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|  <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> | | <p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4238) INTERNET: www.nhtsa.dot.gov/hotline</p> | | <p>FOR AGENCY USE ONLY 100148</p> | |
| | | <p>Date Received -3 AM 4:10 03-MAY-2005</p> | | <p>Repository <input type="checkbox"/></p> <p>Reference No. 10119569</p> | |
| OWNER INFORMATION (Type or Print) | | | | | |
| Name | | Address | | Daytime Telephone Number | |
| City | | State | | Evening Telephone Number | |
| OAKLAND | | CA | | | |
| Zip Code | | E-mail Address | | | |
| | | | | | |
| <p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date _____</p> | | | | | |
| VEHICLE INFORMATION | | | | | |
| 17 Digit Vehicle Identification Number (located as bracelet of steel disk on driver's side) | | Make | | Model | |
| SAJAV1347D0 | | JAGUAR | | XJ6 | |
| Model Year | | Date Purchased | | Engine: | |
| 1983 | | 06-MAR-05 | | No: Cylinders 8 | |
| Dealer's Name and Telephone Number | | State | | Fuel Type: | |
| AUTO EXPERTS | | CA | | Gas | |
| Original Owner <input type="checkbox"/> | | Dealer's City | | Zip Code | |
| | | RICHMOND | | 94806 | |
| Transmission Type | | Powertrain | | Vehicle Component Code | |
| AUTOMATIC | | UNKNOWN | | 072100 FUEL SYSTEM, GASOLINE-DELIVERY:FUEL PUMP | |
| <input checked="" type="checkbox"/> Antilock Brakes | | Multiple Failure: 120 | | | |
| <input checked="" type="checkbox"/> Cruise Control | | | | | |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | | | |
| Incident Date(s) | | Failure Mileage | | Failure Speed | |
| 15-APR-2005 | | 135184 | | | |
| 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: DOTM4LSABC036) | | <input type="checkbox"/> Original Equipment <input type="checkbox"/> 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: | | | |

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

I purchase this vehicle from Auto Experts
 I put a deposit down back in Nov. 04
 and then paid enough to take car of lot on
 March 12 05 before this I took car to
 English European Car services in Albany
 544 Cleveland Ave telephone number 559-8708
 Owner diagnosis car with major gas leak and
 other things took it back to Auto Expert to
 Amir he told me car has been sitting and gas
 settled on one side of two sided gas tank and also
 gas this diagnosis just to get money he assured
 me no gas leak he had is mechanic look
 and said no gas leak this car is dangerous
 if someone passes with a cigarette on matches
 not only my car will explode but people
 will be killed in explosion car
 is park on street with a lot of
 foot traffic please help me

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

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, NVS-216
 400 7th Street, SW
 Washington, DC 20590

NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES



Engine Size: 4.0 L
 GVWR: N/A
 Odometer: 135224
 Fuel Type: Gasoline

Type: Passenger
 Test Weight: 3500
 Certification: California
 Exhaust: Single

Transmission: Automatic
 Cylinders: 6
 VLT Record #: 00006
 Inspection Reason: Change of Ownership

Overall Test Results

Congratulations! Your vehicle passed the enhanced Smog Check inspection, which helps California reach its daily goal of removing an extra 100 tons of smog-forming emissions from the air. Thank you for keeping your vehicle well maintained.

Smog Check Certificate Number: [REDACTED]
 DMV ID Number: 32340 [REDACTED]

Your Smog Check certificate has been electronically transmitted to DMV.
 Your certificate is valid for 90 days from date of issuance.
 Please keep this copy for your records.

Emission Control Systems Visual Inspection/Functional Check Results

(Visual/Functional tests are used to assist in the identification of crankcase and cold start emissions which are not measured during the ASM test)

| Result | ECS | Result | ECS | Result | ECS |
|--------|--------------------------------------|--------|----------------------------------|--------|-----------------------------------|
| Pass | PCV | N/A | Thermostatic Air Cleaner | Pass | Fuel Evaporative Controls |
| Pass | Catalytic Converter | Pass | Air Injection | N/A | MIL/Check Engine Light |
| N/A | EGR Visual | Pass | Vacuum Lines to Sensors/Switches | Pass | Carb./Fuel Injection |
| N/A | EGR Functional | | Ignition Timing: 14 BTDC | Pass | Other Emission Related Components |
| N/A | Fuel Cap Functional | Pass | Wiring to Sensors | Pass | Oxygen Sensor |
| Pass | Fuel Cap Visual | Pass | Filter Restrictor | Pass | Liquid Fuel Leaks |
| Pass | Spark Controls | N/A | | | |
| N/A | Fuel Evaporative Controls Functional | | | | |

