



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100079

Date Received 27 AUG 2004 Repository
27-AUG-2004 Reference No.
10088018

OWNER INFORMATION (Type or Print)

Name [REDACTED] Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Address [REDACTED]
City EAGLE State WI Zip Code [REDACTED] Evening Telephone Number SAMT

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 [REDACTED] Date 7/2/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
SALJY1244RA [REDACTED] Make LAND ROVER Model DISCOVERY Model Year 1994
Date Purchased [REDACTED] Dealer's Name and Telephone Number [REDACTED] Engine: No. Cylinders 8 Fuel Type: Gas
Original Owner Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 141000 AIR BAGS:FRONTAL
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 21-AUG-2004 Failure Mileage 250K Failure Speed 25

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 1 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 DRIVING AT 25 MPH CONSUMER WAS UPSET AND SLAMMED THE CONSOLE, AND BOTH FRONT AIR BAGS DEPLOYED. PRIOR TO THIS INCIDENT THERE WAS NO LIGHT INDICATION OF ANY DEFECTS OF THE AIR BAG. ALSO, HORN WAS STUCK AS RESULT CONSUMER HA TO PULL OUT A FUSE. *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.

Eagle Police Department Incident Report

2004-0284

Case No: [REDACTED]	Descr: VEHICLE AIRBAG DEPLOYMENT
Occurred: 08/23/2004 10:00am	Reported: 08/23/04 10:00am
Location: 708 OLDE PROSPECTORS TR, VILLAGE OF EAGLE	
Officer: SGT. RUSSELL J. EHLERS	Status: Closed

Complainant

Addr: [REDACTED] EAGLE, WI [REDACTED]
DOB.: 01/26/64 Age: 40 Sex: Female Race: White

** Juvenile Victim

Addr: [REDACTED] EAGLE, WI [REDACTED]
DOB.: 10/28/93 Age: 10 Sex: Female Race: White

Driver

Addr: [REDACTED] EAGLE, WI [REDACTED]
DOB.: 03/10/59 Age: 45 Sex: Male Race: White

C. SIMMONS Vehicle

Registration: [REDACTED] VIN: SALJY1244RA [REDACTED] Value: [REDACTED]
Year: 1994 Make: Land Rover Model: V8I-DISCOVERY Color: Green

Narrative

This report concerns the deployment of vehicle air bags absent a collision. Follow up by this department is not necessary and this report is listed as closed.

I received a telephone call from Ms. [REDACTED] who informed me she wished to file a police report regarding the deployment of airbags in her family's vehicle.

I did report to her residence on Old Prospectors Trail and met with Ms. [REDACTED] who directed my attention to the family's 1994 Land Rover which was parked in the driveway.

I did inspect both the interior and exterior of the vehicle and took note of no damage that was consistent with the deployment of the vehicle's airbags. I did note both driver and passenger airbags had been deployed. For purposes of clarification the only damage on the vehicle that I noted was a very small crack on the left side of what appeared to be a plastic bumper guard on the front of the vehicle. The crack was approximately one inch in length.

[REDACTED] informed me both airbags deployed simultaneously while [REDACTED] was driving. Daughter [REDACTED] was seated in the front passenger seat while Ms. [REDACTED] was seated in the rear passenger seat.

This deployment occurred while Mr. [REDACTED] was driving west bound on County

Narrative Continued (Page 2)...

Trunk Highway NN near Godfrey Drive at approximately 11:45 pm on 08-21-2004. The family was en route home from the state of Michigan. When the bags deployed Ms. [redacted] reports she was not immediately sure what had happened but saw what she thought was smoke filling the passenger compartment of the vehicle. At the same time [redacted] began pulling the vehicle to the shoulder of the roadway and Ms. [redacted] heard [redacted] say "I'm hurt." [redacted] did sustain a burning sensation on her chin and did have other areas of discomfort. Breanna was treated at the Waukesha Memorial Clinic in Mukwonago the following day as her injuries continued to cause discomfort. [redacted] was treated at the Urgent Care Center of the clinic.

A copy of this report has been forwarded to Mr. Simmons at his request.

Respectfully submitted,
Sgt. Russ Ehlers #2569

Officer: [Signature]

Supervisor: [Signature]

COPY

Date: 08-24-04

Release? YES

Complete? YES

Follow Up? NO