

 <p>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</p>	FOR AGENCY USE ONLY 100148	
	Date Received AUG - 4 2010 <small>27-MAY-2010</small>	Repository <input type="checkbox"/>
National Highway Traffic Safety Administration		Reference No. 10332577

OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		
Address	[REDACTED]		
City	State	Zip Code	Daytime Telephone Number
RANCHO TOLOS VERDES	CA	[REDACTED]	[REDACTED]
			Evening Telephone Number
			SAME

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side WDBSK75F05F [REDACTED]		Make MERCEDES BENZ	Model SL500
Date Purchased 8/2/05	Dealer's Name and Telephone Number (310) SOUTH BAY MERCEDES BENZ 534-3333		Model Year 2005
Original Owner <input checked="" type="checkbox"/>	Dealer's City TORRANCE,	State CA	Fuel Type: GASOLINE
Transmission Type AUTO	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain V8 w/ 7 SPEED TRANS	Engine: No. Cylinders 8
		Multiple Failure: AIR BAGS FAILED TO DEPLOY	Incident Date(s) 06-MAY-2010

FAILED COMPONENT(S)/PART(S) INFORMATION		
Vehicle Component Code: 140000 AIR BAGS		Failure Mileage 7800
		Failure Speed 25 (EST)

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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0
		Reported to Police Y	

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 OWNS A 2005 MERCEDES BENZ SL-500. THE CONTACT STATED THAT WHILE DRIVING 25 MPH, HE FELL ASLEEP BEHIND THE WHEEL AND CRASHED INTO TWO PARKED VEHICLES. THE CONTACT'S VEHICLE PROCEEDED TO FLIP OVER, HOWEVER THE AIR BAGS DID NOT DEPLOY. THE CONTACT SUSTAINED SEVERE ARM AND SHOULDER INJURIES. THE TWO VEHICLES HE CRASHED INTO WERE SEVERELY DAMAGED AS WELL AS THE CONTACTS VEHICLE. A POLICE REPORT WAS FILED. THE FAILURE AND CURRENT MILEAGES WERE 7,800.

↓ **TOTALED** OWNER WAS TAKEN TO ST. MARY'S HOSPITAL EMR

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.