



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY 798

Date Received

07-JAN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8001664

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
WDBRF6J61S096357	MERCEDES BENZ	240	2001			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02000000	Part Name(s) SUSPENSION	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) 15-JUN-2001 Mileage at Failure(s) 6000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---------------------------	----------------------	--------------------------	---

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THERE IS A VIBRATION IN STEERING WHEEL WHEN VEHICLE TRAVELS AT OR OVER 60 MPH. PROBLEM ONLY HAPPENS AT THOSE SPEEDS. CONTACTED DEALER, AND THE DEALER IS NOT WILLING TO DO ANYTHING. *AK

COPIES OF THIS FORM ARE:

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.



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

798

Date Received

1-JAN-2002
DEFECTS INVESTIGATION

Od. or
Mile
Chart
up. ltr

Reference No.

8001664

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Work Number

[Redacted Work Number]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorized address to the vehicle manufacturer.

YES NO

Date 25/2/02

Signature of Owner

VEHICLE INFORMATION

Vehicle Ident No (VIN) (located at bottom of windshield on driver's side) WDBRF6J61S096357	Vehicle Make MERCEDES BENZ	Vehicle Model 240	Vehicle Year 2001	Current Odometer Reading
Purchase Date	Dealer's Name SILVER STAR RIVE SUB	Engine Sz (CID/CC/L) _____	<input type="checkbox"/> Turbo	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City Greenville State South Carolina Zip Code 29615	No. Cylinders 6	<input type="checkbox"/> Diesel	
<input checked="" type="checkbox"/> Automatic			<input checked="" type="checkbox"/> Gas	
Transmission Type	Restraint System	Cruise Control	Vehicle Type	Body Style
<input type="checkbox"/> Manual	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Car	<input type="checkbox"/> 2-Door
<input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Van	<input checked="" type="checkbox"/> 4-Door
	<input checked="" type="checkbox"/> 3-Point Belt		<input type="checkbox"/> Minivan	<input type="checkbox"/> Stationwagon
	<input checked="" type="checkbox"/> Driverside Airbag		<input type="checkbox"/> Other	<input type="checkbox"/> Pick Up
	<input type="checkbox"/> Passengerside Airbag			<input type="checkbox"/> Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02000000	Part Name(s) SUSPENSION	Location <input type="checkbox"/> Left Front <input type="checkbox"/> Right Front <input type="checkbox"/> Left Rear <input type="checkbox"/> Right Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 15-JUN-2001	Mileage at Failure(s) 6000	Vehicle Speed at Failure(s)
		Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s): Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---------------------------	----------------------	---------------------------	--

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THERE IS A VIBRATION IN STEERING WHEEL WHEN VEHICLE TRAVELS AT OR OVER 60 ~~MPH~~ ^{Km} to 70 Km
PROBLEM ONLY HAPPENS AT THOSE SPEEDS. CONTACTED DEALER, AND THE DEALER IS NOT
WILLING TO DO ANYTHING. *AK He has accepted to reevaluate
the car and to try to find a solution as
of 25/2/2002

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974 (Public Law 93-502): 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 is being used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If 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.