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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------|
| <br>U.S. Department<br>of Transportation<br><br>National Highway<br>Traffic Safety<br>Administration                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | DOT Auto Safety Hotline<br><b>Vehicle Owner's Questionnaire</b><br>To Report Vehicle Safety Defects<br>1-888-DASH-2-DOT<br>(1-888-327-4236)<br>INTERNET: www.nhtsa.dot.gov/hotline |                                                                    | FOR AGENCY USE ONLY 100148                                       |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           | Date Received: <b>SEP 16 2011</b>                                                                                                                                                  |                                                                    | Repository <input type="checkbox"/><br>Reference No.<br>10416542 |                                      |
| OWNER INFORMATION (Type or Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |                                                                                                                                                                                    |                                                                    | 01-AUG-2011                                                      |                                      |
| Name: [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           |                                                                                                                                                                                    |                                                                    | Daytime Telephone Number: [REDACTED]                             |                                      |
| Address: [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                                                                                                    |                                                                    | E-mail Address: [REDACTED]                                       |                                      |
| City: WASHOUGAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           | State: WA                                                                                                                                                                          | Zip Code: [REDACTED]                                               |                                                                  | Evening Telephone Number: [REDACTED] |
| 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).                                                                                                                                                                                                                                                                   |                                                                                                           |                                                                                                                                                                                    |                                                                    |                                                                  |                                      |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                                                                                                    |                                                                    |                                                                  |                                      |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br><b>WBSK9331XL [REDACTED]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           |                                                                                                                                                                                    | Make<br>BMW                                                        | Model<br>M ROADSTER                                              | Model Year<br>1999                   |
| Date Purchased<br><b>2/1/2002</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Dealer's Name and Telephone Number<br><b>KUNI BMW L.L.C.</b>                                              |                                                                                                                                                                                    |                                                                    | Engine:<br><b>3.2L</b>                                           | Fuel Type:<br><b>GAS</b>             |
| Original Owner<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Dealer's City<br><b>BEAVERTON</b>                                                                         |                                                                                                                                                                                    | State<br><b>OR</b>                                                 | Zip Code<br><b>97005</b>                                         | No. Cylinders<br><b>6</b>            |
| Transmission Type<br><b>5sp manual</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Antilock Brakes<br><input checked="" type="checkbox"/> Cruise Control | Powertrain<br><b>3.2L/240HP/6CYL</b>                                                                                                                                               | Multiple Failure:<br><b>YES FRAME BROKE<br/>STABILIZER FAILURE</b> |                                                                  | Incident Date(s)<br>01-AUG-2011      |
| FAILED COMPONENT(S)/PART(S) INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           |                                                                                                                                                                                    |                                                                    |                                                                  |                                      |
| Vehicle Component Codes: 161000 STRUCTURE: FRAME AND MEMBERS, 020000 SUSPENSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                                                                                                                                    |                                                                    | Failure Mileage<br>135000                                        | Failure Speed                        |
| ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                                                                                                                    |                                                                    |                                                                  |                                      |
| Tire Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           | Tire Model (Name or Number)                                                                                                                                                        |                                                                    | Tire Size (Example P215/65R15)                                   |                                      |
| DOT No. (Example: DOTM49ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair                                                                                               |                                                                    | Failure Location:                                                |                                      |
| Tire Component Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                                                                                                    |                                                                    | Tire Failure Type:                                               |                                      |
| ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                                                                                                                    |                                                                    |                                                                  |                                      |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | Date Manufactured:                                                                                                                                                                 |                                                                    | Model No./Name:                                                  |                                      |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | Installation System:                                                                                                                                                               |                                                                    |                                                                  |                                      |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | Failed Part:                                                                                                                                                                       |                                                                    |                                                                  |                                      |
| APPLICABLE INCIDENT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                                                                                                                                    |                                                                    |                                                                  |                                      |
| (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                                                                                                                    |                                                                    |                                                                  |                                      |
| 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                                                                                                                                                          | Number of Deaths                                                   | 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).                                                                                                                                                                                                                                                                                                         |                                                                                                           |                                                                                                                                                                                    |                                                                    |                                                                  |                                      |
| TL* THE CONTACT OWNS A 1999 BMW M ROADSTER. THE CONTACT HEARD A NOISE COMING FROM THE REAR OF THE VEHICLE. THE VEHICLE WAS TOWED TO THE DEALER WHERE IT WAS INSPECTED AND THE CONTACT WAS INFORMED THAT THE SUBFRAME HAD FRACTURED. THE MANUFACTURER WAS AWARE OF THE FAILURE. NO REPAIRS WERE PERFORMED. THE CURRENT AND FAILURE MILEAGE WAS 135,000. THE VIN WAS UNAVAILABLE. <b>CAR IS UNDRIVEABLE MULTIPLE FRA</b>                                                                                                                                                              |                                                                                                           |                                                                                                                                                                                    |                                                                    |                                                                  |                                      |
| Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           |                                                                                                                                                                                    |                                                                    |                                                                  |                                      |
| 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. |                                                                                                           |                                                                                                                                                                                    |                                                                    |                                                                  |                                      |

**Think your vehicle has a safety defect?**

**If so:**

**Use the enclosed form to file a report.**

**or visit:**

**www.safercar.gov**

**or call:**

**Vehicle Safety Hotline**

**888-327-4236**

www.nhtsa.gov

Vehicle Owner's Questionnaire (VOQ)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration

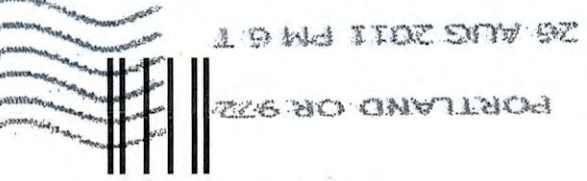


US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
1200 New Jersey Avenue SE,  
Washington, D.C. 20077-9382



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE



US Department of Transportation  
National Highway Traffic Safety Administration  
1200 New Jersey Avenue SE,  
Washington, D.C. 20077-9382  
Official Business  
Penalty for Private Use \$300

ATTACH ADDITIONAL SHEETS IF NECESSARY

AS YOU CAN SEE FROM PHOTOS THE FRAME IS RIPPED APART. AS A MECHANICAL ENGINEER I CAN ASSURE YOU THIS IS FATIGUE. THE SHEET METAL IS TOO THIN (MOST LIKELY COST SAVINGS). AND THE BOX BEAM WAY TOO SMALL. I'M SURE YOU CAN LOOK ON GOOGLE FOR BMW SUBFRAME FAILURE IF YOU DO YOU WILL SEE SEVERAL MORE PICTURES ETC. THIS CAR HAS A HUGE POTENTIAL TO ROLL SINCE THE SUSPENSION IS NOW UNSECURED.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

