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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------|
| <div style="text-align: center;"> <b>DOT Auto Safety Hotline</b><br/> <b>Vehicle Owner's Questionnaire</b><br/> <b>To Report Vehicle Safety Defects</b><br/> <b>1-888-DASH-2-DOT</b><br/> <b>(1-888-327-4236)</b><br/> <b>INTERNET: www.nhtsa.dot.gov/hotline</b> </div>                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                                                    |                                                                                                 | FOR AGENCY USE ONLY 100148       |                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      |                                                                                    |                                                                                                 | Date Received<br><br>30-SEP-2010 | Repository <input type="checkbox"/><br><br>Reference No.<br>10358405                  |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                                                    |                                                                                                 |                                  |                                                                                       |
| Name <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |                                                                                    | Daytime Telephone Number <span style="background-color: black; color: black;">[REDACTED]</span> |                                  | E-mail Address <span style="background-color: black; color: black;">[REDACTED]</span> |
| Address <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      |                                                                                    | Evening Telephone Number<br>Same                                                                |                                  |                                                                                       |
| City<br>CARMEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State<br>IN                                                                          | Zip Code<br><span style="background-color: black; color: black;">[REDACTED]</span> |                                                                                                 |                                  |                                                                                       |
| <small>The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</small>                                                                                                                                                                                                                                                                |                                                                                      |                                                                                    |                                                                                                 |                                  |                                                                                       |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      |                                                                                    |                                                                                                 |                                  |                                                                                       |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br><br>WMWRE 33464T <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                                                                                    | Make<br>MINI                                                                                    | Model<br>COOPER S                | Model Year<br>2004                                                                    |
| Date Purchased<br>2-19-04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Dealer's Name and Telephone Number<br>Dreyer + Reinbold MINI 317-574-5511            |                                                                                    |                                                                                                 | Engine:<br>No: Cylinders<br>4    | Fuel Type:<br><br>premium                                                             |
| Original Owner<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Dealer's City<br>Indpls.                                                             |                                                                                    | State<br>IN                                                                                     | Zip Code<br>46240                |                                                                                       |
| Transmission Type<br>Manual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Antilock Brakes                                  | Powertrain<br>1.6 liter SC                                                         | Multiple Failure: no - see below                                                                |                                  | Incident Date(s)<br>24-SEP-2010                                                       |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      |                                                                                    |                                                                                                 |                                  |                                                                                       |
| Vehicle Component Code: 010000 STEERING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                                                    |                                                                                                 | Failure Mileage<br>102000        | Failure Speed<br>0                                                                    |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |                                                                                    |                                                                                                 |                                  |                                                                                       |
| Tire Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Tire Model (Name or Number)                                                          |                                                                                    | Tire Size (Example P215/65R15)                                                                  |                                  |                                                                                       |
| DOT No. (Example: DOTM19ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair | Failure Location:                                                                  |                                                                                                 |                                  |                                                                                       |
| Tire Component Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |                                                                                    | Tire Failure Type:                                                                              |                                  |                                                                                       |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |                                                                                    |                                                                                                 |                                  |                                                                                       |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      | Date Manufactured:                                                                 |                                                                                                 | Model No./Name:                  |                                                                                       |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      | Installation System:                                                               |                                                                                                 |                                  |                                                                                       |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      | Failed Part:                                                                       |                                                                                                 |                                  |                                                                                       |
| <b>APPLICABLE INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                                                    |                                                                                                 |                                  |                                                                                       |
| <small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |                                                                                    |                                                                                                 |                                  |                                                                                       |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          | Number of Persons Injured<br>0                                                     | Number of Deaths<br>0                                                                           | Reported to Police<br>N          |                                                                                       |
| Narrative Description of Incident(s), Crash(es), and Injury(ies).<br>Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).<br><br>TL*THE CONTACT OWNS A 2004 MINI COOPER S. THE CONTACT STATED THAT UPON STARTING THE VEHICLE, THE POWER STEERING WAS ABSENT. THERE WERE NO PRIOR WARNINGS BEFORE THE FAILURE. THE VIN WAS UNAVAILABLE. THE CURRENT AND FAILURE MILEAGES WERE APPROXIMATELY 102,000.                                            |                                                                                      |                                                                                    |                                                                                                 |                                  |                                                                                       |
| DEC 28 2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |                                                                                    |                                                                                                 |                                  |                                                                                       |
| Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      |                                                                                    |                                                                                                 |                                  |                                                                                       |
| <small>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.</small> |                                                                                      |                                                                                    |                                                                                                 |                                  |                                                                                       |