



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

105 JUN 19
30-MAY-2006

Repository ☐

31 11:44
Reference No.
10158575

OWNER INFORMATION (Type or Print)

Name
Address
City BELLEROSE State NY 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 6/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
WDENG75J01A Make MERCEDES BENZ Model S CLASS Model Year 2001
Date Purchased 01-APR-05 Dealer's Name and Telephone Number
Original Owner ☐ Dealer's City State Zip Code
Engine: No. Cylinders 8 Fuel Type: Gas
Transmission Type AUTOMATIC ☒ Antilock Brakes ☒ Cruise Control Powertrain REAR WHEEL DRIVE
Vehicle Component Code 330000 INTERIOR LIGHTING
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 30-MAY-2006 Failure Mileage 49135 Failure Speed
DASH LIGHTS FADE, FLICKER, GO OUT

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: DOTM19ABC1136) ☐ 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).

DOT: THE CONTACT STATED THE INSTRUMENT CLUSTER IS HAVING ELECTRICAL MALFUNCTIONS. THERE IS A NHTSA RECALL, # 06V028000,
REGARDING THE INTERIOR LIGHTING. THE VIN WAS NOT INCLUDED IN THE RECALL.

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 a declaratory judgment or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.