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 100148

Date Received	Repository ☐
17-APR-2006 2 AM	Reference No. 10155541

OWNER INFORMATION (Type or Print)

Name				Daytime Telephone Number	E-mail Address
Address					
City LONG BEACH	State CA	Zip Code		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 ... at address to the vehicle manufacturer.
Signature of Owner ... Date 4/24/06

...MATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
WDBEA32[redacted]	MERCEDES BENZ	E320	1995

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-MAY-01	HOUSSE OF IMPORT			No. Cylinders 6	Gas
Original Owner ☐	Dealer's City BUENA PARK	State CA	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	114000 ELECTRICAL SYSTEM:WIRING
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
17-APR-2006	90000		

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: DOTMALSABC036)	☐ 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*: THE CONTACT STATED THE SMOG PUMP WAS INOPERABLE. THE VEHICLE WAS TAKEN TO AN INDEPENDENT REPAIR SHOP WHERE THE SMOG PUMP WAS REPLACED. THE TECHNICIAN DETERMINED THE WIRING HARNESS BETWEEN THE FUEL INJECTOR AND IGNITION WAS DETERIORATING AND COULD OVERHEAT. THERE IS A NHTSA RECALL # 06V031000, REGARDING THE WIRING. THE VEHICLE HAS THE SAME PROBLEMS AS INDICATED IN THE RECALL; HOWEVER, IT IS NOT INCLUDED IN THE RECALL DUE TO THE VIN.

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

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

The SMOG Pump was inoperable, and it was replaced by a certified Mercedes Benz technician. He informed me that the wire Harness for fuel injection & ignition was deteriorating and could overheat, and it could start a fire or shut down the engine while driving. I was lucky to have this problem taken care before Serious injured or killed, and Mercedes-Benz should "Recall" these Vehicles & replace the wire harness since they already Knew of this problem. (according to the Mercedes-Benz's technician).

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department
of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

LONG BEACH CA 908
25 APR 2006 PM 2 L

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20590