



8 2009

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148

U.S. Department of Transportation

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

1-888-DASH-2-DOT

(1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

National Highway Traffic Safety Administration

Date Received

24-MAR-2009

Repository

Reference No. 10262932

OWNER INFORMATION (Type or Print)

Name

Address

City

MILLERSVILLE

State

MD

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to report to the manufacturer of your vehicle? In the absence of an authorized agent, please provide your name or address to the vehicle manufacturer. Signature of Owner Date 4/19/9

VEHICLE INFORMATION

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

4JGAB54E41A

Make MERCEDES BENZ

Model ML320

Model Year 2001

Date Purchased

2/11/9

Dealer's Name and Telephone Number

Prime Motor Inc. (703)-671-8100

Engine: No: Cylinders

V6

Fuel Type:

G29

Original Owner

Dealer's City

Arlington

State

VA

Zip Code

22206

Transmission Type

Automatic

Antilock Brakes

Cruise Control

Powertrain

4WD

Multiple Failure:

Incident Date(s)

09-MAR-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 010000 STEERING

Power Steering Pump

Failure Mileage

79000

Failure Speed

0

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 2001 MERCEDES BENZ ML320. THE CONTACT RECEIVED A RECALL NOTICE FOR NHTSA CAMPAIGN ID NUMBER 08V465000 (STEERING:HYDRAULIC POWER ASSIST:HOSE, PIPING, AND CONNECTIONS) AND HAD THE RECALL REPAIR PERFORMED AT THE LOCAL DEALER. THE HOSE AND CLAMP WERE REPLACED; HOWEVER, THE DEALER STATED THAT THE POWER STEERING PUMP WAS DAMAGED AND CAUSING A LEAK. THE CONTACT WAS INFORMED THAT THE REPAIRS WOULD NOT BE COVERED UNDER THE RECALL AND WOULD COST \$1,025. THE MANUFACTURER STATED THAT THEY COULD NOT ASSIST WITH THE REPAIRS. THE VIN WAS UNKNOWN. THE FAILURE AND CURRENT MILEAGES WERE LESS THAN 79,000.

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 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.