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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received: 24-FEB-2003 (2003 MAR 17 AM 9:32)
Repository ☐
Reference No.: 10009190

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: SOUTH HOLLAND | State: IL | Zip Code: [redacted]
Daytime Telephone Number: [redacted]
Evening Telephone Number:
E-mail Address:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

PLEASE FILL IN 4JGAB72E0XA116690 | Make: MERCEDES BENZ | Model: ML430 | Model Year: 1999

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
05/01/99	MERCEDES BENZ OF NAPERVILLE 630 305 4560		No. Cylinders 8	PREMIUM GASOLINE
Original Owner ☒	Dealer's City: NAPERVILLE	State: IL / Zip Code: 60540		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	015300 STEERING:HYDRAULIC POWER ASSIST:POWER STEERING P Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
05-FEB-2003	63000	10	FAILED WHEN TURNING A CORNER IN HEAVY TRAFFIC

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

THE VEHICLE LOST ALL POWER STEERING, WHICH ALMOST CAUSED CONSUMER TO LOSE CONTROL OF THE VEHICLE.*JB

VEHICLE WAS NEARLY IMPOSSIBLE TO STEER. FORTUNATELY I WAS STRONG ENOUGH TO REGAIN CONTROL.

FORTUNATELY AGAIN, I WAS ABOUT 1 MI. FROM TERRY SHAVER MERCEDES DEALERSHIP. WHEN I DESCRIBED THE PROBLEM, THE SERVICE WRITER INDICATED THAT THIS HAS BEEN A COMMON FAILURE IN THE ML MODEL.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).