

 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				Date Received 30-MAY-2019		Repository <input type="checkbox"/> Reference No. 11216975		
OWNER INFORMATION (Type or Print)				Daytime Telephone Number [REDACTED]		E-mail Address [REDACTED]		
Name [REDACTED]				Evening Telephone Number [REDACTED]				
Address [REDACTED]								
City COMMACK		State NY	Zip Code [REDACTED]					
<i>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).</i>								
VEHICLE INFORMATION								
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side WDCGG8JB4F [REDACTED]				Make MERCEDES BENZ		Model GLK350	Model Year 2015	
Date Purchased		Dealer's Name and Telephone Number			Engine: No: Cylinders		Fuel Type:	
Original Owner <input type="checkbox"/>		Dealer's City		State	Zip Code			
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control		Powertrain		Multiple Failure:		Incident Date(s) 01-MAR-2019		
FAILED COMPONENT(S)/PART(S) INFORMATION								
Vehicle Component Code: 140000 AIR BAGS						Failure Mileage	Failure Speed	
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								
<i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>								
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Persons Injured		Number of Deaths	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* TAKATA RECALL. THE CONTACT OWNS A 2015 MERCEDES-BENZ GLK350. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 19V010000 (AIR BAGS). THE MANUFACTURER AND DEALER WERE NOT NOTIFIED. THE PART WAS NOT AVAILABLE FOR THE REPAIR. THE CONTACT HAD NOT EXPERIENCED A FAILURE. PARTS DISTRIBUTION DISCONNECT. <i>I contacted local dealership Mercedes Benz of Smithtown who said they cannot perform the recall since the parts were not released by Mercedes. The parts to do the recall were not released anywhere in New York State. Mercedes told me to contact the local dealership knowing the parts were not released.</i>								
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.								