

U.S. Department
of TransportationNational 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

Date Received

Od_or _____

rt_dt _____

od_rt _____

up_ftr _____

AM 7:49

Reference No.

10119299

OWNER INFORMATION (Type or Print)

2015 APR 29

Apt. No.

N/A

Zip Code

Daytime Telephone Number

City
LufkinState
TX

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 1/1

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) SAJEA5T C22W1		Make Jaguar		Model X Type 4 Door Sedan		Year 2002	
Purchased Date		Dealer's Name Al Meyer Ford		Engine Size (CID/CC/L) 3.0		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		Dealer's City Lufkin		Zip Code 75901		No. Cylinders 4	
<input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		State TX		Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	
Manufacture Date (on driver's door or pillar) N/A		Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		Restraint System <input checked="" type="checkbox"/> Driver's Side Air Bag <input type="checkbox"/> Motorized <input checked="" type="checkbox"/> Passenger's Side Air Bag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt		Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) CRUISE CONTROL INOP + BREAKS		Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand N/A		Tire Name	
Complete Tire Size		DOT No.	
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)		

APPLICABLE INCIDENT INFORMATION

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

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	Number of Fatalities 0	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

CRUISE CONTROL INOPERATIVE - FAIL BREAKS
Embanked on drivers side - rolled over two times - landed
by some trees - no air bags came out
my wife - head injuries, head was crushed to the point it was
soft full of glass, cut on left side of eye, and glass and trash in
them - seat belt cut into neck, lap belt had deep bruise on hip
belt go across chest caused chest pain, trauma in stomach area.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-368-7082

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

one cut on left side of head and one in the back of head
myself. head injuries, head bumping up against roof of car
neck injury - felt like neck in my chest, back injured, knees
cuts on my arms + leg

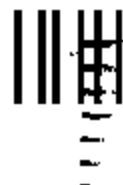
ATTACH ADDITIONAL SHEETS IF NECESSARY

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 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
(V00Q)**

