



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 100182

Date Received

14-DEC-2004

Repository ☐

Reference No.
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OWNER INFORMATION (Type or Print)

Name: [REDACTED] Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
Address: [REDACTED]
City: LOUISVILLE State: KY Zip Code: [REDACTED] Evening Telephone Number: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of [REDACTED] provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 12/26/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: WDBFA57F5V [REDACTED]
Make: MERCEDES BENZ Model: SL500 Model Year: 1997
Data Purchased: [REDACTED] Dealer's Name and Telephone Number: [REDACTED] Engine: [REDACTED] Fuel Type: Gas
Original Owner: ☐ Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Transmission Type: AUTOMATIC ☒ Antilock Brakes ☒ Cruise Control Powertrain: UNKNOWN Vehicle Component Code: 142000 AIR BAGS:SIDE/WINDOW
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 07-DEC-2004 Failure Mileage: 56000 Failure Speed: 30

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: DOTM123ABC036) ☐ 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: 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).

CONSUMER WAS DRIVING AT APPROXIMATELY 30 MPH, AND THE AIR BAG ON THE PASSENGER SIDE INADVERTENTLY DEPLOYED. CONSUMER TOOK THE VEHICLE TO THE DEALER, AND THE DEALER TOLD THE CONSUMER THAT THEY'VE NEVER SEEN ANYTHING LIKE THIS, AND WAS TELLING THE CONSUMER THAT THE VEHICLE HAD TO HAVE HIT SOMETHING FOR THIS TO HAPPEN. VEHICLE WAS NOT HIT. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) 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.