Form Approved: OMB No. 2127-0042

U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 798

Date Received: 29-MAY-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 8010644

[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ **Date**____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
	MERCEDES BENZ	ML320	2000	

Purchase Dat	Dealer's Name / City / State / Zip Code	Engine Size (CID/CC/L) / No Cylinders	
☒ New ☐ Used	City_____ State_____ Zip Code_____	_____ / _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT/	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	24-MAY-2002	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s 95000		
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☒ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING AT 50 MPH CONSUMER WAS HIT ON DRIVE SIDE AND VEHICLE FLIPPED OVER. UPON IMPACT, NONE OF THE AIR BAGS DEPLOYED. CONTACTED DEALER. *AK

CONTINUED ON REVERSE

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

U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 798

Date Received
29-MAY-2002

Od_or
rt_dt
od_rt
up_ltr

OFFICE INVESTIGATION

Reference No.
8010644

DEFECTS
756177

OWNER INFORMATION (Type or Print)

[redacted]
BELLVIEW
[redacted]

Work Number
Home Numb [redacted]

Do you authorize NHTSA to provide a copy of [illegible] to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 6/15/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
AJ6AP54E BYA -> 217222	MERCEDES BENZ	ML320	2000	25000

Purchase Date 02/2000
☒ New ☐ Used

Dealer's Name Barrier motors
City Bellevue State WA Zip Code 98004

Engine Siz (CID/CC/L ____
No Cylinders 6

☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengersice Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☒ Sport Uti ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA	☐ Left ☐ Right ☐ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) 24-MAY-2002 Mileage at Failure(s) 25000 Vehicle Speed at Failure(s) 50	Failed Part(s)	NHTSA Previously
		☐ Yes ☐ No	☐ Yes ☒ No

APPLICATION INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☐ No	1	0	50K	☒ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING AT 50 MPH CONSUMER WAS HIT ON DRIVE SIDE AND VEHICLE FLIPPED OVER. UPON IMPACT, NONE OF THE AIR BAGS DEPLOYED. CONTACTED DEALER. *AK

CONTINUE ON BACK IF NEEDED