

 <p><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire</b>  <b>To Report Vehicle Safety Defects</b>  <b>1-888-DASH-2-DOT</b>  <b>(1-888-327-4236)</b>  <b>INTERNET:www.nhtsa.dot.gov/hotline</b></p>		FOR AGENCY USE ONLY 100148	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received 26-JUN-2015 JUN 27 2015	Repository <input type="checkbox"/> Reference No. 10730611
<b>OWNER INFORMATION (Type or Print)</b>			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City	State	Zip Code	
CLAREMONT	CA		
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).			
<b>VEHICLE INFORMATION</b>			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model
WDBKK47F4W		MERCEDES BENZ	SLK230
Model Year	Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders
1998			4
Fuel Type:	Original Owner	Dealer's City	State
Gasoline	<input checked="" type="checkbox"/>	Albuquerque	N-M
	Zip Code		
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
Automatic	<input checked="" type="checkbox"/> Cruise Control		YES
			Incident Date(s)
			01-MAY-2015
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Vehicle Component Code: LIGHTING (PWS)		Failure Mileage	Failure Speed
		125000	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>			
Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment	Failure Location:	
	<input type="checkbox"/> Prior Repair		
Tire Component Code	Tire Failure Type:		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
<b>APPLICABLE INCIDENT INFORMATION</b>			
<i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>			
Crash	Fire	Number of Persons Injured	Number of Deaths
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
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).			
TL* THE CONTACT OWNS A 1998 MERCEDES BENZ SLK230. WHILE DRIVING AT VARIOUS SPEEDS, THE BRAKE WARNING LIGHT ILLUMINATED. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHO STATED THAT THE BASE OF THE REAR PASSENGER SIDE TAIL LAMP MELTED AND DIAGNOSED THAT THE BRAKE LIGHT ASSEMBLY NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE VEHICLE WAS PREVIOUSLY REPAIRED UNDER NHTSA CAMPAIGN NUMBER: 05V505000 (EXTERIOR LIGHTING). THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE VIN WAS INVALID. THE FAILURE MILEAGE WAS 125,000.			
Please see the corrected VIN in vehicle information section			
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.			