Form Approved: OMB No. 2127-0001

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 117

Date Received: 28-SEP-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 897058

[redacted]

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
FILL IN	BMW	325I	2001	

Purchase Dat		Engine Size	
☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L ____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT,	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
1	26-SEP-2001 16223	20	☐ Yes ☐ No	☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☐ Yes ☒ No	1			☐ Yes ☒ No

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

WHILE DRIVING APPROXIMATEL 20-25MPH IN RESIDENTIAL AREA AIR BAGS DEPLOYED WITHOUT ANY WARNING. VEHICLE OBSCURED DRIVER'S VIEW OF ROAD AFTER HITTING DRIVER IN FACE. VEHICLE DID NOT HIT ANY POTHOLES/CURBS OR BUMPS IN ROAD. DRIVER SUFFERED INJURIES TO RIGHT FOREARM/ SIDE OF HEAD AND BACK PROBLEMS. NO EMERGENCY ROOM TREATMENT. PRIVATE DOCTOR NEXT DAY.*AK

CONTINUE OTHER SIDE IF NEEDED

Form Approved: O.M.B. No. 2127-0008

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NAT-ONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

2001 OCT 23 PM 2:17
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 117

Date Received: 21-SEP-2001
Od_or
rt_dt
od_rt
up_ltr
Reference No.: 897058

OWNER INFORMATION (Type or Print)

[redacted] 717905

Work Numba [redacted]
Home Numbe

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. ☒ YES ☐ NO

Signature of Owner [redacted] Date 10/09/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
FILL IN	BMW	325I	200	

Purchase Date: Aug. 24, 01
☒ New ☐ Used

Dealer's Name: BMW Clausen
City: Richardson State: TX Zip Code: 75234

Engine Siz (CID/CC/L): 5
No Cylinders:
☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Tra	Vehicle Type	Body Style
☐ Manua ☒ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☒ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Sport Uti ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT	☐ Left Front ☒ Right Rear	☐ Original ☒ Replacemen

No of Failures: 1
Date(s) of Failure(s): 26-SEP-2001
Mileage at Failure(s): 16223
Vehicle Speed at Failure(s): 20
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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No		N/A	N/A	☐ Yes ☒ No

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

WHILE DRIVING APPROXIMATEL 20-25MPH IN RESIDENTIAL AREA AIR BAGS DEPLOYED WITHOUT ANY WARNING. VEHICLE OBSCURED DRIVER'S VIEW OF ROAD AFTER HITTING DRIVER IN FACE. VEHICLE DID NOT HIT ANY POTHOLES/CURBS OR BUMPS IN ROAD. DRIVER SUFFERED INJURIES TO RIGHT FOREARM/ SIDE OF HEAD AND BACK PROBLEMS. NO EMERGENCY ROOM TREATMENT. PRIVATE DOCTOR NEXT DAY.*AK

CONTINUE ON BACK IF NEEDED

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)

while traveling N. on Bonnie View in Dallas my husband and I experienced a loud sudden explosion. I/we immediately concerned the inside of the cars emotionally after the loud sound. We realized the right-side airbags had deployed, ~~struck~~ the airbags struck my head, and right [redacted]. There [redacted] are any other injuries.

[redacted] 10/9/01

☆ U.S. G.P.O.: 1992 – 628-867/60086

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

DALLAS, TX PM 10 OCT

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

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Date Received: 28-SEP-2001

Odi_or
rt_dt
od_rt
op_ltr

Reference No.: 697053

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[redacted] 717905

Work Numb [redacted]
Home Numb

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WBAAB 334 81FU83108 FILL IN	BMW	325I	2001	

Purchase Dat		Engine Size	
☒ New ☐ Used	Dealer's Name _____ City _____ State _____ Zip Code _____	(CID/CC/L ____ No Cylinders ____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

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