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

2003 OCT -1 PM 10:45

FOR AGENCY USE ONLY 100147

Date Received: 11-SEP-2003
Repository ☐
Reference No.: 10039753

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: WEST BLOOMFIELD | State: MI | Zip Code: [redacted]
Daytime Telephone Number: [redacted]
Evening Telephone Number: [redacted]
E-mail Address: [redacted]

Do you authorize NHTSA to forward your name and address to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an affirmative response, NHTSA will not provide your name or address to the vehicle manufacturer.
Signature of Owner: [redacted] Date: 10/31/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
SAJDA14CXYLF19919	JAGUAR	XJR	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
10/01/02	Jaguar of Novi			No. Cylinders 8	
Original Owner ☐	Dealer's City: Novi Michigan	State: Mich	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
	☐ Antilock Brakes ☐ Cruise Control		031000 SERVICE BRAKES, HYDRAULIC:PEDALS AND LINKAGES
			Multiple Failure: "1"

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
12-JUN-2003			

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: DOTMA9ABC036)	☐ 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) Following, 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).

WHILE DRIVING AND AT ANY BRAKING CONDITIONS WHEN DEPRESSING THE BRAKE PEDAL STEERING WHEEL WOULD SHAKE AND VIBRATE HEAVILY. DRIVER MADE CONTACT WITH THE DEALER ON THREE SEPARATE OCCASIONS, AND PROBLEM STILL OCCURS. *AK

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