



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 758

Date Received

31-OCT-2001

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

898594

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) (Location at bottom of windshield and driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
WDBGB34E3SA224620		MERCEDES BENZ	S CLASS	1995	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06310000 06400000	Part Name(s) FUEL:FUEL INJECTION:UNKNOWN TYPE FUEL:THROTTLE LINKAGES AND CONTROL	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part's ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 18-OCT-2001 Mileage at Failure(s) 78000 Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING 40 MPH VEHICLE SUDDENLY ACCELERATED UP TO 70 MPH. CONSUMER APPLIED BRAKES, BUT DID NOT SLOW VEHICLE. VEHICLE WENT THROUGH A RED LIGHT, ENGINE ROARING AND RPMs IN RED. CONSUMER STEERED TO SIDE OF ROAD AND APPLIED PARK BRAKE, PULLED KEY FROM IGNITION AND JUMPED OUT OF VEHICLE. ENGINE CONTINUED TO ROAR FOR 2-3 MINUTES THEN STALLED. BLACK SMOKE FROM THE EXHAUST. 6 WEEKS PRIOR TO THIS DEALER DID \$ 7200.00 OF ENGINE WORK. DEALER DETERMINED THE ACCELERATION WAS CAUSED BY A JAMMED FUEL INJECTOR PUMP.*AK

COPIES OF REPORTS - FREE -

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.

DOT Auto Safety Hotline				FOR AGENCY USE ONLY 758	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		Date Received 31-OCT-2001	
OWNER INFORMATION (Type or Print)				Od. or r. dt ed. rt up. ltr	
[Redacted] 724096				Reference No. 898594	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of your signature, NHTSA will use your name and address to the vehicle manufacturer.				YES NO Date 11/11/01	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle Make		Vehicle Year	
WDBGB34E3SA224620		MERCEDES BENZ		1995	
Purchase Date		Dealers Name		Engine Size (CID/CC)	
☒ New ☐ Used		SUN MOTORS		S 350	
City		State		No. Cylinders	
CAMP HILL		PA		17011	
Transmission Type		Antilock Brakes		Restraint System	
☐ Manual ☒ Automatic		☒ Yes ☐ No		☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	
Cruise Control		Drive Train		Vehicle Type	
☐ Yes ☒ No		☐ Front ☐ Rear ☐ 4-Wheel		☒ Car ☐ Van ☐ Minivan ☐ Other	
Body Style		Sport Utility		Truck	
☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck		☐ Sport Utility ☐ Motorcycle			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component		Part Name(s)		Location	
08310000 06400000		FUEL FUEL INJECTION UNKNOWN TYPE FUEL THROTTLE LINKAGES AND CONTROL		☐ Left ☐ Right ☐ Front ☐ Rear	
Failed Part(s)		Original		Replacement	
☒ Original ☐ Replacement					
No. of Failures		Date(s) of Failure(s)		Mileage at Failure(s)	
		18-OCT-2001		78000	
Vehicle Speed at Failure(s)		Failed Part(s)		NHTSA Previously	
		☐ Yes ☐ No		☐ Yes ☐ 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	
☐ Yes ☒ No		☐ Yes ☒ No			
Number of Fatalities		Estimated Property Damage		Reported to Police	
				☐ Yes ☒ No	
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CONTINUE ON BACK IF NEEDED					
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