

10131329

2005 JUL 22 AM 5:31

[REDACTED]
Lewisburg, WV [REDACTED]
July 14, 2005 [REDACTED]

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Jaguar Cars
Attention: Customer Relationship Center
555 MacArthur Boulevard
Mahwah, NJ 07430-2327

Re: 2004 Jaguar XJS
VIN: SAJWA71C748 [REDACTED]
Jaguar New Vehicle Limited Warranty
West Virginia Code, Section 46A-6A-1, et seq. (Consumer
Protection - New Motor Vehicle Warranties)

Dear Customer Relationship Representative:

I am writing pursuant to the language contained in the owner's manual in the sections entitled Jaguar Assistance Program and Customer Assistance and pursuant to West Virginia Code, Section 46A-6A-4, Civil Action By Consumer, to provide written notification of the obvious defects and nonconformity of the captioned vehicle manifested June 16, 2005.

As the enclosed Lewisburg, West Virginia, Police Department Complainant Form and photographs clearly demonstrate, the passenger side front wheel broke off causing considerable damage to the subject vehicle and causing minimal cosmetic damage to parked unattended vehicles.

I called the selling retailer's service department at Jaguar of Charleston, Smith Company Motor Cars, Charleston, West Virginia, who expeditiously caused the vehicle to be transported to the dealership, made arrangements for a rental car, and contacted Jaguar Cars.

Not having received any word or contact from Jaguar Cars, last Friday I called the Customer Relationship Center and talked with an individual whose first name is John, at Extension 2887. After hearing of my concerns, he gave me Case No. 6651653. Contrary to your assurances in the owner's manual, John provided no information to help resolve my concern. I attempted to call him yesterday and left a message on his voice mail. He did not return my call and I again called today. He would not or could not provide any information as to how the matter was being investigated or handled nor would he provide the name of any representative who could provide the requested information. He repeatedly stated this was a matter to be resolved by a subrogation claim by my insurance carrier.

My insurance carrier's subrogation rights do not include the amount of my deductible nor the cost of a rental car replacement while the car is being repaired or replaced, nor most importantly, the issue as to whether or not the automobile would be safe to drive again.

NAR
GAS
7/26/05

Jaguar Cars
July 14, 2005
Page Two

Pursuant to the Jaguar limited warranty and West Virginia law, Jaguar Cars has an obligation to replace the vehicle or repair the vehicle with the certification that it meets or exceeds safety standards and pay the expenses incurred for replacement transportation during the period when the vehicle is out of service or being replaced.

The vehicle was purchased October 28, 2004. The mileage as of June 16, 2005, is 16,668 miles.

You are further advised if this matter is not promptly resolved, I will pursue the remedies provided by West Virginia law.

Yours very truly



JJR/lw

Enclosures

cc: Jed Smith, President, Smith Company Motor Cars
Kelly L. Hudgins, USAA, Norfolk Office
National Highway Traffic Safety Administration
Office of Defect Investigations (w/enclosures)
Reference ODI#10128559



**CITY OF LEWISBURG
POLICE DEPARTMENT**

Def. C. J. Teubert

P.O. Drawer 548
118 W. Washington Street
Lewisburg, West Virginia 24901

Emergency 911
Non-Emergency 304/647-7911
Office: 304/645-1828
Fax: 304/645-1025

cell 646-2599 home 645-2524 770-4476

LEWISBURG POLICE DEPARTMENT COMPLAINTANT FORM

MEMBER: 204		PID NUMBER:		
Supplemental	<input type="checkbox"/> Pending	<input checked="" type="checkbox"/> Complete		
Invest	<input type="checkbox"/> Unfounded	<input type="checkbox"/> Pending		
<input type="checkbox"/> Extradition Denied	<input type="checkbox"/> Victim Refused to Cooperate	<input type="checkbox"/> Juvenile/No Custody	<input type="checkbox"/> Prosecutor Declined	
Completed	ENTRY:	<input type="checkbox"/> Forcible	<input type="checkbox"/> Non-Forcible	<input checked="" type="checkbox"/> Not Applicable
Computer	<input type="checkbox"/> Drugs	<input type="checkbox"/> Firearms	<input type="checkbox"/> Unknown	

SUPPLEMENTAL NUMBER:	DISPATCH TIME: 08:38	ARRIVAL TIME: 08:43	CLEAR TIME: 10:07	WV STATUTE:
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Reported On	Day	Thursday	Occured From	Day		Occured From	Day	Thursday
	Date	5-16-05		Date			Date	6-18-05
	Time	08:37		Time			Time	08:37

LOCATION OF CRIME:

