



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

**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<br><br>27-SEP-2018<br>NOV 09 2018 | Repository <input type="checkbox"/><br><br>Reference No.<br>11131968 |
|-------------------------------------------------|----------------------------------------------------------------------|

**OWNER INFORMATION (Type or Print)**

|          |          |       |    |
|----------|----------|-------|----|
| Name     |          |       |    |
| Address  |          |       |    |
| City     | PACIFICA | State | CA |
| Zip Code |          |       |    |

|                          |                |
|--------------------------|----------------|
| Daytime Telephone Number | E-mail Address |
|                          |                |
| Evening Telephone Number |                |

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>WB30G1109JR |                                                                                                | Make<br>BMW | Model<br>G310R           | Model Year<br>2018              |
| Date Purchased<br>06-02-2018                                                                           | Dealer's Name and Telephone Number<br>SAN JOSE BMW/VESPA                                       |             | Engine:<br>No: Cylinders | Fuel Type:<br>GASOLINE          |
| Original Owner<br><input checked="" type="checkbox"/>                                                  | Dealer's City<br>SAN JOSE                                                                      | State<br>CA | Zip Code<br>95128        |                                 |
| Transmission Type                                                                                      | <input checked="" type="checkbox"/> Antilock Brakes<br><input type="checkbox"/> Cruise Control | Powertrain  | Multiple Failure:        | Incident Date(s)<br>27-JUN-2018 |

**FAILED COMPONENT(S)/PART(S) INFORMATION**

|                                                                                                                                   |                        |               |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------|
| Vehicle Component Code: 120000 LIGHTING (PWS)<br>"NO HAZARD" 4 W FLASHER SIGNAL FOR SAFETY FROM<br>BMW FACTORY IMPORTED TO U.S.A. | Failure Mileage<br>800 | 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: DOTM19ABC036) | <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).**  
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 2018 BMW G310R. UPON INSPECTION OF THE MOTORCYCLE, THE CONTACT FOUND THAT THE VEHICLE WAS MISSING THE HAZARD LIGHTS. THE MOTORCYCLE WAS TAKEN TO SAN JOSE BMW MOTORCYCLES (LOCATED AT 1990 W SAN CARLOS ST, SAN JOSE, CA); HOWEVER, THE TECHNICIAN STATED THAT THE VEHICLE WAS DESIGNED IN THAT MANNER. THE MANUFACTURER WAS NOTIFIED. THE FAILURE MILEAGE WAS 800.

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.