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

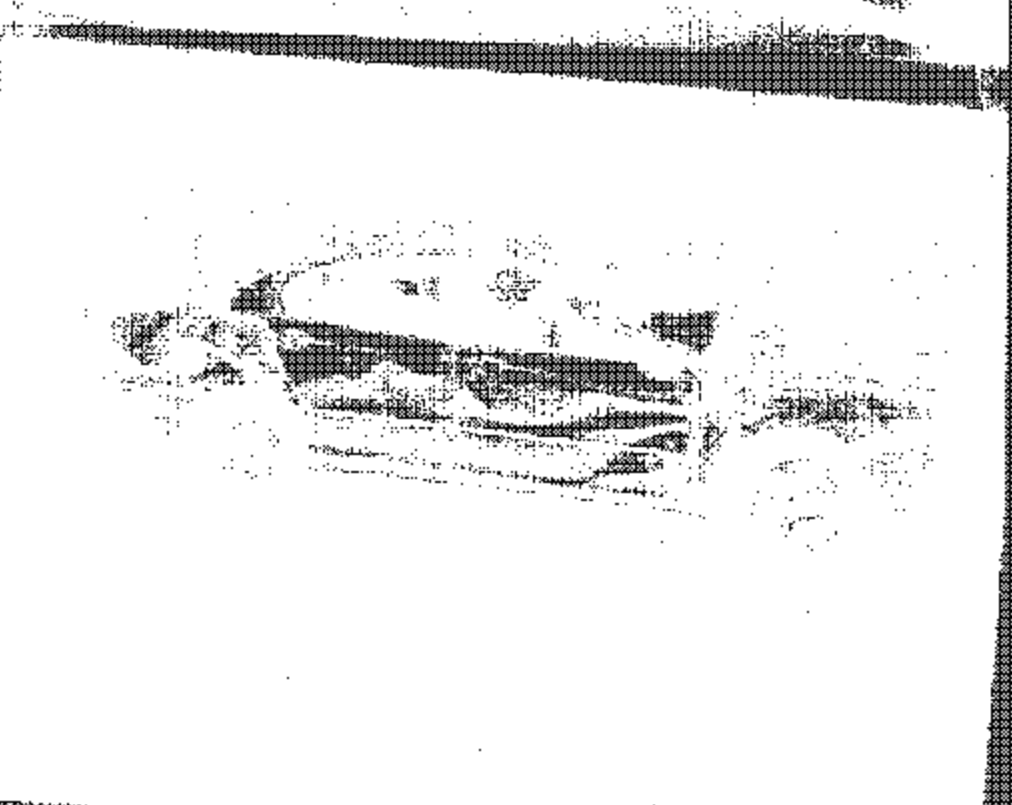
