

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

Form Approved O.H.S. No. 2177-0008
FOR AGENCY USE ONLY 100593

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		Date Received FEB - 1 2012 03-JAN-2012	Repository <input type="checkbox"/> Reference No. 10442970
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
ANDERSON	SC				
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 notices. 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	
		Mercedes Benz	240D	1983	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
3/15/11	Private		No: Cylinders	Diesel	
Original Owner	Dealer's City	State	Zip Code		
	Anderson	SC	29605		
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)	
Auto	<input checked="" type="checkbox"/> Cruise Control			08/25/2011 25-SEP-2011	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Mercedes has fair new tires, produced as Basht in Hulsemi, Hultore.		Failure Mileage	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)	<input type="checkbox"/> Original Equipment	Failure Location:			
	<input type="checkbox"/> Prior Repair				
Tire Component Code	The 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			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).					
CPSC# 111A0573A, FIX A FLAT TIRE INFLATOR. THERE WAS A SERIOUS DEFECT WITH THE CAN THE CONSUMER WAS USING. IT SENT TOXIC TIRE INFLATOR CHEMICALS ALL OVER CONSUMERS BODY. *LN					
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.					



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



Office of Defects Investigation
1200 New Jersey Ave, S.E.
West Bldg., NVS-217
Washington, D.C. 20590

FAX TRANSMITTAL

Date: January 25, 2012

To: [Redacted]

Company: [Redacted]

Telephone Number: [Redacted]

Fax Number: [Redacted]

From: National Highway Traffic Safety

Fax Number: (202) 366-1767

Telephone Number: (202) 366-0699

Message: Please make any necessary changes and send back.

Thank you

Thank you
Please see attached,

Page Count: 2 (including cover page)

I have a life as well if you need. [Redacted] 1/25/12

*202/366-1767
202/366-0699*

*Wrote to
FAX
Back to
your office
For the
network
matters
Thank*