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: 21 JULY 2006	Repository ☐
Reference No.: 10163101	

OWNER INFORMATION (Type or Print)

Name [redacted]

Street No [redacted] Apt. No.

City MANCHESTER State N.H. Zip Cod [redacted]

Daytim [redacted]

Evenin [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of authorizatio[redacted]e 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 8/10/06

VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side	Make	Model	Year	Current Mileage
WDBKG75JX1A[redacted]	MERCEDES BENZ	S500	2001	103,200

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
4/02	DREHER-HOLLOWAY	(603) 431-8585		☐ Diesel ☐ Hybrid
☐ Original Owner	Dealer's City: GREENLAND	State: N.H. Zip Code: 03840	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
117000 DIGITAL INSTROMENT PANEL	17 JULY 2006	103,200	0	☐ 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	DOT No. (Example: DOT MAL9ABC036 on sidewall)	
☐ Tread ☐ Sidewall ☐ Bead		☐ 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	N

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

ENGINE CLOSTER WENT BLACK. UNABLE TO DETERMINE SPEED, DIRECTION LIGHT FONCTION, GAS GAUGE, TEMP GAUGE, RPM'S. FUSES BLOWN. HIGH BEAM WOULD NOT WORK, TRUNK WOULD NOT OPEN, ALL DASH BOARD AND DOOR LIGHTS FAILED, RADIO AND OTHER CONTROLS ON STEERING WHEEL FAILED TO FONCTION. DIRECTION LIGHTS ON MIRRORS CEASED TO FUNCTION.

Continue on back.

Mail postage free or fax to 202-366-7882

Aug 10, 2006

Dear Sirs,

Enclosed is the form you sent me in response to my filing a verbal complaint about the safety of my automobile. I have filled out the blank form to correct some inaccuracies and included a copy of the VOQ you had filled out. Also, I'm included copies of the invoices I have paid so far to correct the problems resulting from the defective instrument cluster. They total $2029.06. Additionally I need to replace the two outside mirrors because the direction lights stopped functioning. The dealer estimates a cost of $150/each, plus labor at $99.00/hour. These have to be replaced for the car to pass inspection in New Hampshire.

Included also, is a copy of a NHTSA Recall Bulletin 06V028000. It describes the precise problem I had with my car. I hope you are successful getting this recall extended to include my VIN.

For your information, I bought the car from Chambers Motor Cars of Boston. They are at 259 McGrath Highway, Somerville, Ma. 02143 877 832-1461.

Please let me know if you need further information. My daytime phone number is [redacted] My E-mail address is [redacted]
I look forward to hearing from you.

Best regards.

[redacted]

P.S. The dealer in New Hampshire, Holloway Mercedes Benz, 309 Portsmouth Ave Greenland, N.H. 03840, (603-431-8585) is the one which has been servicing this car.

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** ☐
21-JUL-2006	Reference No. 10163101

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number [redacted]	
City MANCHESTER	**State** NH	**Zip Code** [redacted]	

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 __/__/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
WDBNG75JX1A[redacted]	MERCEDES BENZ	S CLASS	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
09-JUN-02	HOLLOWAY MERCEDES BENZ 603 431 8585 03840			No: Cylinders 8	Gas
Original Owner ☐	Dealer's City ~~GRANBY~~ GREENLAND	State ~~VT~~ N.H.	Zip Code ~~05840~~		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	117000 DIGITAL INSTRUMENT PANEL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
17-JUL-2006	103200	0	

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*: THE CONTACT STATED WHILE STARTING THE ENGINE THE CLUSTER INSTRUMENT PANEL DARKENED. AFTER THIS INCIDENT OTHER ELECTRICAL PROBLEMS OCCURRED; FUSES BECAME BLOWN, THE HIGH BEAM, RADIO AND INTERIOR LIGHTS FAILED. THE MANUFACTURER DECLARED THERE IS A RECALL FOR S MODELS AND PROVIDED THE CAMPAIGN NUMBER 06V08000. THE VEHICLE VIN# WAS NOT INCLUDED IN THE RECALL.

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

INTERIOR LIGHTING

NHTSA RECALL BULLETIN

Reference Number(s): 06V028000

VEHICLE DESCRIPTION

Model(s): 2000 MERCEDES BENZ CL CLASS

2000 MERCEDES BENZ S CLASS

2001 MERCEDES BENZ CL CLASS

2001 MERCEDES BENZ S CLASS

2002 MERCEDES BENZ CL CLASS

2002 MERCEDES BENZ S CLASS

2004 MERCEDES BENZ CL CLASS

2004 MERCEDES BENZ S CLASS

2005 MERCEDES BENZ CL CLASS

2005 MERCEDES BENZ S CLASS

Campaign No: 06V028000

Number of Affected Vehicles: 36911

Beginning Date of Manufacture: 2000 JUN

Ending Date of Manufacture: 2004 SEP

SYSTEM

INTERIOR LIGHTING

DESCRIPTION OF DEFECT

ON CERTAIN VEHICLES, THE INSTRUMENT CLUSTER IS EXPERIENCING ELECTRICAL MALFUNCTIONS. THE INSTRUMENT CLUSTER CONTAINS GAUGES AND INDICATORS THAT MUST BE ILLUMINATED WHENEVER THE VEHICLE IS IN OPERATION.

CONSEQUENCE OF DEFECT

DUE TO INADEQUATE ILLUMINATION, THE DRIVER WILL BE UNABLE TO READ THE GAUGES AND INDICATORS, SUCH AS THE SPEEDOMETER, WHICH COULD INCREASE THE RISK OF A CRASH.

CORRECTIVE ACTION

DEALERS WILL REPLACE THE INSTRUMENT CLUSTER MODULES. THE MANUFACTURER HAS NOT YET PROVIDED AN OWNER NOTIFICATION SCHEDULE. OWNERS MAY CONTACT MERCEDES-BENZ AT 1-800-367-6372.

ADDITIONAL INFORMATION

The National Highway Traffic Safety Administration operates Monday through Friday from 8:00 AM to 4:00 PM, Eastern Time. For more information call (800) 424-9393 or (202) 366-0123. For the hearing impaired, call (800) 424-9153.

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).