



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 2003 JUL 10 PM 12:20:03
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100079

Date Received

Repository ☐

Reference No.

10022897

OWNER INFORMATION (Type or Print)

Name

Address

City

TUCSON

State AZ

Zip Code

Online Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?

In the absence of a

Signature of Owner

address to the vehicle manufacturer.

Date 6/12/2003

☒ YES ☐ NO

VEHICLE INFORMATION

Make

MERCEDES BENZ

Model

ML320

Model Year

2000

Date Purchased

Sept. 2000

Dealer's Name and Telephone Number

Fletcher Jones

Engine:

No. Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

Chandler

State

AZ

Zip Code

85004

Transmission Type:

Auto.

☒ Antilock Brakes

☒ Cruise Control

Powertrain

Fulltime

4WD

Vehicle Component Code

150000 SEAT BELTS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

12-JUN-2003

Failure Mileage

23000

Failure Speed

SEAT BELTS, SUN ROOF BLEW OUT OF VEHICLE

DOOR LOCKS, DOOR HANDLES, SIDE MIRRORS

ABS SYSTEM FAILURE

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

GoodYear

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

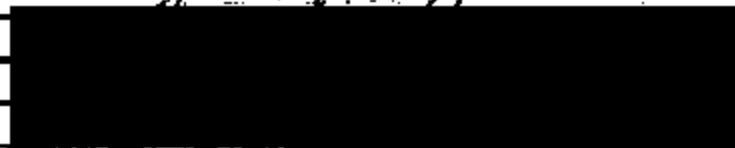
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure.

Le, parts repaired or replaced (and if old part is available).

SEAT BELT SYSTEM IS NOT WORKING PROPERLY. DEALER HAS INSPECTED, AND COULD NOT DUPLICATE OR CORRECT THE PROBLEM. "AX

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

Thanks, Hoping this will help
Others Also



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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY
ADMINISTRATION
<http://www.nhtsa.dot.gov/defects>