



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 100222

Date Received

26-APR-2005

Repository ☐

Reference No.

10119185

OWNER INFORMATION (Type or Print)

Name

Address

City

RICHMOND HILL

State NY

Zip Code

Daytime 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 4/1/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

4JG-BB86E46A

Make

MERCEDES BENZ

Model

M CLASS ML 350

Model Year

2006

Date Purchased

MARCH 2005

Dealer's Name and Telephone Number

HELMES BROS 718-631-8781

Engine:

No. Cylinders

6

Fuel Type:

Gas

Premium

Original Owner

☒

Dealer's City

Helm's Brother

State

NY

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

ALL WHEEL DRIVE

Vehicle Component Code

015200 STEERING:HYDRAULIC POWER ASSIST:HOSE, PIPING, AND

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

25-APR-2005

Failure Mileage

2000

Failure Speed

Tire Make

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; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING CONSUMER LOST POWER, ALMOST STRIKING A TREE. VEHICLE WAS TOWED TO THE DEALER, WHO DISCOVERED THAT THE POWER STEERING HOSE DISCONNECTED. *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 responses, or a statistical summary thereof, may be used in support of the agency's action.