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 ☐
2006 OCT -4 PM 2:15 14-AUG-2006	Reference No. 10165435

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
City VOORHEES	State NJ	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 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
WDBRF64J11F[redacted]	MERCEDES BENZ	C320	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-SEP-01	MERCEDES BENZ OF CHERRY HILL			No: Cylinders 6	Gas
Original Owner ☒	Dealer's City CHERRY HILL	State NJ	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain REAR WHEEL DRIVE	110000 ELECTRICAL SYSTEM Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
14-AUG-2006	57518		

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 THE CHECK LEFT LIGHT BULB WARNING LIGHT ILLUMINATED. THE VEHICLE WAS TAKEN TO THE DEALERSHIP AND THE WIRING HARNESS, REAR EXTERIOR LIGHT BULB, AND ADAPTER CABLE FOR THE TAIL LAMPS WERE REPLACED. THE PARK LIGHT ERROR LIGHT ILLUMINATED AND THE DEALERSHIP REPLACED THE REAR LIGHT BULBS. ANOTHER, UNKNOWN, LIGHT ILLUMINATED ON THE DASH AND THE VEHICLE WAS TAKEN TO AN INDEPENDENT REPAIR SHOP WHO DETERMINED THE SAM MODULE NEEDED TO BE REPLACED. THE VEHICLE WAS TAKEN TO THE DEALER WHO DETERMINED THE SAME SOLUTION.

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