

U.S. Department
of TransportationNational 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 118

Date Received

09-AUG-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

867279

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	MERCEDES BEN	C220	1994	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertia Belt <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12250000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 46200 Vehicle Speed at Failure(s) _____	Failed Part(s) Available?	NHTSA Previously Contacted?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

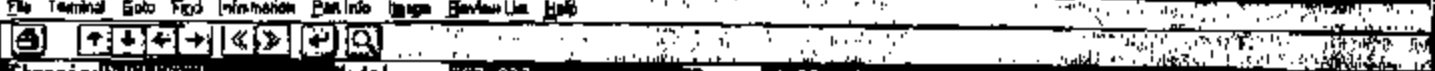
ABOUT THREE WEEKS AGO OWNER NOTICED THAT PLASTIC HOUSING AROUND MALE PART OF THE SEAT BELT BUCKLE WAS CRACKED. THIS CAUSED BELT NOT TO FASTEN PROPERLY. DEALER WAS CONTACTED ABOUT THE BUCKLE. OWNER WAS TOLD THAT WHOLE BELT ASSEMBLY WOULD HAVE TO BE REPLACED. COST OF THE PART WOULD BE \$189.00 PLUS LABOR CHARGES. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

CONTINUED ON BACK IF NEEDED

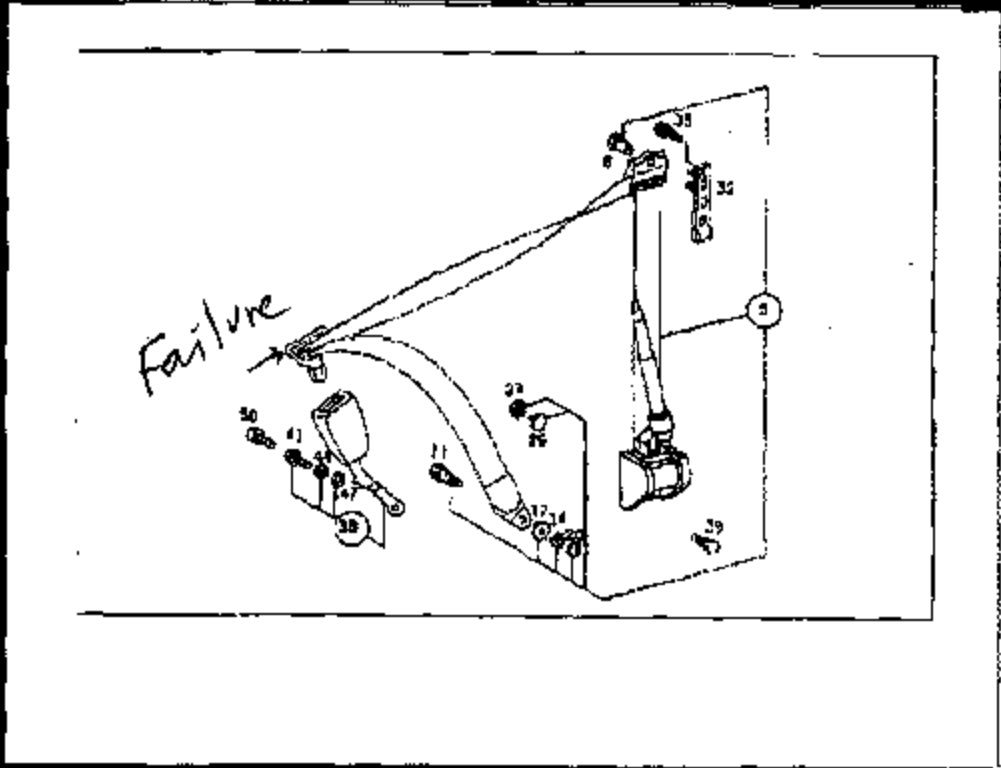
The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether 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.

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OWNER INFORMATION (Type or Print)		Date Received		Office	
[REDACTED]		09 AUG 30 AM 11:30		09-AUG-2000	
[REDACTED]		OFFICE		Reference No.	
[REDACTED]		BEFFECTS INVESTIGATION		867279	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized signature, this information will be sent to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Work Number	
Signature of Owner		Date 08/25/00		Home Number	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located on bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
WDBHAZ2E9RF065104		MERCEDES BENZ	C20	1994	46,200 miles
Purchase Date		Dealer's Name		Engine Size (CID/CC/L)	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		James Motors		No Cylinders 4	
City Lexington State KY Zip Code 40502		Transmission Type		Antilock Brakes	
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Restraining System		Cruise Control		Drive Train	
<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	
<input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt					
<input type="checkbox"/> Passengerside Airbag					
Vehicle Type		Body Style			
<input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> 2-Door		<input type="checkbox"/> Van <input type="checkbox"/> Truck <input checked="" type="checkbox"/> 4-Door		<input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck	
<input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component	Part Name(s)		Location		Failed Part(s)
12250000	INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES		<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)		Failed Part(s) Available?		NHTSA Previously Contacted?
	Mileage at Failure(s) 46200		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
ABOUT THREE WEEKS AGO OWNER NOTICED THAT PLASTIC HOUSING AROUND MALE PART OF THE SEAT BELT BUCKLE WAS CRACKED. THIS CAUSED BELT NOT TO FASTEN PROPERLY. DEALER WAS CONTACTED ABOUT THE BUCKLE. OWNER WAS TOLD THAT WHOLE BELT ASSEMBLY WOULD HAVE TO BE REPLACED. COST OF THE PART WOULD BE \$189.00 PLUS LABOR CHARGES. PLEASE PROVIDE ANY FURTHER DETAILS. *AK					
CONTINUE ON BACK IF NEEDED					
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File Terminal Edit Find Information Part Info Image Review List Help



Chassis: 01242002 Model: 107 000 DO: 1 200 000
 Group: 01 - FRONT OF TO
 Class: 001 Cat: 10- DK: NO App: 100 000 Vol: 510 374612



275 - FRONT VIEW (SEE NOTE 1)

Enter Layout. 5 of 5

2000 PARTS SYSTEM M... EPC... Publishing

Arthur M...

