



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

FDR AGENCY USE ONLY 180078

Date Received
2004 OCT 15 AM 9:02
14-JUL-2004

Repository
Reference No.
10081895

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City WEST ORANGE State NJ Zip Code 07062

Daytime Telephone Number _____ E-mail Address _____
Evening Telephone Number _____

Do you authorize NHTSA to include a name of this owner on the manufacturer of your vehicle? YES NO
In the absence of an _____ name or address to the vehicle manufacturer.
Signature of Owner _____ Date 07/15/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: SAJEA53D52
Make JAGUAR Model X-TYPE Model Year 2002
Date Purchased _____ Dealer's Name and Telephone Number MONTELAIR 973-746-4501
Engine: No. Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City MONTELAIR NJ State NJ Zip Code 07042
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE
Vehicle Component Code 201000 WHEELS: RIM
Multiple Failure: 1 5 Rims over time

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 14-JUL-2004 Failure Mileage 0-25,000 Failure Speed CRUISING Rims
20-50 mph

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: DOTM19ABC036) 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 _____ 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).

WHILE DRIVING AT ANY SPEED THERE WAS SEVERE VIBRATION IN FRONT AND REAR. THE VEHICLE WAS TAKEN TO DEALERSHIP, AND TECHNICIAN DETERMINED THAT RIMS WERE BENT. PREVIOUS TO DIAGNOSIS, CONSUMER REPLACED ONE OF THE REAR RIMS WHICH WAS BENT. *AK

all the Rims

TOTAL 5 RIMS Replaced
Replaced Tires because they are not suitable to
rims & tires broke.

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) 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

The JAGUAR X J leased with sport wheels. The tires are too close to the normal street to rim. I believe I have 17" rims. During normal driving any slight pot hole or bump will cause the tire to strike the pavement. I could not take my JAGUAR on a vacation. I am afraid that if I'm going above 50 mph and hit any hole like rim or tires will NOT survive.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 72173 WASHINGTON, D.C.

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



U.S. Department of Transportation
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Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



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COMPLETE THIS FORM
OR

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and dial toll free at

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(DASH) 2 DOT



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