



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** 1039

Date Received

24-OCT-2001

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Reference No.

898127

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 dashboard)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
WDBHA23D6VA482273	MERCEDES BENZ	C230	1997			
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 checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07301000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK 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	Dates of Failure(s) 15-SEP-2001 Mileage at Failure(s) 44 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CHILD WAS IN VEHICLE AND VEHICLE WAS PUT INTO REVERSE AND ROLLED BACKWARDS WITHOUT KEY IN IGNITION OR MOTOR RUNNING. VEHICLE ROLLED BACK, AND HIT ANOTHER VEHICLE. CONTACTED DEALER, AND DEALER HAD NO RESPONSE. STATED IT SHOULD HAVE ONLY DONE THAT IF KEY WAS IN IGNITION. \*AK

CONTINUE ON REVERSE

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><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire (VOQ)</b>          U.S. Department of Transportation          National Highway Traffic Safety Administration          NATIONWIDE 1-888-DASH-2-DOT          1-888-327-4236          www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY</b> 1039</p> <p>Date Received: <u>11/17/01</u>          24-500/2001</p> <p>Order No. _____          Model No. _____          Up. Itr. _____</p> <p>Reference No. <u>898727</u></p>
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<b>OWNER INFORMATION (Type or Print)</b>	
[Redacted]	722793
Work Number: [Redacted]	Home Number: [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO

In the absence of \_\_\_\_\_ as to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 11/12/01

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <b>WDBHA23D6VA482273</b>	Vehicle Make <b>MERCEDES BENZ</b>	Vehicle Model <b>C230</b>	Vehicle Year <b>1997</b>	Current Odometer Reading <b>44,658</b>
Purchase Date <u>6/2000</u>	Dealers Name <u>Mercedes-Park Place</u>		Engine Size (CID/CC/L) <u>4cyl</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>Dallas</u>	State <u>TX</u>	No. Cylinders <u>4</u>	
Transmission Type <input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driver-side Airbag <input checked="" type="checkbox"/> Passenger-side Airbag <input type="checkbox"/> Motor-belt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up <input type="checkbox"/> Truck		

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <b>07301000</b>	Part Name(s) <b>POWER TRAIN: TRANSMISSION: AUTOMATIC: INTERLOCK SYSTEM</b>	Location <input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures <u>1</u>	Date(s) of Failure(s) <u>15-SEP-2001</u>	Mileage at Failure(s) <u>44,200</u>	Vehicle Speed at Failure(s) _____
Failed Part(s) <input checked="" 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities <u>0</u>	Estimated Property Damage _____	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

Car  
 CHILD WAS IN VEHICLE AND VEHICLE WAS PUT INTO REVERSE AND ROLLED BACKWARDS WITHOUT KEY IN IGNITION OR MOTOR RUNNING. VEHICLE ROLLED BACK, AND HIT ANOTHER VEHICLE. CONTACTED DEALER, AND DEALER HAD NO RESPONSE. STATED IT SHOULD HAVE ONLY DONE THAT IF KEY WAS IN IGNITION. \*AK