



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 1220

Date Received

09-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8007177

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 and driver's side door) UNKNOWN	Vehicle Make MERCEDES BENZ	Vehicle Model 320E	Vehicle Year 2001	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08113000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:TANK	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

UPON FILLING FUEL TANK NOTICED THAT FUEL WAS SPILLING FROM UNDERNEATH VEHICLE. CONSUMER CANNOT FILL FUEL TANK COMPLETELY. PLEASE PROVIDE ANY FURTHER INFORMATION, AND VEHICLE IDENTIFICATION NUMBER. *AK

COPIES OF REPORTS - FREE -

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 TransportationNational 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 1220

Date Reported

09-APR-2002

OFFICE
DEFECTS INVESTIGATIONOd_or
rt_dt
od_rt
up_itr

Reference No.

8007177

OWNER INFORMATION (Type or Print)

421

Work No.

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorized representative, please provide the name and address to the vehicle manufacturer.☒ YES ☐ NO

Signature of Owner

Date 4/12/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) WDBJF65J21B392890 UNKNOWN		Vehicle Make MERCEDES BENZ	Vehicle Model 320E	Vehicle Year 2001	Current Odometer Reading 5,300
Purchase Date 6/30/01	Dealer's Name Mercedes-Benz of Orlando		Engine Siz (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio	
☒ New ☐ Used	City Orlando		State FL	Zip Code 32751	No Cylinders 6
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☒ Driverside Airbag ☐ Motorbelt ☐ 2-Point Bel ☒ Passengerside Airbag		Cruise Control ☒ Yes ☐ No	Drive Train ☐ Front ☒ Rear ☐ 4-Wheel
Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other		Sport Ult Truck Motorcycle		Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08113000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:TANK	Location ☐ Left ☐ Front ☒ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

UPON FILLING FUEL TANK NOTICED THAT FUEL WAS SPILLING FROM UNDERNEATH VEHICLE. CONSUMER CANNOT FILL FUEL TANK COMPLETELY. PLEASE PROVIDE ANY FURTHER INFORMATION, AND VEHICLE IDENTIFICATION NUMBER. *AK

I know what "Do not top off" means; don't try to fill the tank - But - if for any reason it gets near full the overflow goes out under the car! In my opinion this is very dangerous.

Please acknowledge the receipt of this note. Thanks -

CONTINUE ON BACK IF NEEDED

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