



U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

Auto Safety Hotline

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

12-MAR-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

742330

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### VEHICLE INFORMATION

|                                                                                                                                                          |                                                                                           |                                                                                                                                                                                                                                                    |                                                                                                                                              |                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vehicle Ident. No. (VIN)<br><small>(Locate at bottom of<br/>windshield or driver's side<br/>door)</small><br><b>SALPV1246SA313453</b>                    | Vehicle Make<br><b>LAND ROVER</b>                                                         | Vehicle Model<br><b>RANGE ROVER</b>                                                                                                                                                                                                                | Vehicle Year<br><b>1995</b>                                                                                                                  | Current Odometer Reading<br>_____                                                                                                                                                                                      |
| Purchase Date<br><b>01-APR-2098</b>                                                                                                                      | Dealer's Name _____                                                                       | Engine Size<br>(CID/CC/L) <b>4.0</b>                                                                                                                                                                                                               | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                        |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                    | City _____ State _____ Zip Code _____                                                     | No Cylinders _____                                                                                                                                                                                                                                 |                                                                                                                                              |                                                                                                                                                                                                                        |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                                               | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                     | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel                                                                                          |
| Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____ | Sport Util<br><input type="checkbox"/>                                                    | Truck<br><input type="checkbox"/>                                                                                                                                                                                                                  | Motorcycle<br><input type="checkbox"/>                                                                                                       | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____ |

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

|                                           |                                                                                             |                                                                                                                                                |                                                                                             |
|-------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>02470000<br/>05100000</b> | Part Name(s)<br><b>SUSPENSION: SINGLE AXLE: REAR: AIR SUSPENSION SYSTEM<br/>ENGINE</b>      | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure<br><b>4</b>                 | Date(s) of Failure(s)<br><b>31-DEC-2000</b><br>138600<br>Mileage at Failure(s)<br><b>35</b> | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                     | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                |

### APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

|                                                                   |                                                                             |                                       |                                  |                                   |                                                                                           |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------|----------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------|
| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br><b>C</b> | Number of Fatalities<br><b>0</b> | Estimated Property Damag<br>_____ | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------|----------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------|

### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE AIR BILLOWS FAILED UNDER NORMAL CIRCUMSTANCES, IT TOOK THE DEALER APPROX. 1 MONTH TO REPAIR AT A COST OF \$1,600. WITHIN 24 HOURS OF RECEIVING THE VEHICLE BACK, THE ENGINE SIEZED. THE MANUFACTURER WAS TO ATTEMPT TO REPAIR WITH A REFURBED ENGINE, (ESTIMATED REPAIR COST TO BE APPROX. \$3,000 - \$6,000.) IT HAS BEEN OVER TWO MONTHS, AND THE DEALER HAS NOT PROGRESSED AT ALL WITH THE REPAIR. THE DEALER HAS ALSO REFUSED A LOANER VEHICLE, OBVIOUSLY DUE TO THE EXTENDED TIME REQUIRED TO ATTEMPT THE REPAIR. THE DEALER HAS FAILED TO COMMUNICATE ANY PROGRESS TO DATE. ALL COMMUNICATIONS HAVE BEEN MADE BY MYSELF IN AN EFFORT TO INQUIRE ABOUT ANY PROGRESS. NONE TO DATE TO REPORT. I AM EXTREMELY FRUSTRATED AT THE LEVEL OF SERVICE RECEIVED TO DATE, AND AM SUSPICIOUS OF THE

CONTINUE ON REVERSE

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.