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

2005 JAN 3[illegible] AM 2:37

FOR AGENCY USE ONLY 100247

Date Received	Repository ☐
08-DEC-2004	Reference No. 10103387

OWNER INFORMATION (Type or Print)

Name [redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]	Evening Telephone Number	
City SHORELINE / State WA / Zip Code [redacted]		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an a[redacted]ovide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 12/17/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
SAJJA42C1YN[redacted]	JAGUAR	XK8	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
11-14-04				No: Cylinders 8	GAS
Original Owner ☐	Dealer's City Bellevue,	State WA	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain rear	060000 ENGINE AND ENGINE COOLING Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
17-NOV-2004	57,800	10 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: DOTMAL9ABC036)	☐ 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	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).

VEHICLE STALLED INTERMITTENTLY. THERE HAD BEEN INCIDENTS WHERE VEHICLE DIED IN THE MIDDLE OF THE ROAD, AND CONSUMER LOST CONTROL OF STEERING AND BRAKES. NO INJURIES REPORTED. *AK

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