Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation

National Highway Traffic Safety Administration

Vehicle Owner s Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS
888-327-4236
www.safercar.gov

FOR AGENCY USE ONLY	
Date Received: 8-19-2005	Repository ☐
Reference No.: 10134481	

OWNER INFORMATION (Type or Print)

Name: [redacted]

Street No.: [redacted] Apt. No.:

City: ISLAND PARK State: N Y Zip: [redacted]

Daytime Telephone Number: 516 431 4151

Evening Telephone Number:

E-mail: [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☑ YES ☐ NO
In the absence of authorization, NHTSA will provide a copy of this report to the vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance on your ve[redacted]

Signature of Owner [redacted] Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side	Make	Model	Year	Current Mileage
WDBLK7OG4YT[redacted]	MERCEDES	CLK 430	2000	13723

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
5-24-05	MERS BENZ OF GREENWICH 2038692350			☐ Diesel ☐ Hybrid
☐ Original Owner	Dealer's City: SHELLY BERGMAN 2-25-06	State: CT. Zip Code: 06830	No. Cylinders: 8	☑ Gas ☐ Other

Transmission Type		Powertrain	
☐ Manual	☑ Antilock Brakes	☐ All-Wheel Drive	☑ Rear-Wheel Drive
☑ Automatic	☑ Cruise Control	☐ Front-Wheel Drive	☐ Four-Wheel Drive

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name	Incident Date(s)	Failure Mileage	Failure Speed	Failure Location
FLOOR SHIFT ASSEMBLY	7-22-05	13581	ZERO	☑ Driver ☐ Passenger ☑ Front ☐ Rear

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand	Tire Model/Line	Tire Name	Tire Size (Example: P215/65R1105)

Failed Structure: ☐ Tread ☐ Sidewall ☐ Bead

DOT No. (Example: DOT MAL9ABC036 on sidewall):

☐ Original Equipment ☐ Prior Repair

Failure Type: ☐ Blowout ☐ Blister ☐ Crack ☐ Torn ☐ Tread Separation ☐ Road Hazard ☐ Out of Round

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make	Date Manufactured	Model Number and Name

Seat Type: ☐ Infant ☐ Booster ☐ Integrated ☐ Convertible ☐ Other

Failed Part. Describe Failure Below: ☐ Base ☐ Harness/Buckle ☐ LATCH Connecter ☐ Shell ☐ Handle ☐ Other

Installed in Vehicle using the:
☐ Vehicle safety belt
☐ LATCH system*
*Vehicle info required

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Police Report No.
☐ Yes ☑ No	☐ Yes ☑ No	0	0	NO

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

WATER SPILLED ON TO CENTER CONSOLE CAUSING SHIFTER NOT TO OPERATE. BOTTLE & DRINK HOLDER IS LOCATED NEXT TO SHIFT. HOW CAN MERCEDES MFG. A CAR WITHOUT INSTALLING A COVER OVER THE INTERNAL SHIFTING CONTROL? IF WATER SPILLS THEN THE CAR IS INOPERATIVE. THIS IS SOME FAULTY DESIGN & THESE MODELS SHOULD BE RECALLED — MY CAR HAD 13581 MILES & WAS OUT OF WARRANTY

Continue on back.

Mail postage free or fax to 202-366-7882

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).