ASM Emission Test Results

| Test | RPM | %CO ₂ | | HC (PPM) | | | CO (%) | | | NO (PPM) | | | Results |
|--------|------|------------------|------|----------|-----|------|--------|------|------|----------|-----|------|---------|
| | | MEAS | MEAS | MAX | AVE | MEAS | MAX | AVE | MEAS | MAX | AVE | MEAS | |
| 15 mph | 1418 | 14.3 | 0.9 | 130 | 45 | 37 | 0.84 | 0.16 | 0.09 | 1106 | 434 | 334 | PASS |
| 25 mph | 1349 | 14.1 | 1.0 | 103 | 33 | 39 | 0.74 | 0.14 | 0.37 | 936 | 357 | 417 | PASS |

MAX = Maximum Allowable Emissions AVE = Average Emissions For Passing Vehicles MEAS = Amount Measured

Smog Check Inspection Station Information

Yes Auto Center
 4325 Mesdonald Avenue, Richmond CA 94806
 510 233-0122
 Station Number: RK224247

Technician Name/Number: YU GUAN HUA/EA135498
 Repair Tech Name/Number:
 Software Version/EIS Number: 0403/E9314831

I certify, under penalty of perjury, under the laws of the State of California, that I performed the inspection in accordance with all bureau requirements, and that the information listed on this vehicle inspection report is true and accurate.

12-04-08
 Date

[Handwritten Signature]
 Technician's Signature

Big Smog would have NOT pass with gas leak and injectors leaks

Engine Size: 4.0 L
 GVWR: N/A
 Odometer: 135224
 Fuel Type: Gasoline

Type: Passenger
 Test Weight: 3500
 Certification: California
 Exhaust: Single

Transmission: Automatic
 Cylinders: 6
 VLT Record #: 00006
 Inspection Reason: Change of Ownership

Overall Test Results

Congratulations! Your vehicle passed the enhanced Smog Check inspection, which helps California reach its daily goal of removing an extra 100 tons of smog-forming emissions from the air. Thank you for keeping your vehicle well maintained.

Smog Check Certificate Number: [REDACTED]
 DMV ID Number: 323408

Your Smog Check certificate has been electronically transmitted to DMV.
 Your certificate is valid for 90 days from date of issuance.
 Please keep this copy for your records.

Emission Control Systems Visual Inspection/Functional Check Results

(Visual/Functional tests are used to assist in the identification of crankcase and cold start emissions which are not measured during the ASM test)

| Result | ECS | Result | ECS | Result | ECS |
|--------|--------------------------------------|--------|--------------------------------------|--------|--|
| Pass | PCV | Pass | Thermostatic Air Cleaner | Pass | Fuel Evaporative Controls |
| Pass | Catalytic Converter | Pass | Air Injection | N/A | MIL/Check Engine Light |
| N/A | EGR Visual | Pass | Vacuum Lines to Sensors/ Switches | Pass | Carb./Fuel Injection Other Emission Related Components |
| N/A | EGR Functional | Pass | Ignition Timing: 14 BTDC | Pass | Oxygen Sensor |
| N/A | Fuel Cap Functional | Pass | Wiring to Sensors | Pass | Liquid Fuel Leaks |
| Pass | Fuel Cap Visual | N/A | Flap Restrictor | | |
| Pass | Spark Controls | | | | |
| N/A | Fuel Evaporative Controls Functional | | | | |

ASM Emission Test Results

| Test | RPM | %CO ₂ | | HC (PPM) | | | CO (%) | | | NO (PPM) | | | Results |
|--------|------|------------------|------|----------|-----|------|--------|------|------|----------|-----|------|---------|
| | | MEAS | MEAS | MAX | AVE | MEAS | MAX | AVE | MEAS | MAX | AVE | MEAS | |
| 15 mph | 1418 | 14.3 | 0.9 | 130 | 45 | 37 | 0.94 | 0.16 | 0.09 | 1106 | 434 | 324 | PASS |
| 25 mph | 1349 | 14.1 | 1.0 | 103 | 33 | 39 | 0.74 | 0.14 | 0.37 | 936 | 357 | 417 | PASS |

MAX = Maximum Allowable Emissions AVE = Average Emissions For Passing Vehicles MEAS = Amount Measured

Smog Check Inspection Station Information

Yes Auto Center
 4325 Macdonald Avenue, Richmond CA 94805
 510 233-0122
 Station Number: RK224247

Technician Name/Number: YU GUAN HUA/EA136485
 Repair Tech Name/Number:
 Software Version/EIS Number: 0403/ES314831

I certify, under penalty of perjury, under the laws of the State of California, that I performed the inspection in accordance with all bureau requirements, and that the information listed on this vehicle inspection report is true and accurate.

