EQ-11280003-1647

From: DataQuality, DataQuality (NHTSA)
To: EVOQ (NHTSA)
Subject: FW: Veh. Owners Questionare
Date: Thursday, January 9, 2020 12:17:13 PM
Attachments: [redacted]

Questionnaire

-----Original Message-----
From: [redacted]
Sent: Tuesday, January 07, 2020 7:16 PM
To: DataQuality, DataQuality (NHTSA) <DataQuality@dot.gov>
Subject: Veh. Owners Questionare

See attached questionare:

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 ☐
14-NOV-2019	Reference No. 11280003

OWNER INFORMATION (Type or Print)

Name				Daytime Telephone Number	E-mail Address
Address					
City CARY	State NC	Zip Code		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	Make	Model	Model Year
WDCGGØEB9EG	MERCEDES BENZ	GLK250	2014

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
9/29/2018	MERCEDES-BENZ of CARY			4	D
Original Owner ☐	Dealer's City ~~MERCEDES~~ CARY	State NC	Zip Code 27511		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTO	☑ Antilock Brakes ☑ Cruise Control			14-NOV-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: 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 2014 MERCEDES-BENZ GLK250. THE CONTACT RECEIVED A RECALL NOTICE FOR NHTSA CAMPAIGN NUMBER: 19V010000 (AIR BAGS). THE CONTACT CALLED MERCEDES-BENZ OF CARE (2400 OUTBURST BLVD, CARE, NC 27511, (919) 380-1800) AND WAS INFORMED THAT THE PARTS WERE PENDING AND UNAVAILABLE. THE CONTACT SPOKE WITH THE MANUFACTURER AND WAS PROVIDED THE SAME INFORMATION. THE CONTACT HAD NOT EXPERIENCED A FAILURE. THE VIN WAS UNKNOWN.

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