



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

11-SEP-2017

Reference No.

11022735

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**OWNER INFORMATION (Type or Print)**

Name

Address

City PITTSBURGH

State PA

Zip Code

Daytime Telephone Number

Evening Telephone Number

Email Address

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

4JGAB72E5YA

Make

MERCEDES BENZ

Model

ML430

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

93

Original Owner

Dealer's City

State

Zip Code

8

OCTANE

Transmission Type

AUTO

Antilock Brakes

Cruise Control

Powertrain

Multiple Failure:

C114214  
NA 209

Incident Date(s)

11-AUG-2017

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 120000 LIGHTING (PWS)

Failure Mileage

172000

Failure Speed

30

**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: DOTM9ABC036)

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

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).

TL\* THE CONTACT OWNS A 2000 MERCEDES-BENZ ML430. WHILE DRIVING 30 MPH, THE POWER STEERING, EST, AND ABS WARNING INDICATORS ILLUMINATED. THE VEHICLE WAS TAKEN TO MERCEDES-BENZ OF PITTSBURGH (4709 BAUM BLVD, PITTSBURGH, PA 15213) WHERE IT WAS DIAGNOSED, BUT NO CODES WERE POPULATED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE ISSUE. THE FAILURE MILEAGE WAS 172,000.

C114214 LATERAL ACCEL. SENSOR  
C114209

ABS  
STABILITY CONTROLS  
CONTROL ARMS

FRONT STABILIZER BAR BUSHINGS

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.