

 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 09-APR-2016		Repository <input type="checkbox"/> Reference No. 10854595	
OWNER INFORMATION (Type or Print)				
Name		Daytime Telephone Number		E-mail Address
Address				
City	State	OR	Zip Code	Evening Telephone Number
DALLAS				
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	Model Year
4JGAB54EXWA		MERCEDES BENZ	ML320	2001
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
			No: Cylinders	
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)
	<input type="checkbox"/> Cruise Control			08-APR-2016
FAILED COMPONENT(S)/PART(S) INFORMATION				
Vehicle Component Codes: 250000 ELECTRONIC STABILITY CONTROL, BRAKES (PWS)			Failure Mileage	Failure Speed
			112750	50
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: DOTMAL9ABC036)	<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				
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>				
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	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).				
WHILE DRIVING AT 50 MHP VEHICLE LIGHTS STARTED FLASHING (WARNING FOR ESP AND ABS) AND THE VEHICLE SLOWED DRAMATICALLY AND PULLED TO THE RIGHT... I GOT TO THE SIDE OF THE ROAD AND ASSUMED I HAD A BLOW OUT... BUT ALL TIRES WERE FINE AND NO ISSUES... TURNED OFF VEHICLE AND DROVE ABOUT 13 MILES THEN TURNED VEHICLE OFF FOR 10 -15 MINUTES CAME OUT AND GOT IN VEHICLE... WHEN I STARTED TO GO... ORANGE TRIANGLE WAS STILL ON AND IF I EVEN TOUCHED BRAKES THEY ALL LOCKED UP AND WOULD EVEN SQUEEL WHEN EVEN TOUCHING BRAKE PETAL. IT WAS 79 DEGREES, DRY ON A HIGHWAY THAT WAS A SMOOTH ROAD, IN TRAFFIC AND WAS ALMOST HIT. UPDATED 05/11/16*LJ				
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.				

