



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 31 PM 2:15
13-OCT-2006

Repository
Reference No.
10170720

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City WHITE OAK State PA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
WDBJF82J1 [REDACTED]
Make MERCEDES BENZ Model 320E Model Year 2000
Date Purchased 05-JAN-00 Dealer's Name and Telephone Number BOBBY RAHAL MOTORS Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City WEXFORD State PA Zip Code [REDACTED]
Transmission Type Antilock Brakes Powertrain ALL WHEEL DRIVE Vehicle Component Code 141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE
AUTOMATIC Cruise Control Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 09-OCT-2006 Failure Mileage 67000 Failure Speed 55

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: DOTMAL9ABC036) 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 55 MPH ON THE HIGHWAY, THE VEHICLE STALLED WITHOUT WARNING. IT WAS MANEUVERED OFF THE ROAD AND RESTARTED. THE VEHICLE STALLED AGAIN AT 55 MPH. IT WAS LATER TOWED TO THE DEALER WHO DETERMINED THE AIR BAG SENSOR FAILED CAUSING THE ENGINE TO STALL. THE DEALER REPLACED THE AIR BAG SENSOR.

PLEASE NOTE: THE MAIN PROBLEM WAS CAR STALLED WITHOUT WARNING - THEY (ADVISOR, MIKE SCHRAUDER) WOULD NOT CORRECT & REPORT THIS PROBLEM ON THE INVOICE OR PUT IN THE COMPUTER FOR THIS VEHICLE. VTY, [REDACTED]

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 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.

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

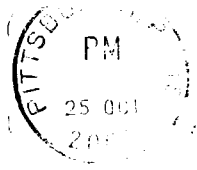
U.S. Department
of Transportation



**National Highway
Traffic Safety
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



**NO POSTAGE
NECESSARY
IF MAILED
IN THE
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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20590



**Think your vehicle
has a safety defect?**



**If so:
Use the enclosed
form to file a report.**

**or visit:
www.safercar.gov**

**or call:
Vehicle Safety Hotline
888-327-4236**



Vehicle Owners Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

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).