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 241

Date Received	Repository
02-SEP-2003	

Reference No: 36
10038041

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City MIDLAND / State MI / Zip Code [redacted]		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of an e-mail address to the vehicle manufacturer.
Signature of Owner [redacted] Date 9/4/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4JGAB54EXXA057601	MERCEDES BENZ	320 ML 320	1999

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
8-99	ROSS MOTOR CARS	V-6	GASOLINE
Original Owner ☑	Dealer's City DAYTON, OH. / State OH. / Zip Code 45459		

Transmission Type		Powertrain	Vehicle Component Code
5-AUTO	☑ Antilock Brakes ☑ Cruise Control	4OD	133000 VISIBILITY:POWER WINDOW DEVICES AND CONTROLS
			Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
7-03 8-03	36100		DRIVER WINDOW SWITCH POWER STEERING HOSES

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: DOTMA9ABC035)	☐ 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).

DRIVER'S SIDE POWER WINDOW WAS INOPERATIVE. DEALER WAS NOTIFIED, AND STATED THAT THE FOUR WINDOW CLUSTER FOR ALL WINDOWS HAD TO BE REPLACED TO GET THE DRIVER'S SIDE WINDOW TO OPERATE. CONSUMER WOULD LIKE TO KNOW WHY MUST ALL THE FOUR WINDOW CLUSTER BE REPLACED INSTEAD THE ONE ON DRIVER'S SIDE. ALSO, POWER STEERING FLUID LEAKED FROM THE HOSES/CLAMPS, AND CONNECTORS. LEAKS APPEARED MORE FREQUENTLY DURING WINTER SEASON WHICH CAUSED THE METAL TO EXPAND. DEALER/MANUFACTURER WERE NOT NOTIFIED AT THIS TIME. *AK

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