889989

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
WBAGJ8324TDL35702	BMW	740	1996			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <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 Util <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 _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08110000	Part Name(s) FUEL:FUEL TANK ASSEMBLY	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 Failure	Date(s) of Failure(s) 05-JUN-2001 78000 Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

PLASTIC FUEL TANK EXPERIENCE A CRACK IN THE CENTER OF IT AND CAUSING FUEL LEAKAGES;
DEALER / MFR'S WAS NOT NOTIFIED AT THIS TIME. >> FEEL FREE TO PROVIDE US WITH ANY FURTHER
DETAILS CONCERNING THIS MATTER <<

CONTINUE ON 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.

 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 241 Date Received: 01 JUL -2 PM 2:35 07-JUN-2001 OFFICE: EFFECTS INVESTIGATION	Od_or _____ Adt _____ Od_rt _____ up_ltr _____
	OWNER INFORMATION (Type or Print) [Redacted] 596069	Reference No. 889989	Work Number _____ Home No. _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorized signature, please print name and address to the vehicle manufacturer.
 Signature of Owner: [Redacted] Date: **6/27/01**

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on driver's side)</small> WBAGJ8324TDL35702	Vehicle Make BMW	Vehicle Model 740	Vehicle Year 1996	Current Odometer Reading 78000
Purchase Date: 12/99 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name: Ralph Motors City: Roseton State: NY Zip Code: _____		Engine Size (CID/CC/L): 4.4 No. Cylinders: 8 <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <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 checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycles <input type="checkbox"/> Minivan <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
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FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06113000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:TANK	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 2	Date(s) of Failure(s): 05-JUN-2001 Mileage at Failure(s): 78000 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 checked="" 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

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

PLASTIC FUEL TANK EXPERIENCED A CRACK IN CENTER, CAUSING FUEL LEAKAGE. DEALER / MANUFACTURER WERE NOT NOTIFIED AT THIS TIME. FEEL FREE TO PROVIDE US WITH ANY FURTHER DETAILS CONCERNING THIS MATTER. *AK

VEHICLE GAS TANK IMPLoded DUE TO CLOGGED VENT ASSEMBLY IN GAS TANK. IT WOULD APPEAR THAT EXCESSIVE PRESSURE WAS CREATED IN GAS TANK FROM OPERATION OF FUEL PUMP WITHOUT SUFFICIENT VENTING.

CONTINUE ON BACK IF NEEDED

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

INTEGRITY OF GAS TANK (PLASTIC) WAS INSUFFICIENT TO WITHSTAND NEGATIVE PRESSURE FROM FUEL PUMP CAUSING TANK TO CONTRACT & CRUSH LIKE FLIMSY SCRAP. THE RESULT OF THE TANK CRUSHING INTO ITSELF CAUSED TANK TO FAIL & CRACK RELEASING SOME 20 GALLONS OF GASOLINE ONTO GROUND. WAS CAUSED BY BMW OF NORTH AMERICA FOOT VENTING MAY BECOME A CLIPPED BY "SPIDERS NESTING IN VENTLINE" THEREFORE TANK IMPROVING WAS A MAJOR EVENT. I CAN THINK OF NO SITUATION WHERE IT IS NORMAL FOR GAS TANK TO CRACK & RELEASE FUEL FROM NORMAL OPERATION OF CAR. THESE GAS TANKS ARE FLIMSY & A DANGER TO THE PUBLIC. ANY SPARK TO LIGHT CIGARETTE COULD HAVE CAUSED VEHICLE TO EXPLODE!!! I WAS TOLD BY DEALER THAT I DAMAGED TANK FROM EXTERNAL SOURCE. I BELIEVE THAT MANY PEOPLE WITH THIS PROBLEM ARE UNAWARE OF THE CAUSE. BMW HAS ACKNOWLEDGED RESPONSIBILITY FOR DAMAGED TANK AND THESE GAS TANKS ARE SAFE.

U.S. G.P.O. 1982-623-907/8098

U.S. Department of Transportation
National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20580

Official Business
Penalty for Private Use \$300



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U.S. Department of Transportation
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Washington, DC 20590

