



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 100148

Date Received

Repository

207 NOV - 6 AM 8:31
24-OCT-2007

Reference No.
10206790

OWNER INFORMATION (Type or Print)

Name JAMES MCCORMACK

Address 231 STOVER AVENUE

City NORTH ARLINGTON

State NJ

Zip Code 07031

Daytime Telephone Number
201-997-5623

E-mail Address

Evening Telephone Number

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 *James L. McCormack* Date 11/1/2007

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
4JGBB22E97A204612

Make
MERCEDES BENZ

Model
ML320

Model Year
2007

Date Purchased
08-MAY-07

Dealer's Name and Telephone Number
PRESTIGE MOTORS (201) 265-7800

Engine:
No: Cylinders 6

Fuel Type:
Diesel

Original Owner

Dealer's City
PARAMUS

State
N.J.

Zip Code
07652

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
ALL WHEEL DRIVE

Vehicle Component Code
060000 ENGINE AND ENGINE COOLING

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
23-OCT-2007

Failure Mileage
5400

Failure Speed
60

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: 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
0

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).

TL*THE CONTACT OWNS A 2007 MERCEDES BENZ ML320. WHILE DRIVING 60 MPH, ALL OF THE INTERIOR AND INSTRUMENT PANEL LIGHTS ILLUMINATED AND THEN THE ENGINE STOPPED. THE STEERING DIMINISHED AND IT BECAME VERY DIFFICULT TO MANEUVER THE VEHICLE. THE CONTACT PULLED OFF THE ROAD AND THE VEHICLE WAS TOWED TO THE DEALER. THE DEALER STATED THAT THE CRANK SHAFT SENSOR FAILED AND THEY REPLACED THE COMPONENT. THE CONTACT SPOKE WITH MERCEDES, BUT THEY WERE OF NO ASSISTANCE. THE CURRENT AND FAILURE MILEAGES WERE 5,400.

PS DIMINISHED BRAKING

J.M.

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 hereof, may be used in support of the agency's action.