12-04-04
 Date

[Handwritten Signature]
 Technician's Signature

VEHICLE/VESSEL TRANSFER AND REASSIGNMENT FORM

This form is not the ownership certificate. It must accompany the titling document or application for a duplicate title.

INSTRUCTIONS ON REVERSE SIDE ALL SIGNATURES MUST BE IN INK PHOTOCOPIES NOT ACCEPTED

Vehicle/Vessel ID

| IDENTIFICATION NUMBER | YEAR MODEL | MAKE | LICENSE PLATE/CF # | MOTORCYCLE ENGINE # |
|-----------------------|-------------|--------|--------------------|---------------------|
| 94JAV1347DC | 1983 XJ0 | Jaguar | | |

Bill of Sale

SECTION 2: Bill of Sale

I/We AUTO EXPERT (PRINT SELLER'S NAME(S)) sell, transfer, and deliver the above vehicle/vessel to UNDA A WHITE (PRINT BUYER'S NAME(S)) on 03 08 2005 for the amount of \$ 4,500.00 (SELLING PRICE)

If this was a gift, indicate relationship: _____ (e.g., parents, spouse, friend, etc.) \$ _____ (GIFT VALUE)

Odometer

SECTION 3: Odometer Disclosure Statement (Void if Mileage is Altered or Erased)

Federal and State Law requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

The odometer now reads 1 3 5, 1 8 4 (no tenths) miles, and to the best of my knowledge reflects the actual mileage unless one of the following statements is checked.

WARNING--ODOMETER DISCREPANCY

Odometer reading is NOT the actual mileage Mileage exceeds the odometer mechanical limits

Explain odometer discrepancy: _____

Buyer

SECTION 4: Buyer and Seller (MUST print his or her name)

BUYER

I acknowledge the odometer reading and the facts of the transfer. I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct.

| | | | |
|-----------------|-----------|----------|-------------------|
| PRINT NAME | SIGNATURE | DATE | DL ID OR DEALER # |
| | X | 3/8/2005 | H5723858 |
| PRINT NAME | SIGNATURE | DATE | DL ID OR DEALER # |
| | X | 3/8/2005 | |
| PRINT NAME | SIGNATURE | DATE | DL ID OR DEALER # |
| | X | | |
| MAILING ADDRESS | CITY | STATE | ZIP |
| | OAKLAND | CA | |

Seller

SELLER

I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct.

| | | | |
|--------------------|-----------|----------|-------------------|
| PRINT NAME | SIGNATURE | DATE | DL ID OR DEALER # |
| AUTO EXPERT | X | 3/8/2005 | 13125 |
| PRINT NAME | SIGNATURE | DATE | DL ID OR DEALER # |
| | X | | |
| PRINT NAME | SIGNATURE | DATE | DL ID OR DEALER # |
| | X | | |
| MAILING ADDRESS | CITY | STATE | ZIP |
| 4401 MC DONALD AVE | RICHMOND | CA | 94805 |
| | | | DAYTIME PHONE # |
| | | | (610) 237-7750 |

Power of Attorney

SECTION 5: Power of Attorney

I/We _____ (PRINT NAME(S)) appoint Amir Ghazmi (PRINT NAME(S)) as my attorney in fact, to complete all necessary documents, as needed, to transfer ownership as required by law.

Signature required by person appointing Power of Attorney

X _____ DATE 3/8/2005

Signature required by person appointing Power of Attorney

X _____ DATE 3/8/2005

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Search Results

We have found the following matches for your vehicle:

Vehicle: 1993 JAGUAR XJ6

[Gas tank w/o straps](#)

Additional info: LEFT SIDE TANK

Gas tank part #: GAS-JA1B

List Price: \$ 381.9

Without straps

Our Price: \$306

[Add to Basket](#)

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Radiator Hotline

800.443.1322

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INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**