<input type="checkbox"/> Air/Bus/Train Terminal	<input type="checkbox"/> Governmental/Public Building	<input type="checkbox"/> Jail/Prison/Penitentiary	<input type="checkbox"/> School (other than College)
<input type="checkbox"/> Bank/Savings and Loan	<input type="checkbox"/> Grocery/Supermarket	<input type="checkbox"/> Lake/Waterway	<input type="checkbox"/> Service/Gas Station
<input type="checkbox"/> Bar/Night Club	<input type="checkbox"/> Department/Discount Store	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Specialty Store
<input type="checkbox"/> Church/Synagogue	<input type="checkbox"/> Drug Store/Doctor's Office/Hospital	<input type="checkbox"/> Parking Lot/Garage	<input type="checkbox"/> Other/Unknown
<input type="checkbox"/> Commercial/Office Building	<input type="checkbox"/> Field/Woods	<input type="checkbox"/> Residence/Home	<input type="checkbox"/> College/University
<input type="checkbox"/> Construction Site	<input checked="" type="checkbox"/> Highway/Road Alley	<input type="checkbox"/> Rental/Storage Facility	
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Restaurant	

DESCRIPTION OF CRIME LOCATION:
West Foster St. between Court St. and Church St.

WEATHER: Clear Cloudy Fog/Smoke Hail Rain Snow/Sleet Unknown

COMPLAINANT INFORMATION:

Name: _____ Phone: _____ Physical and Mailing Address: _____

City: _____ State: _____ Zip: _____ DOB: _____

Sex: _____ SSN: _____ OLN: _____ State: _____

VICTIM INFORMATION:

Name: _____ Phone: _____ Physical and Mailing Address: _____
Julia Rowe 205 Church St.

City: Lewisburg State: WV Zip: 24901 DOB: _____

Age: _____ Sex: F Hgt: _____ Wgt: _____ Hair: _____ Eyes: _____

SSN: _____ OLN: _____ State: _____

RACE:	ETHNICITY:	RESIDENT STATUS:
<input checked="" type="checkbox"/> White	<input type="checkbox"/> Asian/Pacific Islander	<input checked="" type="checkbox"/> Resident
<input type="checkbox"/> Black	<input type="checkbox"/> Unknown	<input type="checkbox"/> Non-Resident
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Hispanic	
	<input checked="" type="checkbox"/> Non-Hispanic Origin	
	<input type="checkbox"/> Unknown	

VICTIM INFORMATION - TYPE OF VICTIM

<input checked="" type="checkbox"/> Adult	<input type="checkbox"/> Business	<input type="checkbox"/> Government	<input type="checkbox"/> Religious Organization	<input type="checkbox"/> Other
<input type="checkbox"/> Juvenile	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Society/Public	

IF VICTIM WAS INJURED IN ANY OF THESE OFFENSES:	THEN MARK THE TYPE(S) OF INJURIES (up to 6)
<input type="checkbox"/> Aggravated Assault	<input type="checkbox"/> Apparent Broken Bones
<input type="checkbox"/> Extortion/Blackmail	<input type="checkbox"/> Loss of Consciousness
<input type="checkbox"/> Forcible Fondling	<input type="checkbox"/> Loss of Teeth
<input type="checkbox"/> Forcible Sodomy	<input type="checkbox"/> Minor Injuries
<input type="checkbox"/> Kidnapping	<input type="checkbox"/> Other Major Injuries
<input type="checkbox"/> Rape	<input type="checkbox"/> Possible Internal Injuries
<input type="checkbox"/> Robbery	<input type="checkbox"/> Severe Lacerations
<input type="checkbox"/> Sexual Assault w/Object	<input type="checkbox"/> None
<input type="checkbox"/> Simple Assault	

LEWISBURG POLICE DEPARTMENT COMPLAINT FORM

Please Take Note: If the victim's relationship to the suspect/accused falls within one of the domestic categories, then complete the Domestic Violence Attachment.

DOMESTIC			NON-DOMESTIC:			
<input type="checkbox"/> Child	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Parent	<input type="checkbox"/> Relationship Unknown	<input type="checkbox"/> Employer	<input type="checkbox"/> Friend	<input type="checkbox"/> Neighbor
<input type="checkbox"/> Child of Intimate Partner	<input type="checkbox"/> Homosexual Partner	<input type="checkbox"/> Sibling	<input type="checkbox"/> Acquaintance	<input type="checkbox"/> Friend	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Otherwise Known
<input type="checkbox"/> Co-Habiting Partner (or ex)	<input type="checkbox"/> In Law	<input type="checkbox"/> Spouse	<input type="checkbox"/> Babysitter	<input type="checkbox"/> Boyfriend/Girlfriend (not intimate)	<input type="checkbox"/> Stranger	<input type="checkbox"/> Victim was Offender
<input type="checkbox"/> Estranged Spouse	<input type="checkbox"/> Intimate Partner (or ex)	<input type="checkbox"/> Step Child	<input type="checkbox"/> Child of Boyfriend/Girlfriend (not intimate)	<input type="checkbox"/> Employee		
<input type="checkbox"/> Ex-Spouse	<input type="checkbox"/> Other Family Member	<input type="checkbox"/> Step Parent				
<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other Household Member	<input type="checkbox"/> Step Sibling				

