



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
(1-888-327-4238)
INTERNET: www.nhtsa.dol.gov/hotline

FOR AGENCY USE ONLY 100222

Date Received

21-MAR-2005

Repository

Reference No.
10116447

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City EAST HAMPSTEAD State NH Zip Code _____

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 3/1/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
WDBLF62JXX
Make MERCEDES-BENZ Model E-CLASS Model Year 2000
Date Purchased 6 NOV 1999 Dealer's Name and Telephone Number SMITH MOTOR / 978 372 2552 Engine: 3.2 LITER Fuel Type: Gas
No. Cylinders 6
Original Owner Dealer's City HAVENHILL, MA State MA Zip Code 01832
Transmission Type AUTOMATIC Antilock Brakes Powertrain ALL WHEEL DRIVE Vehicle Component Code: 081110 ENGINE AND ENGINE COOLING, ENGINE: GASOLINE, BELTS A/
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 16-MAR-2005 Failure Mileage 120312 Failure Speed 55
A/C COMPRESSOR SEIZED AND ENGINE V BELT CAME OFF

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/85R15)
DOT No. (Example: DOTM1A9BCD36) 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), failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No
Number of Persons Injured _____ Number of Deaths _____ 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).

VEHICLE SPLIT DOWN ON THE HIGHWAY AT 55 MPH. CONSUMER WAS ABLE TO MAKE IT TO THE SERVICE ROAD. THEN, VEHICLE WAS TOWED. THE SERPENTINE BELT MELTED AND FELL OFF. THE AIR COMPRESSOR CEASED AND FORCED THE BELT OFF. *AK
→ LOST BELT AT 55MPH. CONSUMER COULD STILL DRIVE CAR BUT POWER STEERING WAS LOST.

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.

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**