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 2006 OCT 17 PM 2:15
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
22-SEP-2006	Reference No. 10168989

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
City STONE MOUNTAIN	State GA	Zip Code 30083	Evening Telephone Number [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 a[redacted]e your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 10/1/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
WDBNG75J81A[redacted]	MERCEDES BENZ	S CLASS	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
26-AUG-05	Private Owner			No: Cylinders 8	Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control		330000 INTERIOR LIGHTING Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
22-SEP-2006	96000		Instrument Cluster Gauges Interior Lights

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 INTERIOR LIGHTS STOPPED WORKING SUDDENLY WITHOUT WARNING. THERE WAS A NHTSA RECALL, # 06V028000, REGARDING THE INTERIOR LIGHTING. THE VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO THE VIN.

Instrament cluster dimmed and slowly surgered Foom Dim to full lighting and car would do this on occasion. Drove Out of town and upon Return it did the slow surge to dim. Stop for gas and drove 10 miles and cluster went total dark.

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