



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 100145

Date Received

15-FEB-2005

Repository

Reference No.
10111540

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City BERNARDSVILLE State NJ Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to contact the manufacturer of your vehicle?
In the absence of an authorized representative, provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 2-28-05 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
WD BN G 84 J 33 [REDACTED]
Make MERCEDES BENZ Model 600 Model Year 2003
Date Purchased [REDACTED] Dealer's Name and Telephone Number [REDACTED] Engine: No. Cylinders 8 Fuel Type: GAS
Original Owner Dealer's City Morris town State NJ Zip Code 07960
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain [REDACTED] Vehicle Component Code 111000 ELECTRICAL SYSTEM: BATTERY
Multiple Failure: X 8+

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 14-FEB-2005 Failure Mileage 24000 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: DOTMALBABC036) 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 injuries.)

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).

WHILE PARKED THE BATTERY DIED. AS A RESULT, THE VEHICLE WOULD NOT UNLOCK. *AK
MULTIPLE DEAD ELECTRICAL FAILURES.
MULTIPLE CONSOLE ELECTRIC FAILURES.
INABILITY TO TURN ENGINE OFF!!
INABILITY TO ENTER CAR OR START ENGINE

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 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 response, or a statistical summary thereof, may be used in support of the agency's action.