



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 1367

Date Received: **20 MAY 27 17-APR-2003** Repository:

Reference No.
10016095

OWNER INFORMATION (Type or Print)

Name: [Redacted]

Address: [Redacted]

City: **BIG SANDY**

State: **TX**

Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]

E-mail Address: [Redacted]

Evening Telephone Number: [Redacted]

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

Signature of Owner: _____ Date: ____/____/____

VEHICLE INFORMATION

Make: **MERCEDES BENZ** Model: **C280** Model Year: **1999**

Date Purchased: **12-14-03** Dealer's Name and Telephone Number: **CLASSIC (903) 581-0600** Engine: **6** Fuel Type: **gasoline**
No. of Cylinders: **6** Super

Original Owner: Dealer's City: **TYLER, TX** State: **TX** Zip Code: **75710**

Transmission Type: Antilock Brakes Cruise Control Powertrain: _____ Vehicle Component Code: **071110 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY:FILLER**
Multiple Failure: _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): **4-DEC-2002** Failure Mileage: **48000** Failure Speed: _____

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: DOTM19ABC036): _____ 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).

THE VEHICLE'S FUEL TANK FILLER FAILED AND MADE IT DIFFICULT TO FILL THE TANK WITH GAS. THE GAS CAME BACK OUT THE FILLER CAP ALTHOUGH THE TANK DIDN'T HAVE A HALF A TANK OF GAS. *NLM

Because I didn't know when tank was full or not - couldn't get accurate miles per gallon estimate. Also showed 3/4 full but was actually full so gas kept coming back out. See bill for parts # 202-470-39-410 208 470 06-41

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

This Privacy Act of 1974-Public Law 93-502 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.

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**