



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

FOR AGENCY USE ONLY 100148

Date Received

Repository

2005 SEP 16 AM 6:01

Reference No.  
10132864

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: EL PASO State: TX Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: [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**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side SALAG254X6A [REDACTED]		Make LAND ROVER	Model LR3	Model Year 2005
Date Purchased 05-MAR-05	Dealer's Name and Telephone Number		Engine: No: Cylinders 8	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY	
Multiple Failure: .1				

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 10-AUG-2005	Failure Mileage 12202	Failure Speed 0		
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**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: DOT1MALBABC038)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 the incident, failure, condition, or injury.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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Narrative Description of Incident(s), Cause(s), 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).

VEHICLES FUEL TANK HAD JUST BEEN FILLED, AFTER APPROXIMATELY TEN (10) MILES THE VEHICLE BEGAN TO EXHIBIT A LOW POWER SITUATION AND THEN BEGAN TO STALL AT IDLE, SUCH AS STOPPING AT A STOP SIGN OR STOP LIGHT. VEHICLE WAS LIMPED APPROXIMATELY TWO (2) MILES TO OWNERS RESIDENCE WHERE IT WAS ALLOWED TO SIT FOR APPROXIMATELY FORTY-FIVE (45) MINUTES INSIDE A CLOSED GARAGE. UPON RETURNING TO THE GARAGE A STRONG ODOR OF FUEL WAS PRESENT. UPON EXAMINATION OF THE VEHICLE IT WAS FOUND THAT A STEADY DRIP OF FUEL WAS COMING FROM AN UNKNOWN LOCATION ON THE UNDERSIDE OF THE REAR OF THE VEHICLE, AND DRIPPING ONTO THE EXHAUST PIPE, SUSPENSION COMPONENTS, AND THEN ON TO THE GARAGE FLOOR. AFTER APPROXIMATELY FIVE (5) MINUTES THE DRIPPING BEGAN TO SLOW AND THEN STOPPED. APPROXIMATELY ONE (1) QUART OF GASOLINE HAD SPILLED ONTO THE GARAGE FLOOR LEAVING A PUDDLE APPROXIMATELY FIVE (5) FEET IN DIAMETER. THE SPILL WAS IMMEDIATELY TREATED WITH A SPILL ABSORBING MATERIAL (CAT LITTER.) LAND ROVER NORTH AMERICA, ROADSIDE ASSISTANCE WAS IMMEDIATELY CONTACTED AND REQUIRED THE OWNER TO IMMEDIATELY CONTACT THE LOCAL FIRE DEPARTMENT TO COME VERIFY THAT THE VEHICLE WAS NOT A THREAT TO THE RESIDENCE AND WOULD BE SAFE FOR FLATBED TRANSPORT TO THE NEAREST AUTHORIZED DEALER. UPON INSPECTION, THE DEALERSHIP NOTIFIED THE OWNER THAT THE VEHICLES FUEL TANK HAD A FAULTY INTERNAL VALVE AND THE FUEL TANK WOULD NEED TO BE R

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

No changes necessary.  
Repair Order Faxed to Mr. Steve Chan ODI

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH2DOT**

and dial toll free at:

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**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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[www.nhtsa.dot.gov/online](http://www.nhtsa.dot.gov/online)