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
2007 FEB 22 AM 9:40	☐
16-JAN-2007	Reference No. 10178846

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]
Address [redacted]	Evening Telephone Number [redacted]	
City DIAMOND BAR **State** CA **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 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
WDBNG75J71[redacted]	MERCEDES BENZ	S CLASS	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-NOV-04	PENSKE MOTOR CARS 626-859-1200			No: Cylinders 8	Gas
Original Owner ☐	Dealer's City WEST COLVINA	State CA	Zip Code		

Transmission Type			Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes	☒ Cruise Control	REAR WHEEL DRIVE	115000 ELECTRICAL SYSTEM:FUSES AND CIRCUIT BREAKERS
				Multiple Failure: 10

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
16-JAN-2007		0	

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	0	0	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).

TL* - THE CONTACT RECEIVED RECALL NUMBER 04V227000 FOR HIS 2001 MERCEDES S CLASS' ELECTRICAL SYSTEM AND FUSES. THE VEHICLE HAS APPROXIMATELY 74,000 MILES. THE CONTACT STATED HE BELIEVES THAT DUE TO THIS FAILURE, THE NAVIGATION SYSTEM WAS DISABLED. THEREFORE, IF THERE IS AN EMERGENCY THE SOS SYSTEM IS INOPERABLE. THIS IS A SAFETY CONCERN FOR THE CONTACT. THE DEALER HAS STATED TO THE CONSUMER THEY WILL INVESTIGATE, BUT AT THIS TIME THEY WILL NOT REPAIR THE NAVIGATION SYSTEM UNDER THE RECALL. *NM

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