



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 252

Date Received
2003 SEP 15 PM 1:45
12-AUG-2003

Repository ☐
Reference No.
10039775

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City HERMOSA BEACH State CA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
Evening Telephone Number [REDACTED]

E-mail Address [REDACTED]

Do you authorize NHTSA to release information to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorized signature, your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 9/3/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
SALTY124XWA769667

Make LAND ROVER Model DISCOVERY Model Year 1998

Date Purchased 10/01 Dealer's Name and Telephone Number Landrover of Encino 818-501-2100

Original Owner ☐ Dealer's City Encino State CA Zip Code 91436

Engine: No. Cylinders 8 Fuel Type:

Transmission Type ☒ Antilock Brakes Powertrain ☐ Cruise Control

Vehicle Component Code
017400 STEERING LINKAGES ROD RELAY CONNECTING

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) May 25 2003 Failure Mileage 57615 Failure Speed 40mph and accelerating

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]

DOT No. (Example: DOTM19ABC036) ☐ Original Equipment ☐ Prior Repair Failure Location: [REDACTED]

Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]

Seat Type: [REDACTED] Installation System: [REDACTED]

Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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 multiple Number of Deaths 0 Reported to Police Y

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).

WHILE TRAVELING ON THE HIGHWAY AND WITHOUT PRIOR WARNING TIE ROD COLLAPSED, CAUSING AN ACCIDENT. *AK

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.

