



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100181

Date Received

Repository ☐

10-MAR-2004 3:25

Reference No.
10061798

OWNER INFORMATION (Type or Print)

Name

Address

City

HUNTINGTON STATION

State

NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 or address to the vehicle manufacturer.

Signature of Owner _____ Date 3/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

JAGUAR

Model

X-TYPE

Model Year

2003

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

☒

Dealer's City

State

Zip Code

Transmission Type

☒ Antilock Brakes

Powertrain

Vehicle Component Code

201000 WHEELS:RIM

Multiple Failure: 2

AUTOMATIC

☐ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

2/8/04

7000

30 MPH

HYPERMIL - 2 RIMS CRUSHED - (AK & BE DRIVEN)

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: DOTM18ABC036)

☐ 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), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes

☒ No

Fire

☐ Yes

☒ No

Number of Persons Injured

0

Number of Deaths

Reported to Police

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).

THE VEHICLE HIT A POLE IN THE ROAD, CAUSING THE RIMS TO CRUSH AND THE TIRES TO DEFLATE. THE TIRES AND RIMS WERE REPLACED AND ALIGNED. THIS HAPPENED TWICE BEFORE. IT WAS A SECURITY CONCERN FOR THE CONSUMER. *AK

THE TIRES WERE INTACT - THE RIMS CRUSHED.
+ I ≠ DRIVE THE CAR.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) The 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