

IMPORTANT SAFETY RECALL 2016060014

This notice applies to your vehicle, WDDUG6D

Rear Seatbelt Anchor Bolt

NHTSA Recall # 16V442

Mercedes-Benz USA, LLC
Christian Treiber
Vice President
Customer Services

July, 2016



Dear Mercedes-Benz Owner.

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act.

Daimler AG, the manufacturer of Mercedes-Benz vehicles, has decided that a defect which relates to motor vehicle safety exists in certain Model Year 21015 ML- Class and Model Year 2016 GLE Coupe vehicles. Our records indicate that your vehicle is included in the affected population of vehicles.

WE SENT YOU THIS NOTICE BECAUSE WE ARE CONCERNED ABOUT YOUR SAFETY.

On certain Model Year 2015 ML-Class and Model Year 2016 GLE Coupe vehicles, the right rear seatbelt anchor bolt might have been incorrectly installed. In the event of a vehicle crash with high loads on the right rear seatbelt anchor bolt, the bolt could fail and could increase the potential injury risk for occupants. An authorized Mercedes-Benz dealer will first check the rear right seatbelt anchor bolt, and rework, if necessary.

This service will be provided free of charge. We are dedicated to always delivering the Best or Nothing – and respect for your time is a top priority. While the minimum repair time is approximately one hour, your dealer can provide you with a better estimate of the overall time for this service visit. As a matter of normal service process, an authorized Mercedes-Benz dealer will also check for other repair measures which might be applicable to your vehicle and this may increase the required working time.

For additional information and to schedule an appointment please contact MERCEDES-BENZ OF ANYTOWN, 201-555-1234 or another authorized dealer, at your earliest convenience. To locate additional authorized dealers see www.MBUSA.com/dealerlocator. Please mention you are scheduling an appointment to check and rework if necessary the right rear seatbelt anchor bolt under Recall Campaign # 2016060014. You may be asked for your 17-digit Vehicle Identification Number (VIN) which, for your convenience, is located above your name at the top of this letter.

In the event that you are no longer the vehicle owner, or have had a change of address, please complete the reverse side and return the updated information in the enclosed envelope. If this is a leased vehicle and the lessor and registered owner receive this notice, please forward this information by first class mail to the lessee within 10 days to comply with Federal Regulations.

Should you have any questions or encounter any difficulty regarding this Recall Campaign please contact an authorized Mercedes-Benz dealer. If for any reason a dealer is unable to remedy your situation, we are always happy to hear from you. Please contact us at 1-(800) FOR-MERCEDES (1-800-367-6372). A vehicle identification number (VIN)-based recall lookup tool, on our MBUSA.com website, now offers a search function that will indicate whether a vehicle has been subject to a safety recall, and whether that vehicle has had the free remedy performed. See www.MBUSA.com/recall.

If an authorized Mercedes-Benz dealer for any reason is unable to remedy the situation without charge, or within a reasonable amount of time, pursuant to law 49 U.S.C. Chapter 301, you may submit a complaint to the Administrator, National Highway Traffic Safety Administration, 1200 New Jersey Avenue, S.E., Washington, D.C. 20590 or call the toll-free Auto Safety Hotline at 1-888-327-4236 (TTY 1-800-424-9153); or go to http://www.safercar.gov. We regret any inconvenience this situation may cause you.

Sincerely,



Che. John

IMPORTANT

IF FOR ANY REASON YOU DO NOT NOW OWN THIS VEHICLE OR HAVE A CHANGE OF ADDRESS, PLEASE COMPLETE THE SECTION BELOW, PLACE IN THE ENCLOSED ENVELOPE, AND DROP IN ANY MAIL BOX. IF POSSIBLE, PROVIDE THE NAME AND ADDRESS OF THE PRESENT OWNER SO THAT WE MAY CONTACT THEM.

☐ SCRAPPED			
☐ STOLEN			
☐ OTHER			
□ SOLD	I HAVE SOLD THE VEHICLE TO:		
☐ MY NEW ADDRESS IS:			
NAME			
STREET		APT.	
CITY	STATE	ZIP	
PHONE			

THANK YOU FOR YOUR COOPERATION