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: OCT 2 5 2010
05-AUG-2010

Repository ☐

Reference No. 10347467

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City: REDWOOD CITY | State: CA | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number [redacted]

E-mail Address

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	Make	Model	Model Year
WDBJF65JXN1[redacted]	MERCEDES BENZ	320E	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
9/2000	Sindelfingen / Germany			No: Cylinders	
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
				20-JUL-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 130000 VISIBILITY, 133000 VISIBILITY: POWER WINDOW DEVICES AND CONTROLS	Failure Mileage	Failure Speed
	38479	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			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 OWNS A 2001 MERCEDES BENZ E320. THE CONTACT STATED THE REAR DRIVER SIDE WINDOW COLLAPSED INTO THE DOOR PANEL. THE CONTACT WAS UNABLE TO RETRIEVE THE GLASS FROM THE DOOR PANEL. THE DEALER ADVISED THAT THE REAR WINDOW REGULATOR WOULD NEED TO BE REPLACED. THE DEALER REPLACED THE WINDOW AT THE CONTACTS EXPENSE. THE MANUFACTURER WAS NOT CONTACTED. THE FAILURE AND CURRENT MILEAGES WERE 38,479.

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