



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 100161

Date Received: 2003-08-12 12:54 PM
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OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: GARNETT State: KS Zip Code: [REDACTED]
Daytime Telephone Number: [REDACTED] E-mail Address:
Evening Telephone Number:
Do you authorize [REDACTED] of your vehicle? YES NO
In the absence of [REDACTED] address to the vehicle manufacturer.
Signature of [REDACTED] Date: 8/12/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side): WDB047F4X115470
Make: MERCEDES BENZ Model: SLK230 Model Year: 1999
Data Purchased: [REDACTED] Dealer's Name and Telephone Number: [REDACTED] Engine: [REDACTED] Fuel Type: [REDACTED]
Original Owner: Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Transmission Type: [REDACTED] Antilock Brakes Powertrain: [REDACTED] Vehicle Component Code: 114200 ELECTRICAL SYSTEM: WIRING: INTERIOR/UNDER DASH
 Cruise Control Multiple Failure: [REDACTED]

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 20-AUG-2003 Failure Mileage: 65000 Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTH19ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: [REDACTED] Number of Deaths: [REDACTED] Reported to Police: Y

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).

WHEN STARTING VEHICLE DASHBOARD CAUGHT ON FIRE. FIRE DEPARTMENT DETERMINED THAT FIRE STARTED FROM AN ELECTRICAL SHORT UNDER THE DASH. THE VEHICLE COULD NOT BE DRIVEN. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY
The Privacy Act of 1974 (Public Law 93-502) 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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.