

10061259

Form Approved: O.M.B. No. 2127-0038



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-6399
DC METRO AREA (202) 386-0123
INTERNET: <http://www.nhtsa.dot.gov>

2009 MAR - 3 PM 2
Use a No. 2 pencil or a ballpoint or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received	Od-or _____
Reference No.	rt-rt _____
	od-rt _____
	up-rt _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

NAME: [REDACTED]

STREET NO. TALMADGE APT. NO. _____

CITY TALLAHASSEE STATE FL

ENTER ZIP CODE _____ ZIP CODE + 4 _____ AREA CODE _____

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 and address to the vehicle manufacturer.

SIGNATURE OF OWNER: [REDACTED] DATE: 2/18/09

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
<u>SABDA01CXYE</u>	<u>JAGUAR</u>	<u>S-TYPE</u>	<u>032000</u>	<u>2000</u>

VEHICLE MANUFACTURER

BMW Ford Honda Nissan Subaru Volvo Other JAGUAR

Daimler/Chrysler General Motors Hyundai Saab Toyota VW

PURCHASE DATE	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME	CITY	STATE	ZIP CODE
<u>7/00</u>		<u>HATFIELD JAGUAR</u>	<u>JACKSONVILLE</u>	<u>FL</u>	

ENGINE SIZE (OD/CC/L)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM	CRUISE CONTROL
	<input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	<input type="radio"/> Diesel <input checked="" type="radio"/> Gas	<input checked="" type="radio"/> Manual <input type="radio"/> Automatic	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passengerside Airbag <input type="radio"/> Motorbelt <input type="radio"/> 3-Point Belt	<input checked="" type="radio"/> Yes <input type="radio"/> No

DRIVETRAIN	VEHICLE TYPE	DOORS	BODY STYLE
<input type="radio"/> Front <input type="radio"/> 4-Wheel <input checked="" type="radio"/> Rear	<input checked="" type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other _____ <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle	<input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	<input type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input checked="" type="checkbox"/> Other <u>WHEELS</u>	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT	TIRE BRAND	
	VEHICLE SPEED AT INCIDENT		
FAILED PART(S)	<input checked="" type="radio"/> Original <u>4</u> <input checked="" type="radio"/> Replacement <u>4</u>		
HANDICAPPED ADAPTIVE	FAILED PART(S) AVAILABLE	NHTSA PREVIOUSLY CONTACTED?	
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.	CRASH	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT
	<input type="checkbox"/> Yes <input checked="" type="radio"/> No	<u>0</u>		
	FIRE	NUMBER OF FATALITIES		
	<input type="checkbox"/> Yes <input checked="" type="radio"/> No	<u>0</u>	<input type="checkbox"/> Wear/Comed/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fall Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Loose/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	<input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration

PLEASE DO NOT WRITE IN THESE SPACES



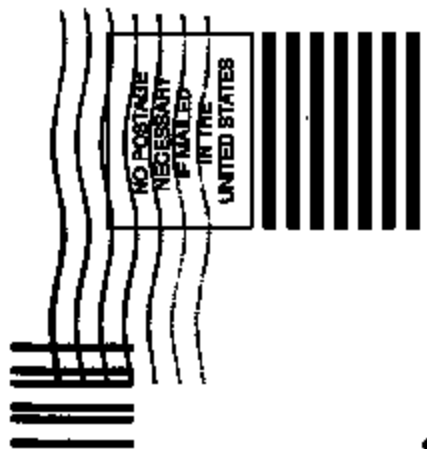
08370

narrative description of incident(s), failure(s),
rash(es), location(s), and injury(es). Include
additional accidents if applicable.

POWER WINDOWS REGULATORS HAVE
FAILED FOUR TIMES DRIVER'S SIDE
FRONT EB, DRIVER'S SEAT(1) AND
PASSENGER SEAT(1). PASSENGER
FRONT SOUND WIRE IT'S ABOUT 50
50.

Horizontal lines for writing a narrative description of incident(s), failure(s), rash(es), location(s), and injury(es).

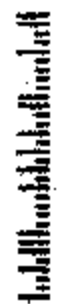
Continue on additional page if necessary.
Indicate any additional incidents. (Include date and mileage)
Privacy Act of 1974—Public Law 93-502 This information is requested
pursuant to authority vested in the National Highway Traffic Safety Act and subsequent
amendments. You are under no obligation to respond to this questionnaire. Your
response may be used to assist the NHTSA in determining whether a manufacturer
could take appropriate action to correct a safety defect. If the NHTSA proceeds with
administrative enforcement or litigation against a manufacturer, your response, or a
concise summary thereof, may be used in support of the agency's action.
Printed by NCS 800-225-224-1494321 NHTSA Form 350 (Rev. 8/98) Made in U.S.A.
Copyright 1998 by National Computer Systems, Inc. All rights reserved.



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590



Complete and return or place in your car manual for future use



VEHICLE OWNER'S QUESTIONNAIRE (VOQ)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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

www.nhtsa.dot.gov/hotline

U.S. Department
of Transportation
National Highway
Traffic Safety
Administration
400 Seventh St., S.W.
Washington, D.C. 20590
Official Business
Penalty for Private Use \$300