MAY 22 2015

U.S. Department of Transportation

National Highway Traffic Safety Administration

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	
Date Received: 21-APR-2015	Repository ☐
	Reference No.: 10712072

OWNER INFORMATION (Type or Print)

Name: [redacted]		Daytime Telephone Number: [redacted]	E-mail Address: [redacted]
Address: [redacted]		Evening Telephone Number: [redacted]	
City: TUJUNGA	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	Make	Model	Model Year
WMWMR335X9T[redacted]	MINI	COOPER	2009

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
7/11/09	BMW MINI OF MONROVIA 1-800-578-5000			4	GAS
Original Owner ☒	Dealer's City: MONROVIA	State: CA	Zip Code: 91016		

Transmission Type			Multiple Failure:	Incident Date(s)
MANUAL	☒ Antilock Brakes ☐ Cruise Control	Powertrain	NO	01-MAR-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	58000	

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: DOTMAL9ABC036)	☐ Original Equipment ☐ 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), Fail...e(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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 2009 MINI COOPER. WHILE STARTING THE VEHICLE, THE AIR BAG WARNING LIGHT ILLUMINATED. THE VEHICLE WAS TAKEN TO A DEALER, WHO DIAGNOSED THAT THE PASSENGER SEAT MAT SENSOR NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 58,000.

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.

CUSTOMER #: [redacted]
UNIT# 9T[redacted]
[redacted]
TUJUNGA, CA [redacted]
HOME: [redacted] CONT: [redacted]
BUS: CELL:

[redacted]

INVOICE

MINI OF MONROVIA

1425-1451 S. MOUNTAIN AVE.
MONROVIA, CA 91016
TELEPHONE (626) 358-4269
SERVICE (626) 256-4092
FAX (626) 358-9629
www.miniofmonrovia.com

SERVICE ADVISOR: 319 JAMES HAYDON

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
851/Red	09	MINI COOPER	WMWMR335X9T[redacted]	[redacted]	58254/58256	[redacted]

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.		PAYMENT	INV. DATE
11JUL09 DD			WAIT 20MAR15			CASH	24MAR15

R.O. OPENED	READY	OPTIONS:
08:18 20MAR15	13:16 24MAR15	STK:9T[redacted] DLR:[redacted] ENG:N12 AXL:R57

LINE OPCODE TECH TYPE HOURS — LIST — NET — TOTAL

,,,,SENSOR DEFECTIVE. REPLACED SEAT MAT SENSOR. ENABLED SEAT OCCUPANCY
,,,,DETECTION THROUGH TESTER. CLEARED FAULT MEMORY.
****

B *No Interval Due Vehicle History IndicatesNo Maintenance Interval Due
NIDB NO INTERVAL DUE BASIC
503 IPS 0.00 (N/C)
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00
****

C *Inspect Adjust Tire Pressures as per CARB Requirement
CARB INSPECT AND ADJUST TIRE PRESSURE AS PER CARB
REQUIREMINTS
503 CC 0.00 0.00 0.00
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00
****

D *Complimentary Multipoint Inspection ... a $49.97 Value
IMINI MINI MULTI POINT VEHICLE INSPECTION
503 IPS 0.00 (N/C)
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE D: 0.00
,,,,58256 PERFORMED INSPECTION AND SET ALL TIRES TO 35PSI
****

E** CUSTOMER PAY PORTION OF GOODWILL SPLIT, MINI COVERING 85%, CUSTOMER
COVERING 15%
11 GOODWILL SPLIT
503 CCM 0.00 49.05 49.05
1 52-10-9-179-902 UPHOLSTERY, BASE
SEAT,IMIT.L:521067 787.27 122.34 122.34
PARTS: 122.34 LABOR: 49.05 OTHER: 0.00 TOTAL LINE E: 171.39
****

EST: 0.00 20MAR15 08:18 SA: 319

VISA
FAC

PAYMENT IN FULL REQUIRED PRIOR TO RELEASE OF VEHICLE

METHOD OF PAYMENT WE ACCEPT THE FOLLOWING: CASH MASTERCARD VISA AMX COMPANY OR PERSONALIZED CHECK $2,000.00 WITH THE FOLLOWING

1) CHECK GUARANTEE CARD
2) VALID DRIVERS LICENSE
3) NAME AND ADDRESS
(NO. P.O. IMPRINTED ON CHECK)

"BY LAW, YOU MAY CHOOSE ANOTHER LICENSED SMOG CHECK FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS THAT THE SMOG CHECK TEST INDICATES ARE NECESSARY."

NOTICE TO CONSUMER
I acknowledge notice and oral approval of any additional customer or warranty work performed and/or increase in the original estimate price. I also acknowledge and approve all repairs as itemized and/or receipt of vehicle. I also acknowledge receipt of additional customer warranty and service information contained in the Service Warranty Disclaimer.

ORIGINAL ESTIMATE $ ________ AUTHORIZED REVISED ESTIMATES $ ________
DATE ______ TIME ______ IN PERSON ______ BY PHONE ______

[redacted]

DESCRIPTION	TOTALS
LABOR AMOUNT	49.05
PARTS AMOUNT	122.34
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES/ADJ.	0.00
TOTAL CHARGES	171.39
LESS AMOUNT	0.00
SALES TAX	11.01
PLEASE PAY THIS AMOUNT	182.40

B.A.R.# AC250881 E.P.A.# CAD982041360