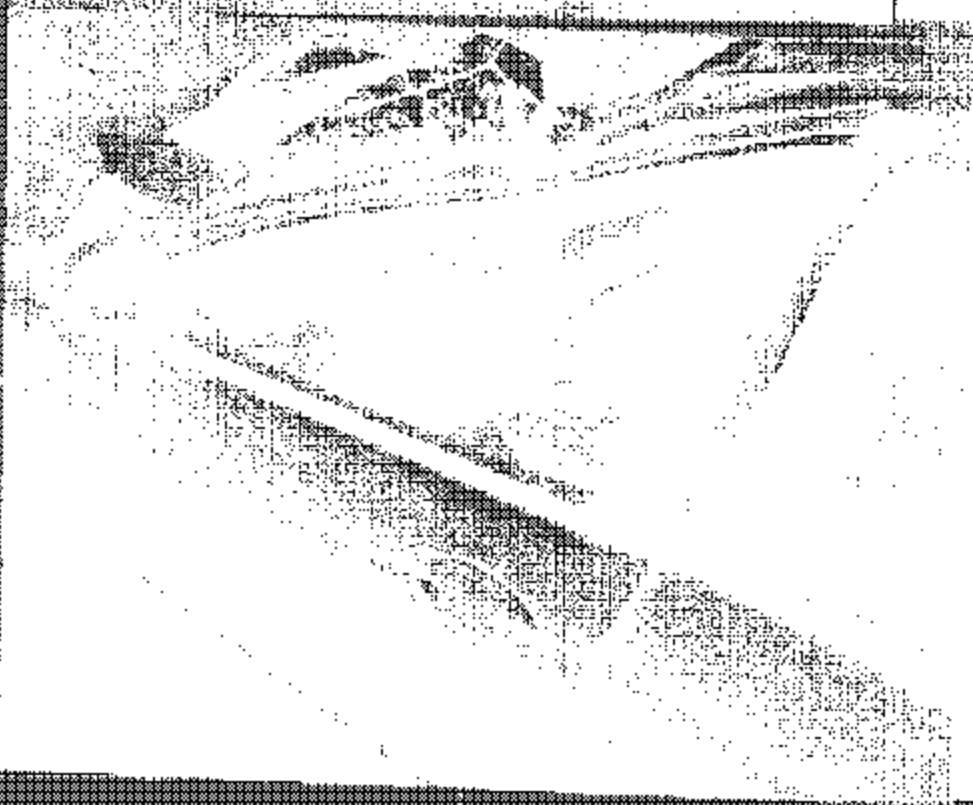
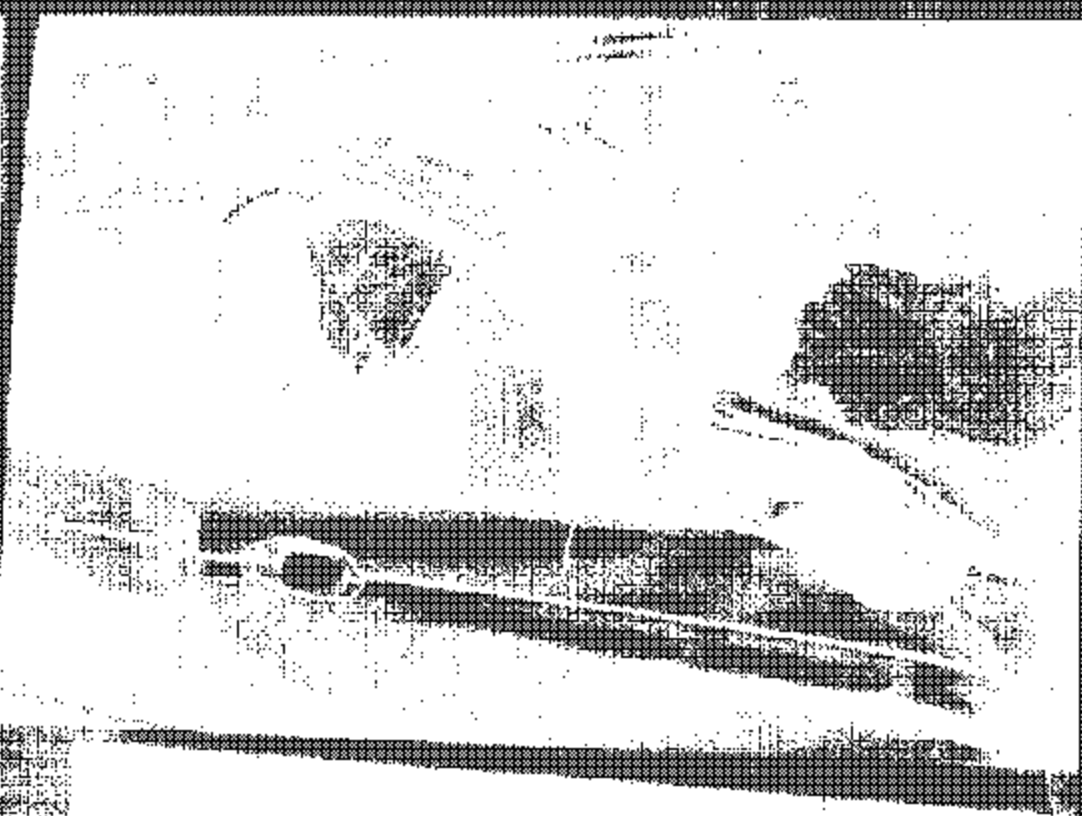
1-888-327-4236

