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: 29-AUG-2006 | Repository ☐ |
| | Reference No.: 10166986 |

## OWNER INFORMATION (Type or Print)

| | | | |
|---|---|---|---|
| **Name** [redacted] | | Daytime Telephone Number [redacted] | E-mail Address [redacted] |
| **Address** [redacted] | | Evening Telephone Number | |
| **City** LAS VEGAS | **State** NV | **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 a [redacted]T provide your name or address to the vehicle manufacturer.***
Signature of Owner [redacted] Date 9/21/06

## VEHICLE INFORMATION

| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side | Make | Model | Model Year |
|---|---|---|---|
| WDBKK47F1XF[redacted] | MERCEDES BENZ | SLK230 | 1999 |

| Date Purchased | Dealer's Name and Telephone Number | | | Engine: | Fuel Type: |
|---|---|---|---|---|---|
| 01-AUG-04 | CARMAX | | | No: Cylinders | Gas |
| Original Owner ☐ | Dealer's City: LAS VEGAS | State: NV | Zip Code | | |

| Transmission Type | | | Vehicle Component Code |
|---|---|---|---|
| AUTOMATIC | ☒ Antilock Brakes<br>☒ Cruise Control | Powertrain: FRONT WHEEL DRIVE | 125000 EXTERIOR LIGHTING:BRAKE LIGHTS<br>Multiple Failure: 1 |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Incident Date(s) | Failure Mileage | Failure Speed | |
|---|---|---|---|
| 29-AUG-2006 | 72116 | | |

## 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<br>☐ 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 AFTER BEING ALERTED THE BRAKE LIGHT WAS INOPERABLE THE VEHICLE WAS TAKEN TO AN INDEPENDENT REPAIR SHOP. THE REPAIR SHOP DETERMINED THERE WAS A NHTSA RECALL, # 05V505000, REGARDING THE BRAKE LIGHTS. THE MANUFACTURER WAS CONTACT WHO REFLECTED NO KNOWLEDGE OF THIS RECALL.

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