



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 100079

Date Received 12-15

Repository ☐

12-JUN-2003

Reference No.  
10022900

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City TUCSON State AZ Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]  
Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of [REDACTED] address to the vehicle manufacturer. ☒ YES ☒ NO  
Signature of Owner [REDACTED] Date 6/20/2003

**VEHICLE INFORMATION**

Make MERCEDES BENZ Model ML320 Model Year 2000

Date Purchased Sept. 2000 Dealer's Name and Telephone Number Fletcher Sports  
Original Owner [REDACTED] Dealer's City Columbia State CA Zip Code 95024  
Engine: 4.5 No. Cylinders 6 Fuel Type: GAS

Transmission Type Automatic ☐ Antilock Brakes ☒ Cruise Control ☒  
Powertrain Full time 4 WD  
Vehicle Component Code 134000 VISIBILITY: SUN ROOF ASSEMBLY  
Multiple Failure: 1

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

Incident Date(s) 12-JUN-2003 Failure Mileage 42,530 Failure Speed 45 mph

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]  
DOT No. (Example: DOTM1SABC036) ☐ Original Equipment ☐ Prior Repair Failure Location: [REDACTED]  
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

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

**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 1 Number of Deaths 0 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;  
i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING AT 45MPH SUN ROOF ASSEMBLY FRAME BROKE, AND ONE OF THE PIECES HIT PASSENGER IN FACE. \*AK.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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 simplified summary thereof, may be used in support of the agency's action.

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

Mother Had injuries and was taken to urgent care.  
 Attorney contacted & will respond. Please  
 keep her injured. Linda Randolph Thank You.  
 I would like to be in town but of course  
 didn't make it. Father has been hospitalized  
 by working up 1-800 # for Newcastle Bury Co  
 Township

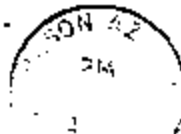
ATTACH ADDITIONAL SHEETS IF NECESSARY

**U.S. DEPARTMENT  
of Transportation**

**National Highway  
Traffic Safety  
Administration**

400 Seventh St., S.W.  
Washington, D.C. 20580

**Official Business  
Penalty for Private Use \$300**



**NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES**

**BUSINESS REPLY MAIL**

**FIRST CLASS      PERMIT NO 72173      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



# QUESTIONNAIRE

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
ON

# DASH2DOT

and dial 1011 free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

**DOT Auto Safety Hotline  
(DASH) 2 DOT**



U.S. Department of Interior  
Bureau of Land Management  
Washington, D.C. 20246  
http://www.blm.gov