



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 252

Date Received

26-MAR-2002

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rp. ltr

Reference No.

8006398

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 windshield and driver's side)</small> | Vehicle Make MERCEDES BENZ | Vehicle Model 320SL | Vehicle Year 1999 | Current Odometer Reading | | |
| Purchase Date <input type="checkbox"/> New <input checked="" 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 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 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 08600000 | Part Name(s) TRACTION CONTROL SYSTEM | 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 1 | Dates of Failure(s) 01-FEB-2002 | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Mileage at Failure(s) 35000 | | |
| | Vehicle Speed at Failure(s) | | |

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

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

WHILE DRIVING IN SNOWY WEATHER AND CLIMBING A HILL, THE ELECTRICAL TRACTION CONTROL SYSTEM TOOK OVER AND THE VEHICLE ACCELERATED RESULTING ON LOSE OF CONTROL OF THE VEHICLE. NLM

COPIED FROM NHTSA - FEB 2002

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.

| | | | | |
|---|---|--|---|--|
|  <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> | <p>DDT Auto Safety Hotline</p> <h1>Vehicle Owner's Questionnaire (VOQ)</h1> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> | | <p>FOR AGENCY USE ONLY 252</p> | |
| | <p>OWNER INFORMATION (Type or Print)</p> <p>745426</p> | | <p>Date Received</p> <p>26-MAR-2002</p> | <p>Officer</p> <p>Reference No.</p> <p>8006398</p> |

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.) <i>UNAVAILABLE</i> | Vehicle Make MERCEDES BENZ | Vehicle Model 320SL | Vehicle Year 1999 | Current Odometer Reading <i>UNAVAILABLE</i> |
| Purchase Date | Dealer's Name <i>STANLEY MOTORS</i> | | Engine Size (CID/CC/L) <i>320</i> | <input type="checkbox"/> Turbo Diesel Gas Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City <i>Montebello</i> State <i>Ca</i> Zip Code _____ | No Cylinders <i>6</i> | | |
| Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" 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 checked="" type="checkbox"/> 4-Wheel |
| Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other | | Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck | | |

| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
|--|--|---|---|
| Component 08600000 | Part Name(s) TRACTION CONTROL SYSTEM ETC | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failures 1 | Date(s) of Failure(s) 01-FEB-2002 | Mileage at Failure(s) 35000 | Vehicle Speed at Failure(s) 30mph |
| 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 checked="" type="checkbox"/> No | Frs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured NONE | Number of Fatalities | Estimated Property Damage \$2000 | Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|--|----------------------|--|---|

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

WHILE DRIVING IN SNOWY WEATHER AND CLIMBING A HILL, THE ELECTRICAL TRACTION CONTROL SYSTEM TOOK OVER AND THE VEHICLE ACCELERATED RESULTING ON LOSE OF CONTROL OF THE VEHICLE. NLM BECAUSE OF Anti Lock Brakes unable to Stop Vehicle, STOPPED BY HITTING A BOULDER 30' OFF THE HIGHWAY.

ETC/Computer was checked by Smythe Motors in San Jose who said that there was no problem with ETC unit? However there had been many problems with the ELECTRONICALLY CONTROLLED TRANSMISSION BEFORE THIS FAILURE.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

NOTE: BEFORE THE VEHICLE WENT OUT OF CONTACT, THE YELLOW
ETC LIGHT CAME ON - INDICATING THE ETC HAD ENGAGED

THIS IS THE ONLY TIME I HAD SEEN THIS LIGHT COME ON.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590

20590+6001



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

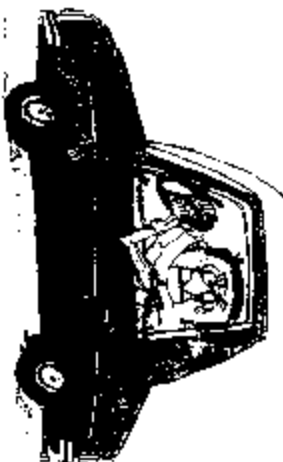
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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National Highway Traffic Safety
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<http://www.nhtsa.dot.gov/hotline>