


INFORMATION Redacted PURSUANT TO THE FREEDOM OF

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) <small>DOT Auto Safety Hotline</small> 100148</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline</p>		Date Received 28-JAN-2016 APR 01 2016		Repository <input type="checkbox"/> Reference No. 10822813	
<p>OWNER INFORMATION (Type or Print)</p>							
Name		Address		Daytime Telephone Number		E-mail Address	
[REDACTED] DRIVER OWNER husband		1010 SIERRA STREET		[REDACTED]		[REDACTED]	
City		State		Zip Code		Evening Telephone Number	
BERKELEY		CA		[REDACTED]		Same	
<p><i>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).</i></p>							
<p>VEHICLE INFORMATION</p>							
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side				Make		Model	Model Year
4JGAB54E01A [REDACTED]				MERCEDES BENZ		ML320	2001
Date Purchased		Dealer's Name and Telephone Number			Engine:		Fuel Type:
2009		unknown			No: Cylinders		
Original Owner		Dealer's City		State	Zip Code		
<input type="checkbox"/>							
Transmission Type		<input type="checkbox"/> Antilock Brakes	Powertrain		Multiple Failure:		Incident Date(s)
		<input type="checkbox"/> Cruise Control					21-JAN-2016
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>							
Vehicle Component Codes: 010000 STEERING, BRAKES (PWS)					Failure Mileage		Failure Speed
					165000		35
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>							
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:		
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>							
Make:		Date Manufactured:		Model No./Name:			
Seat Type:		Installation System:					
Child Seat Component Code:		Failed Part:					
<p>APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</p>							
Crash	Fire	Number of Persons Injured		Number of Deaths		Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					N	
<p>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).</p>							
<p>TL* THE CONTACT OWNS A 2001 MERCEDES-BENZ ML320. WHILE DRIVING APPROXIMATELY 35 MPH, THE BRAKES SEIZED AND THE ABS WARNING LIGHT ILLUMINATED. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 165,000.</p>							
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.						ATTACH ADDITIONAL SHEETS IF NECESSARY	
<p>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.</p>							