



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 ☐

01-JUN-2016

Reference No.
10871895

OWNER INFORMATION (Type or Print)

Name

Address

City

ORLANDO

State

FL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

WDBNG75J96A

Make

MERCEDES BENZ

Model

S500

Model Year

2006

Date Purchased

04/03/09

Dealer's Name and Telephone Number

MERCEDES BENZ OF SOUTH FLORIDA

Engine:

No: Cylinders

Fuel Type:

Original Owner

☐

Dealer's City

ORLANDO, FLORIDA

State

FL

Zip Code

32839

Transmission Type

AUTO

☒ Antilock Brakes

☐ Cruise Control

Powertrain

Multiple Failure:

Incident Date(s)

23-MAY-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: ENGINE (PWS)

603-153-28-28
000-982-33-08

POSITION SENSOR 190.00
BATTERY 168.75
GENERAL REPAIRS 266.90

Failure Mileage
68085

Failure Speed
50

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)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

ONE (EMOTIONAL)

Number of Deaths

NONE

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 2006 MERCEDES BENZ S500. THE CONTACT STATED THAT WHILE DRIVING AT 50 MPH, THE ENGINE STALLED. THE VEHICLE WAS TAKEN TO A DEALER WHERE IT WAS DIAGNOSED THAT THE POSITION SENSOR FAILED AND NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS APPROXIMATELY 68,085.

Replaced old part (ENGINE POSITION SENSOR) WAS NOT AVAILABLE FOR ME.

ENGINE POSITION SENSOR FAILURE WHILE DRIVING IN HIGHWAY HIT TRAFFIC RENDERED THESE FEATURES INOPERATIVE: STEERING, BRAKING, LIGHTING, FUEL (ACCELERATION).

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.

MERCEDES-BENZ OF SOUTH ORLANDO

4301 Millenia Blvd.
Orlando, Florida 32839
(407) 367-2700

INVOICE

PAGE 1

Repair Shop Registration Number: M.V. 5216

SERVICE ADVISOR: 265 CHRISTOPHER OVERMYER

ORLANDO, FL

HOME:

CONT:

BUS:

CELL:

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAX
SILVER	06	MERCEDES-BENZ S500	WDBNG75J96A		68085 / 68085	T486

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
29DEC05 DL		29DEC2009	17:00 17MAY16		157.00	CASH	19MAY16

R.O. OPENED	READY	OPTIONS:	STK:6A	ENG:5.0_Liter
08:33 18MAY16	13:22 19MAY16			

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A C/.S VEHICLE CRANKS BUT WILL NOT START

01 GENERAL REPAIRS

670 SALAIMEH, M LIC#: 670

CMB

1 003-153-28-28 POSITION SENSOR

266.90	266.90
190.00	190.00
167.00	167.00
1.75	1.75

1 000-982-33-08 BATTERY

1 BATT BATTERY FEE

BATT REPLACED BATTERY

670 SALAIMEH, M LIC#: 670

CMB

78.50 78.50

B FLEX A SERVICE

A COMPLETED FLEX A FACTORY SERVICE INCLUDES:

LUBE OIL AND FILTER, REPLACED DUST FILTER
(SLK, CLK, C AND E-CLASS) CK ALL LIGHTS AND
WASHER SYSTEM, INSPECT TIRES, BRAKES AND TOP
OFF ALL FLUIDS, RESET FSS COUNTER.

670 SALAIMEH, M LIC#: 670

CMB

1 000-828-03-88-10 KEYLESS REMOTE COIN
BATTERY, TYPE CR2025

1 000-180-26-09 TS FILTER INSERT

1 007603-014106 SEAL RING, VLRUB

1 000-986-20-00-09 WINDSHIELD WASHER FLUID

9 000-989-83-01-USB9 MB GENUINE ENGINE OIL

5W-40 MB 229.5

165.17	165.17
6.80	6.80
19.20	19.20
2.28	2.28
5.28	5.28
7.25	7.25
65.25	65.25

C C/S VEHICLE STALLED WHILE DRIVING

01 GENERAL REPAIRS

WARRANTY STATEMENT AND DISCLAIMER: PLEASE SEE THE DEALERSHIP'S LIMITED WARRANTY ON THE REVERSE SIDE OF THIS REPAIR INVOICE.

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this Invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

*SHOP SUPPLY COSTS: We have added a charge equal to 8% of the total cost of labor and parts, not to exceed \$45.00, to the Repair Order. This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies and waste disposal. The State of Florida requires a \$1.00 fee to be collected for each new tire sold in the state (s.403.718), and a \$1.50 fee to be collected for each new or remanufactured lead-acid battery sold in the state (s.403.7185).

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES *	
TOTAL CHARGES	
LESS INSURANCE	
SALES TAX	
PLEASE PAY THIS AMOUNT	

DATE CUSTOMER SIGNATURE AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE

Section 501.98, Florida Statutes, requires that, at least 30 days before bringing any claim against a motor vehicle dealer for an unfair or deceptive practice, a consumer must provide the dealer with a written demand letter stating the name, address, and telephone number of the consumer; the name and address of the dealer; a description of the facts that serve as the basis for the claim; the amount of damages; and copies of any documents in possession of the consumer which relate to the claim. Such notice must be delivered by the United States Postal Service or by a nationally recognized carrier, return receipt requested, to the address where the subject vehicle was purchased or leased or where the subject transaction occurred, address at which the dealer regularly conducts business.

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