

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received 25-OCT-2013	Repository <input type="checkbox"/> Reference No. 10549499
OWNER INFORMATION (Type or Print)			
Name [REDACTED]		Daytime Telephone Number [REDACTED]	E-mail Address [REDACTED]
Address [REDACTED]		Evening Telephone Number [REDACTED]	
City PALMDALE	State CA	Zip Code [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 WMWZB3C55DW [REDACTED]		Make MINI	Model COOPER COUNTRYMA Model Year 2013
Date Purchased 5/27/13	Dealer's Name and Telephone Number BOB SMITH BMW (818) 444-1650		Engine: No: Cylinders 4
Original Owner <input checked="" type="checkbox"/>	Dealer's City CALABASAS	State CA	Zip Code 91302
Transmission Type <input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 02-OCT-2013
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)		Failure Mileage 7500	Failure Speed 40
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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: FLA N/A	
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 <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 Deaths: 0
		Reported to Police: N	
Narrative Description of Incident(S), Crash(es), and Injury(ies). 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 2013 MINI COOPER COUNTRYMAN. THE CONTACT STATED THAT WHILE DRIVING APPROXIMATELY 40 MPH, THE VEHICLE STALLED AS THE CHECK ENGINE WARNING LIGHT ILLUMINATED. THE VEHICLE WAS TOWED TO THE DEALER FOR DIAGNOSIS WHERE THE TECHNICIAN STATED THAT THE VEHICLE HAD RUN OUT OF FUEL. THE CONTACT STATED THAT THE FUEL GAUGE INDICATED THERE WAS ADEQUATE FUEL IN THE VEHICLE AT THE TIME OF THE FAILURE. THE TECHNICIAN STATED CONFIRMED THAT THERE WAS A FAILURE WITH THE FUEL PUMP. THE CONTACT WAS UNAWARE IF THE PART WOULD HAVE TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE APPROXIMATE FAILURE MILEAGE WAS 7,500.			
This information is correct except for the driver and the informant. The above narrative report is per my daughter's information given to me (informant). We (4) of us checked also the fuel gauge before it was towed and so with the engine flashing			
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 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.			

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

My name is [redacted] I'm a co-owner of a mini-Countryman Cooper car. My daughter [redacted] who is co-owner also drives the mini Cooper. On Oct. 2, 2013 my daughter called me telling me her mini-Cooper stalled her just after a few miles she has exited the freeway. Luckily she was (she was) off the freeway when this happened. The car was towed the following day to the nearest mini Cooper dealership enclosed is the report of the service/ findings of Mini of Valencia Service Center. Thank you.

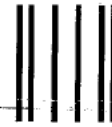
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. 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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



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
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



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



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



INVOICE

PALMDALE, CA [REDACTED]
 HOME: [REDACTED]
 BUS: [REDACTED]

CONT: [REDACTED]
 CELL: [REDACTED]

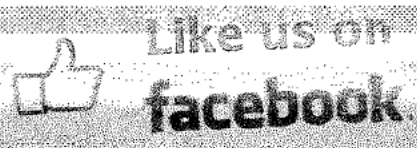
PAGE 2 BAR # 273550

CAL000384948

SERVICE ADVISOR: 8877 NICOLE MARRONE

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
RED	13	MINI COOPER COUNTRYM	WMWZB3C55DW [REDACTED]		7893/7896	T4086
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT
24MAY13	DE20NOV12		17:00 04OCT13		0.00	CASH
R.O. OPENED	READY	OPTIONS:	STK:DW [REDACTED]	DLR:39448		
11:11 04OCT13	18:03 04OCT13					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
TP	SET	TIRE	PRESSURES	RT FRONT	RT REAR		
		LEFT FRONT	LEFT REAR				
		999I9EPS	0.00				(N/C)
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE C:	0.00
7896 CHECKED AND ADJUSTED TIRE PRESURES TO FL-32PSI, FR-32PSI, RR-32PSI, LR-32PSI. REST TPM LIGHT AND TEST DROVE VEHICLE.							



ORIGINAL ESTIMATE \$	HAZ. WASTE HRLG. & DISP.	TOTAL ESTIMATE \$	DESCRIPTION	TOTALS
			LABOR AMOUNT	0.00
REVISED ESTIMATE \$		ADDITIONAL COST \$	PARTS AMOUNT	0.00
REASON		CONTACTED BY	GAS, OIL, LUBE	0.00
	<input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE #	DATE	SUBLET AMOUNT	0.00
AUTHORIZED BY		TIME	MISC. CHARGES	0.00
2ND REVISED ESTIMATE \$	HAZ. WASTE HRLG. & DISP.	TOTAL ESTIMATE \$	TOTAL CHARGES	0.00
REASON		CONTACTED BY	LESS INSURANCE	0.00
	<input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE #	DATE	SALES TAX	0.00
AUTHORIZED BY		TIME	PLEASE PAY THIS AMOUNT	0.00

Notice to Consumer: Please read important information on back
 CUSTOMER COPY

MINI OF VALENCIA

INVOICE

24135 CREEKSIDE ROAD · VALENCIA, CA 91355

(661) 286-2600

PALMDALE, CA

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BAR # 273550

CAL000384948

HOME: CONT:

BUS: CELL:

SERVICE ADVISOR: 8877 NICOLE MARRONE

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
RED	13	MINI COOPER COUNTRYM	WMWZB3C55DW		7893/7896	T4086	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
24MAY13	DD20NOV12		17:00 04OCT13		0.00	CASH	04OCT13
R.O. OPENED	READY	OPTIONS:	STK:DW	DLR:39448			
11:11 04OCT13	18:03 04OCT13						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A C/S: VEHICLE STALLED ON THE FREEWAY AND IT WILL NOT START (DIAGNOSES AND REPAIR)

CAUSE:

EN001 C/S: VEHICLE STALLED ON THE FREEWAY AND IT WILL NOT START (DIAGNOSES AND REPAIR)

9427 W9 0.00

(N/C)

1 16-11-9-810-567 DELIVERY MODULE WITH FILTER:162020

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

7896 DEFFECTIVE SENDING UNIT WARR INTERROGATED FAULT MEMORY AND FOUND NO FAULTS. REMOVED PASS SIDE REAR SEAT AND REMOVED SENDING UNIT AND CHECKED RESISTANCES ON POTENTIOMETER. CHECKED AND FOUND RESISTANCES AT EMPTY TO BE AT 400 OHMS AND SPECS IS AT 480 OHMS. REMOVED AND REPLACED FAULTY SENDING UNIT. VEHICLE RAN OUT OF GAS DUE TO SENDING UNIT READING FUEL LEVEL WRONG. PUT GAS AND TEST DROVE VEHICLE.

B CUSTOMER REQUESTED TO HAVE A MULTI POINT INSPECTION PERFORMED THIS VISIT

MULTI-A CUSTOMER REQUESTED TO HAVE A MULTI POINT INSPECTION PERFORMED THIS VISIT

999I9EPS 0.00

(N/C)

GTIRE TIRES-GREEN PLEASE SEE YOUR SERVICE ADVISOR ON YOUR NEXT VISIT

999I9EPS 0.00

(N/C)

GBATT BATTERY-GREEN PLEASE SEE YOUR SERVICE ADVISOR NEXT VISIT

999I9EPS 0.00

(N/C)

GBK BRAKES-GREEN PLEASE SEE YOUR SERVICE ADVISOR ON YOUR NEXT VISIT

999I9EPS 0.00

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

C SET TIRE PRESSURES RT FRONT RT REAR LEFT FRONT LEFT REAR

I hereby authorize the repair work to be done along with the necessary material, and hereby grant your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. If automobile is returned to customer before authorized service is performed, a diagnostic and handling charge will be made. I have read and understand the above estimate and terms. I authorize service to be performed, including robot work, and acknowledge receipt of this estimate. CUSTOMER IS HEREBY NOTIFIED THAT THE SAID PROPERTY IS NOT INSURED OR PROTECTED AGAINST LOSS OCCASIONED BY THEFT, FIRE OR VANDALISM WHILE THE PROPERTY REMAINS WITH THE DEALER. NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON REVERSE SIDE. CUSTOMER ACKNOWLEDGES RECEIPT OF A COPY HEREOF. SUBJECT TO CONDITIONS ON REVERSE SIDE OF THIS CONTRACT. PLEASE READ REVERSE SIDE.

X

CUSTOMER SIGNATURE
IMPORTANT: REMOVE ALL PERSONAL PROPERTY AND VALUABLES FROM YOUR VEHICLE. WE DO NOT ASSUME RESPONSIBILITY FOR LOSS OR DAMAGE FOR ARTICLES LEFT IN YOUR VEHICLE.

TEARDOWN ESTIMATE: I understand that my vehicle will be reassembled within _____ days of the date shown above if I choose not to authorize the service recommended.

By law, you may choose another smog source Smog Check facility to perform any needed repairs or adjustments that the Smog Check test indicates are necessary.

ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE.

WE MAKE A SEPARATE CHARGE FOR THE STORAGE AND DISPOSAL OF TOXIC WASTES. RATHER THAN RECOVER THESE COSTS BY INCREASING OUR LABOR RATES TO ALL OF OUR SERVICE CUSTOMERS, WE MAKE THIS CHARGE ONLY ON THOSE PARTICULAR REPAIRS OR SERVICES WHICH GENERATE THESE WASTES. THESE ARE UNIFORM CHARGES WHICH ARE CALCULATED ANNUALLY FOR EACH PARTICULAR SERVICE AND ARE AVAILABLE ON REQUEST.

ORIGINAL ESTIMATE \$	HAZ. WASTE INCL. & DISP.	TOTAL ESTIMATE \$	DESCRIPTION	TOTALS
REVISED ESTIMATE \$ <td>REASON</td> <td>ADDITIONAL COST \$</td> <td>LABOR AMOUNT</td> <td></td>	REASON	ADDITIONAL COST \$	LABOR AMOUNT	
AUTHORIZED BY	<input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE #	CONTACTED BY	PARTS AMOUNT	
2ND REVISED ESTIMATE \$	HAZ. WASTE INCL. & DISP.	DATE	GAS, OIL, LUBE	
REASON		TIME	SUBLET AMOUNT	
AUTHORIZED BY	<input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE #		MISC. CHARGES	
			TOTAL CHARGES	
			LESS INSURANCE	
			SALES TAX	
			PLEASE PAY THIS AMOUNT	

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