


Form Approved: O.M.B. No. 2127-0008

 <p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline</p>		FOR AGENCY USE ONLY 100148 Date Received 22-DEC-2009 Repository <input type="checkbox"/> Reference No. 10296737	
U.S. Department of Transportation National Highway Traffic Safety Administration		2010 JAN -7 TH 4:30 PM	
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City	State	Zip Code	
LOS ANGELES	CA		
The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model
4JGBB86E87A		MERCEDES BENZ	ML350
			Model Year
			2007
Date Purchased	Dealer's Name and Telephone Number		Engine:
01-01-2007	Down LA Motors 18884568352		No: Cylinders
Original Owner	Dealer's City	State	Zip Code
<input checked="" type="checkbox"/>	LOS ANGELES	CA	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input checked="" type="checkbox"/> Cruise Control		Incident Date(s)
			14-DEC-2009
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: 220000 SEATS		Failure Mileage	Failure Speed
		35000	35
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)	<input type="checkbox"/> Original Equipment	Failure Location:	
	<input type="checkbox"/> Prior Repair		
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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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 ML350. WHILE DRIVING APPROXIMATELY 35 MPH WITH THE DRIVER SIDE HEATED SEAT ACTIVATED, THERE WAS A BURNING ODOR FOLLOWED BY SMOKE. AFTER THE DRIVER PULLED TO THE SIDE OF THE ROAD, THE DRIVER-SIDE SEAT IGNITED INTO SMALL FLAMES. THE DRIVER EXTINGUISHED THE SEAT CUSHION. THE VEHICLE WAS ABLE TO RESUME OPERATION WITH CAUTION TO THE RESIDENCE. THERE WERE NO PERSONAL INJURIES. THE VEHICLE HAS NOT BEEN IN OPERATION. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER. THE FAILURE AND CURRENT MILEAGES WERE 35,000. THE VIN WAS UNAVAILABLE.			
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.			