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

2005 OCT 26 AM 9:26

FOR AGENCY USE ONLY 100148

Date Received	Repository
23-SEP-2005	
	Reference No. 10137476

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City HILLSBORO	State MO	Zip Code [redacted]	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 [redacted] your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 10/12/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
WDBKK49F32F[redacted]	MERCEDES BENZ	SLK	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
17-APR-04	WEST COUNTY			No: Cylinders 4	Gas
Original Owner ☐	Dealer's City ST LOUIS	State MO	Zip Code 63011		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	110000 ELECTRICAL SYSTEM Multiple Failure: 30

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
19-MAY-2004	5000		

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

DT: 2002 MERCEDES SLK 230- WHEN STOPPING THE CAR, AND THEN TAKE OFF AGAIN THE CAR LOSES POWER. INDICATOR LIGHT DOES NOT COME ON AT THIS TIME. THIS DOES NOT HAPPEN EVERY TIME WHILE DRIVING THE CAR. THE VEHICLE HAS BEEN TO THE DEALERSHIP THREE OR FOUR TIMES IN PAST YEAR AND A HALF. THE LAST TIME IT WAS IN THE SHOP FIVE DAYS AND DRIVEN 163 MILES AND THE DEALERSHIP COULD NOT DUPLICATE THE PROBLEM. HOWEVER, WHEN I PICKING UP THE VEHICLE DROVE IT ABOUT 10 MPH, STOPPED AT A STOP SIGN, AND THE CAR LOST POWER, THEN A FEW MINUTES LATER IT HAPPENED AGAIN. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY