



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 335

Date Received  
2004 APR -1 PM 12:19  
08-MAR-2004

Repository

Reference No.  
10061584

OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City FRANKLIN State MA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]  
Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of a signature, your name or address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 3/24/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
SAJEA51DX3XG87672  
Model JAGUAR Model Year 2003  
Model X-TYPE

Date Purchased 02-AUG-02 Dealer's Name and Telephone Number ENTERPRISE  
Original Owner  Dealer's City WARWICK, RI State RI Zip Code 02907  
Engine: No: Cylinders Fuel Type:

Transmission Type  Antilock Brakes Powertrain Vehicle Component Code  
 Cruise Control 181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 02-AUG-2004  
Failure Mileage 50000  
Failure Speed 5 mph

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15)  
DOT No. (Example: DOTM18ABC036)  Original Equipment  Prior Repair Failure Location:  
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash  Yes  No Fire  Yes  No  
Number of Persons Injured 0 Number of Deaths 0 Reported to Police X 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).

BRAKE PEDAL AND GAS PEDAL ARE TOO CLOSE. ONCE WHEN APPLYING THE BRAKES THE TIP OF CONSUMER'S FOOT HIT THE ACCELERATOR, AND CAUSED THE VEHICLE TO CONTINUE ACCELERATING INSTEAD OF STOPPING. THIS RESULTED IN A CRASH. \*AK WE WROTE TO THE PRESIDENT OF JAGUAR CONCERNING THIS DANGEROUS DEFECT. THE BRAKE AND ACCELERATOR ARE SEPARATED BY LITTLE MORE THAN 2 INCHES -- AN UNACCEPTABLE CONDITION.

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

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.