



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: 7:02 PM -2 10-APR-2006
Repository:
Reference No.: 10154954

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: EVERGREEN State: CO Zip Code: [REDACTED]
Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
Evening Telephone Number: [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: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: SALSF25416 [REDACTED]
Make: LAND ROVER Model: RANGE ROVER SPORT Model Year: 2006
Date Purchased: 10-JUL-05 Dealer's Name and Telephone Number: LANDROVER DENVER SOUTH Engine: No: Cylinders: 8 Fuel Type: Gas
Original Owner: Dealer's City: DENVER State: CO Zip Code: [REDACTED]
Transmission Type: AUTOMATIC Antilock Brakes Powertrain: 4 WHEEL DRIVE Vehicle Component Code: 021230 SUSPENSION:FRONT:SPRINGS:AIR SUSPENSION SYSTEM
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 18-APR-2006 Failure Mileage: 6601 Failure Speed: 65

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ The Model (Name or Number): _____ The Size (Example P215/65R15): _____
DOT No. (Example: DOTR13ABC036) 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), factual conditions, and injury(ies).)

Crash: Yes No Fire: Yes No Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: N
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).

DOT: THE CONTACT STATED WHILE TRAVELING 30 MPH, THE STEERING AND BRAKES WENT OFF, CAUSING TOTAL LOSS OF CONTROL OF THE VEHICLE. IT WAS TOWED TO THE DEALERSHIP WHERE THE AIR SUSPENSION WAS RECALIBRATED. NINE DAYS LATER, THIS OCCURRED AGAIN WHILE TRAVELING 65 MPH, THE VEHICLE WAS TOWED TO THE DEALERSHIP AND IS AWAITING INSPECTION.

No!! The air Suspension system collapsed on both occasions.

Include, if available: Police/Firm 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.