



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  
2006 OCT -4 PM 2:15  
01-SEP-2006

Repository   
Reference No.  
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**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City ATLANTA State GA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]  
Evening Telephone Number [REDACTED]

E-mail Address [REDACTED]

Do you authorize NHTSA to contact you or your vehicle?  
In the absence of an authorized representative, address to the vehicle manufacturer.  YES  NO  
Signature of Owner [REDACTED] Date 9/9/06

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
WDBNG78J11A [REDACTED] Make MERCEDES BENZ Model S-600 Model Year 2001  
Date Purchased [REDACTED] Dealer's Name and Telephone Number [REDACTED] Engine: No: Cylinders 12 Fuel Type: Gas  
Original Owner  Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain REAR WHEEL DRIVE Vehicle Component Code 117000 DIGITAL INSTRUMENT PANEL  
Multiple Failure: 1

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

Incident Date(s) 30-AUG-2006 Failure Mileage 45015 Failure Speed 35

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]  
DOT No. (Example: DOTM19ABC036)  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

**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 [REDACTED] Number of Deaths [REDACTED] 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).

DT\*: THE CONTACT STATED WHILE DRIVING 35MPH, THE INSTRUMENT PANEL FLICKERED AND FAILED COMPLETELY. THE VEHICLE WAS TAKEN TO A SERVICE DEALER, WHERE IT WAS DETERMINED THAT THERE WAS COMPLETE FAILURE OF THE INSTRUMENT CLUSTER. THE DEALER ORDERED A NEW CLUSTER FOR THE VEHICLE. THERE IS A NHTSA RECALL # 06V028000 PERTAINING TO THE INTERIOR LIGHTING. THE VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO THE VIN.

TURN SIGNAL AUDIO AND VISUAL INDICATORS NOT FUNCTIONING. IMPOSSIBLE TO DETERMINE IF TURN SIGNALS ACTIVATED.

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