



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  
(1-888-327-4289)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received: 2006 APR 11 PM 2:30  
Reference No.: 10152637

OWNER INFORMATION (Type or Print)

Name: [REDACTED] Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]  
Address: [REDACTED] Evening Telephone Number: [REDACTED]  
City: DARBY State: PA 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner: [REDACTED] Date: 3/31/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 4JGAB54E [REDACTED]  
Make: MERCEDES BENZ Model: ML320 Model Year: 2001  
Date Purchased: 03-09-06 Dealer's Name and Telephone Number: GRT MOTOR INC.  
Original Owner:  Dealer's City: WEST CHESTER State: PA Zip Code: 19382  
Engine: No. Cylinders: 6 Fuel Type: Gas  
Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control Powertrain: 4 WHEEL DRIVE  
Vehicle Component Code: 061000 ENGINE AND ENGINE COOLING:ENGINE  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 16-MAR-2006 Failure Mileage: 65000 Failure Speed: [REDACTED]

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: DOTMALBABC0361): [REDACTED]  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), condition, and injury(ies))  
Crash:  Yes  No Fire:  Yes  No  
Number of Persons Injured: [REDACTED] Number of Deaths: [REDACTED] 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).

DT\*: THE CONTACT STATED THE VEHICLE WAS CONSUMING EXCESSIVE OIL. THE DEALERSHIP DETERMINED THE PISTON RINGS FRACTURED. THE BLOCK AND PISTON RINGS ARE BEING REPLACED.

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

**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).**