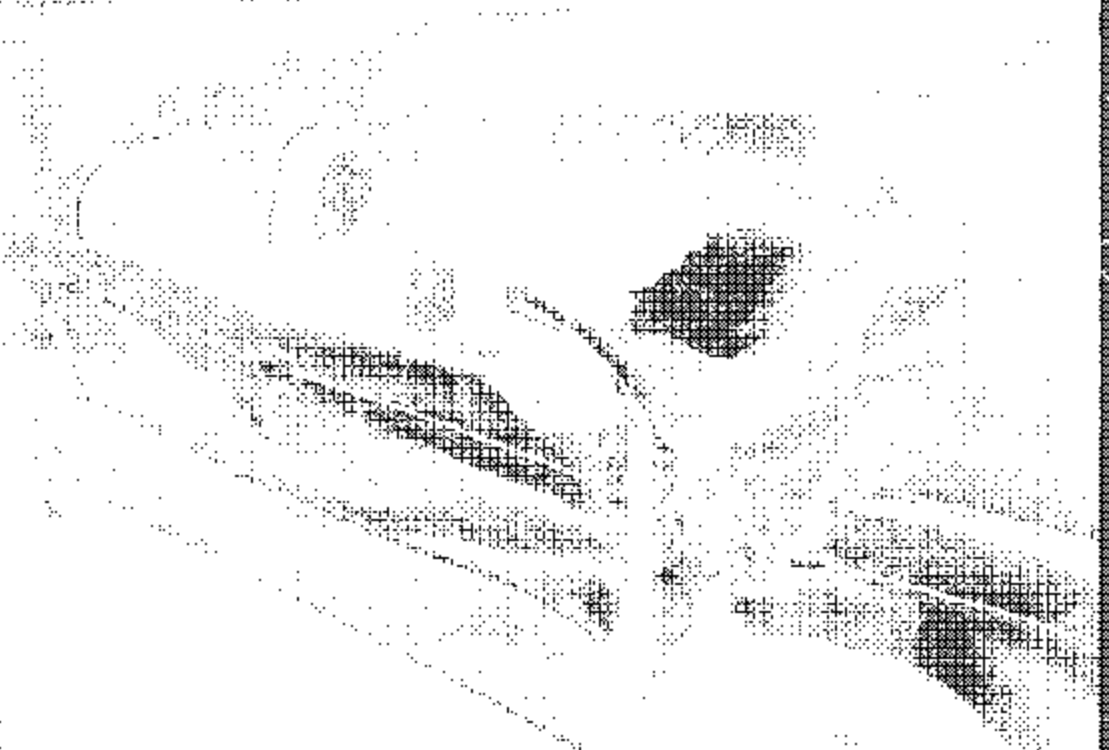
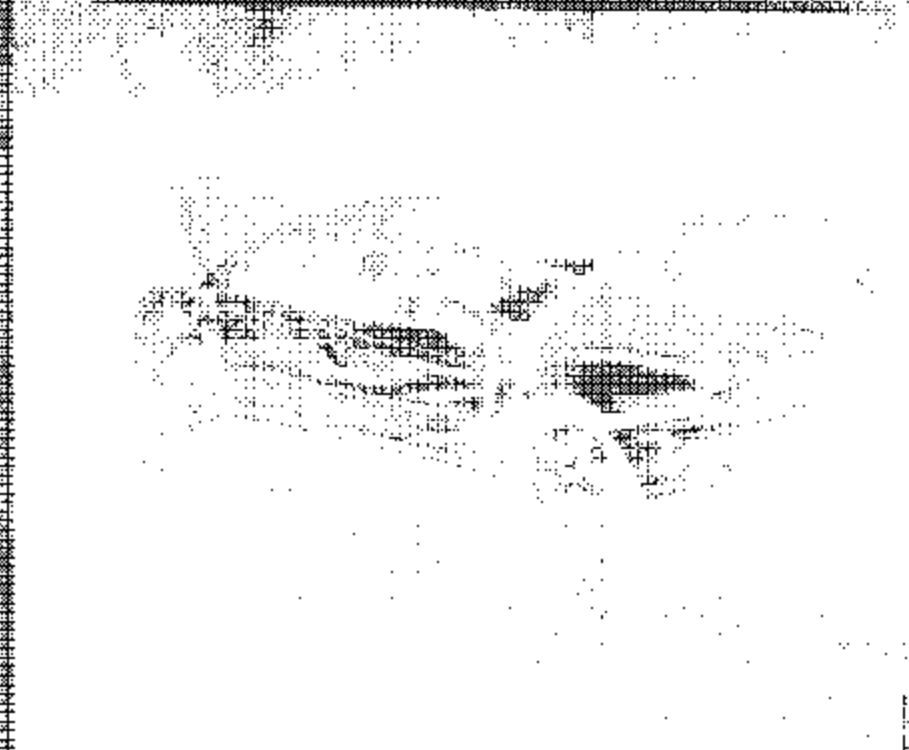
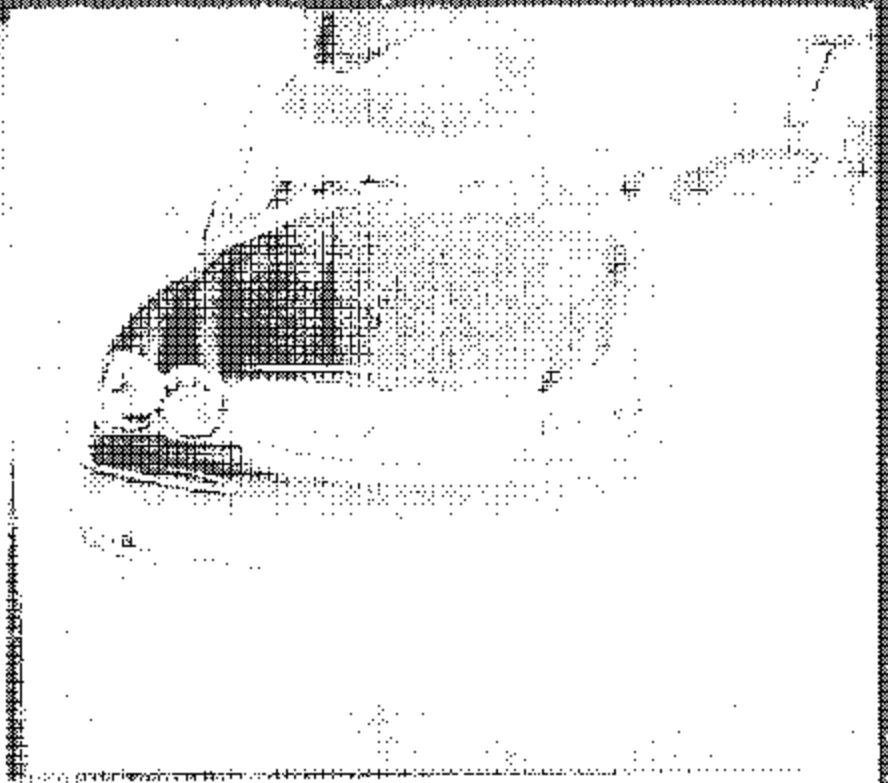
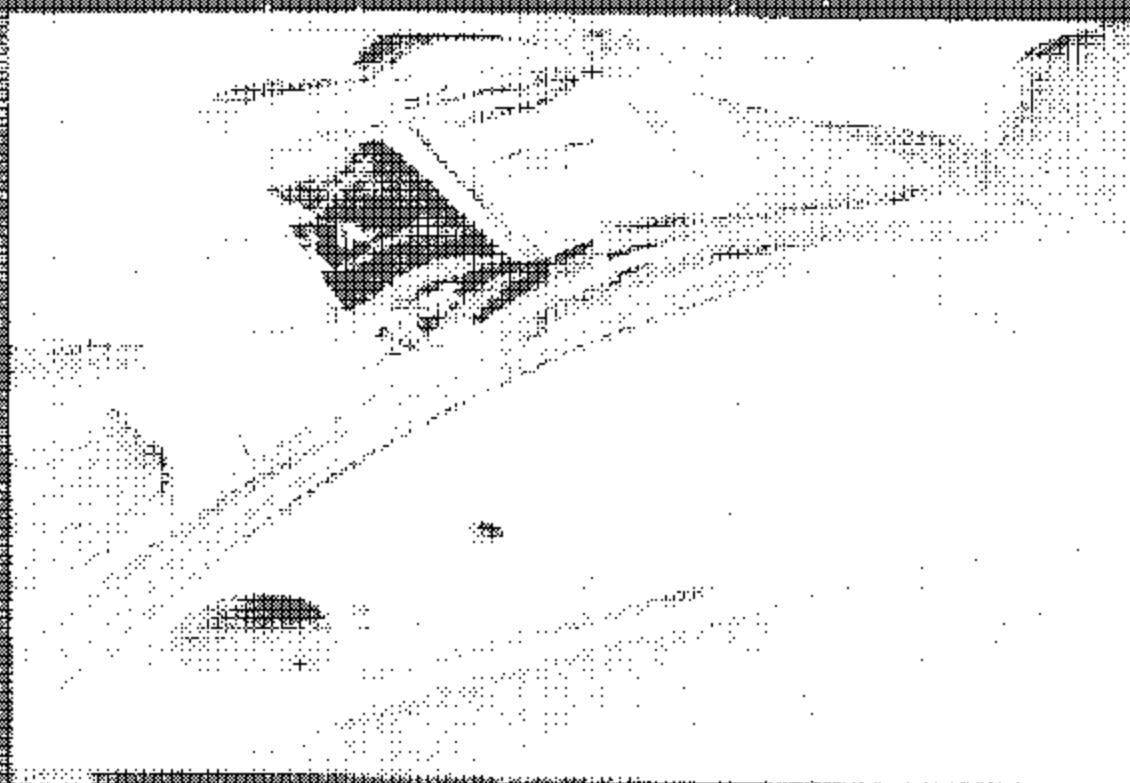
DOT Auto Safety Hotline
(DASH) 2 DOT



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Date of Accident 10-25-89

A factory built defect on
Jaguar X-Type vehicles 2002 and 2003
model 4 wheel 2Dt C00294 to D1711

