



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 100148

Date Received

24-MAR-2006

Repository ☐

Reference No.
10153632

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City PANORAMA CITY State CA Zip Code [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 3/1/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side SALPV1413 [REDACTED]		Make LAND ROVER	Model RANGE ROVER	Model Year 1999
Date Purchased 01-SEP-04	Dealer's Name and Telephone Number SPECIALTY MOTORS		Engine: No: Cylinders 8	Fuel Type: Gas
Original Owner ☐	Dealer's City VAN NUYS	State CA	Zip Code	
Transmission Type AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 152000 SEAT BELTS: REAR Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 24-MAR-2006	Failure Mileage 124768	Failure Speed	
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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: DOTM15ABC036)	☐ Original Equipment ☐ 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 in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Deaths	Reported to Police N
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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).

DT*: THE CONTACT STATED THE REAR PASSENGER SEAT BELT BUCKLE CAME APART AND IS INOPERABLE. ALSO, THE REAR DRIVER SIDE SEAT BELT IS BEGINNING TO COME APART. THE DEALERSHIP WAS ALERTED, BUT THE VEHICLE HAS NOT BEEN INSPECTED.

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.