



DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 333

Data Received 22-MAY-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 862324	

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) <small>(Listed at front of windshield or drivers side)</small> SALDV2286RA934150	Vehicle Make LAND ROVER	Vehicle Model DEFENDER 90	Vehicle Year 1995	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07310000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:INDICATOR:LEVER:GE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) 18-MAY-2000	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 53000		
	Vehicle Speed at Failure(s) _____		

APPLICATION INCIDENT INFORMATION

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

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE PARKING VEHICLE AND THEN ATTEMPTING TO BACK UP UP IN REVERSE, WAS NOT ABLE TO DISENGAGE SHIFT LEVER. HIT CURB AND WENT OVER IT. TURNED VEHICLE OFF. VEHICLE IS IN THE PROCESS OF BEING REPAIRED. *AK

CONTINUED ON BACK PLEASE

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.



U.S. Department of Transportation
National Highway Traffic Safety Administration

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Date Received

00 JUN -8 PM 3:26
22-MAY-2000
OFFICE

Off. or Agent
Ed. rt
Up. Nr

EFFECTS INVESTIGATION

Reference No.

862324

OWNER INFORMATION (Type or Print)

610484

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an YES NO
Signature of Owner I NOT provide your name and address to the vehicle manufacturer.

Date

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) SALDV2286RA934150	Vehicle Make LAND ROVER	Vehicle Model DEFENDER 90	Vehicle Year 1995	Current Odometer Reading
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Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) No Cylinders 8	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Ut Truck Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
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CONTINUE ON BACK IF NEEDED

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MAY 25, 2000
VIA FAX 301 731 9054 & 201 930 8362

ATTN: LANDROVER NORTH AMERICA / CUSTOMER RELATIONS / & OR
RAYMOND

FROM: [REDACTED]
[REDACTED]

RE: 94 DEFENDER #SALDV2286RA934150

AS I HAD REPORTED TO LANDROVER, THERE IS A PROBLEM WITH THE TRANSMISSION. ONE OF THE PROBLEMS WAS THAT I WAS UNABLE TO DIS-ENGAGE THE GEAR.

THIS WAS A DANGER TO MYSELF AND OTHERS. WHEN I WAS PARKING, I WAS UNABLE TO TAKE THE TRUCK OUT OF GEAR AND I ALMOST RAN SOMEONE OVER ON THE SIDEWALK.

BASED ON THE ATTACHED SERVICE RECORD, THIS TRANSMISSION WAS REBUILT FOR PRIOR PROBLEMS WHEN THE TRUCK HAD ONLY 11,673 MILES. THE TRUCK HAS ONLY 53,000 MILES NOW.

I HAVE BROUGHT THE TRUCK INTO AN INDEPENDENT TRANSMISSION SPECIALIST.

I EXPECT LAND ROVER NORTH AMERICA TO FURNISH A NEW TRANSMISSION.

SHOULD I NOT BE CONTACTED WITHIN SEVEN DAYS, I WILL SEEK LEGAL ACTION. I HAVE ALREADY REPORTED THIS MATTER TO THE FEDERAL TRANSPORTATION AUTHORITY.

LANDROVER MAY CONTACT ME TO ARRANGE AN INSPECTION.

C. HENRY FURST, ESQ.





MERCEDES BENZ RANGE ROVER

3233 PACIFIC COAST HIGHWAY TORRANCE, CALIFORNIA 90505

PHONE (310) 534-3333

ADVISOR DENIS ADAM

DATE READY	STOCK NO.	VEHICLE IDENTIFICATION	CUST. NO.	TAX NO.	P.O. NO.	INVOICE PRINTED	INVOICE NO.
13MAR96	5584R	BALDV2286RA934150	26311	T8344		13MAR96	157760
TIME READY	YEAR	MAKE & MODEL	TELEPHONE NO.	CUST. PAY LABOR RATE	DELIVERY DATE	PREPARED BY	S.A.
10:35	94	LAND ROVER DEFENDER	831-9551		04AUG94	109J	1155
PLATE NO.	REGISTRATION	LICENSE NO.					
673	11682						

DESCRIPTION	QTY	UNIT PRICE	AMOUNT	TOTAL
132 WR 14.80				(N/C)
1 FTC2462 GEAR 2ND SPD				(N/C)
2 FTC1312 BEARING 2ND				(N/C)
1 STC8577 SYNCHRO, 1 &				(N/C)
2 FTC2282 RING BULK G				(N/C)
1 FTC6797 GASKET KIT,G				(N/C)
132 CR 0.40			30.00	30.00
1 EPP3440 FILTER, OIL		8.66	8.66	8.66
1 213961 DRAIN PLUG G		3.36	3.36	3.36
132 CR 12.04			12.04	12.04
132 CR 0.00			0.00	0.00

DESCRIPTION	TOTALS
LABOR AMOUNT	30.00
PARTS AMOUNT	12.02
GAS, OIL, LUBE	12.04
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	54.06
LESS INSURANCE	0.00
SALES TAX	1.98
PLEASE PAY THIS AMOUNT	56.04

CASH CHARGE CHECK
 VISA MC

YOU MAY RECEIVE A SURVEY FROM MERCEDES-BENZ OR LAND ROVER REGARDING YOUR SERVICE EXPERIENCE. IF YOU ARE LESS THAN COMPLETELY SATISFIED PLEASE CALL OUR SERVICE MANAGER MARIO SILVI AT 534-3333 EXT 325 SO WE MAY ADDRESS YOUR CONCERN. THANK YOU.

PARTS ARE NEW UNLESS SPECIFIED OTHERWISE

IF WORK HAS NOT BEEN PERFORMED AS REQUESTED OR IF YOU FEEL THAT THE REPAIRS ARE NOT SATISFACTORY, PLEASE CONTACT YOUR SERVICE ADVISOR IMMEDIATELY. ANY COMPLAINTS PERTAINING TO THIS WORK ORDER MUST BE LOGGED WITHIN 10 DAYS.

CUSTOMER COPY