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	Repository ☐
31-AUG-2006	Reference No. 10167174

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City WAIANAE	State HI	Zip Code	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 a [redacted]vide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 09/11/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
SALNM22293A[redacted]	LAND ROVER	FREELANDER	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
05-JUN-03	FLAT IRON LAND ROVER UNKNOWN			No: Cylinders 6	Gas
Original Owner ☒	Dealer's City SUPERIOR	State CO	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain 4 WHEEL DRIVE	073100 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:FUEL RA Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
24-AUG-2006	59000	20	

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

DT*: THE CONTACT STATED WHILE DRIVING 20MPH DOWN THE STREET, THE ENGINE STALLED AND OPERATED AT A REDUCED SPEED WITHOUT WARNING. THE ACCELERATOR WAS FIRMLY DEPRESSED AND A SMELL OF GASOLINE FILLED THE VEHICLE, YET THE VEHICLE CONTINUED TO OPERATE AT A REDUCED SPEED. THE VEHICLE WAS COASTED TO THE SIDE OF THE ROAD. IT WAS TOWED TO THE DEALER WHO DETERMINED THE FUEL LINE CLIPS FRACTURED RESULTING IN FUEL RAIL LEAKAGE. THE FRACTURED FUEL RAIL AND CLIPS WERE REPLACED WHICH STOPPED THE FUEL LEAKAGE. THE MANUFACTURER WAS ALERTED. and stated they would not consider it a safety issue because the SUV was out of warranty. I believe this to be a safety issue due to the potential for fire

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

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).