SUSPECT/ACCUSED INFORMATION:

Name:	Phone:	Physical and Mailing Address:
N/A		
City:	State:	Zip:
Age:	Sex:	DOB:
SSN:	DLN:	State:
		Alias:

RACE:		ETHNICITY:		RESIDENT STATUS:	
<input type="checkbox"/> White	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Resident	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Black	<input type="checkbox"/> Unknown	<input type="checkbox"/> Non Hispanic Origin	<input type="checkbox"/> Unknown	<input type="checkbox"/> Non-Resident	<input type="checkbox"/> Unknown
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unknown			

TATOO/LOCATION:	SCARS/MARKS/LOCATION:

Armed With (choose up to 2):	<input type="checkbox"/> Unarmed	<input type="checkbox"/> Club/Blackjack/Brass Knuckles	<input type="checkbox"/> Firearm (not specified)	<input type="checkbox"/> Handgun
	<input type="checkbox"/> Rifle	<input type="checkbox"/> Lethal Cutting Instrument	<input type="checkbox"/> Shotgun	<input type="checkbox"/> Other Firearm

ARREST INFORMATION:
ARREST TYPE: <input checked="" type="checkbox"/> No Arrest <input type="checkbox"/> On View (No Warrant) <input type="checkbox"/> Summoned/Cited (No Custody) <input type="checkbox"/> Arrested on Warrant

IF ARREST MADE:
Place: _____ Date: _____ Time: _____

MULTIPLE CLEARANCE INDICATOR: <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Multiple (this arrest being used to clear more than one offense)

JUVENILE DISPOSITION: <input type="checkbox"/> Released to Parent(s) <input type="checkbox"/> Referred to Juvenile Court/Probation/Detention (Juvenile Petition) <input type="checkbox"/> Referred to DHHR
<input type="checkbox"/> Referred to Adult Court <input type="checkbox"/> Referred to Other Police Agency

VEHICLE INFORMATION:	
Nature: <input type="checkbox"/> Recovered <input type="checkbox"/> Stolen <input type="checkbox"/> Suspect Vehicle <input type="checkbox"/> Theft from Vehicle	<input type="checkbox"/> Unauthorized Use <input type="checkbox"/> Vandalism <input checked="" type="checkbox"/> Victim's Vehicle
Owner: [REDACTED]	Color: White
VIN: SAJWA71C745Q [REDACTED]	Year: 2004
Make: Jaguar	Reg #: NDX 204
Model: XJB	State: WV

<input type="checkbox"/> PROPERTY OFFENSE (SEE SUPPLEMENT)	<input type="checkbox"/> DRUG OFFENSE (SEE SUPPLEMENT)
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NARRATIVE:

Ms. [REDACTED] was travelling west on Foster St. between Church St. and Court St. at which time the passengers side front wheel broke off of her vehicle causing her to hit two other parked unattended vehicles (listed below) causing minimal cosmetic damage to them before her vehicle came to a stop. No one was injured in the accident. I spoke with the owners of the two vehicles that were hit and they both advised that they would get an estimate and give it to Mr. [REDACTED] to take care of the damage. All of the vehicles involved were photographed and the Jaguar was towed to Adwells wrecker service. The other two vehicles were drivable.

1. 1993 Dodge Dakota
plate #: [REDACTED]
VIN: 1B7GG26XXPS [REDACTED]
Owner: [REDACTED]
Address: [REDACTED] Frankford WV [REDACTED]

2. 2002 Chevrolet Tahoe

1GNEK13Z92J [REDACTED]

[REDACTED] ackeys WV [REDACTED]

Signature: [REDACTED] Date: 06/16/2005

204

06/16/2005 09:49:13
PR.WVSP001.WV0130100.*DL00020588.

TKT
RESPONSE FOR /728530/

GAM [REDACTED] GRK WV [REDACTED]
ADR/ [REDACTED]
LIC/ [REDACTED] LIT/A WGT/ 3580 EXP/07/2005 VIN/1B7G526XXE [REDACTED]
VMA/DOEG VHO/DAKD VST/PK VYR/1993 TTL/ [REDACTED] IDT/12/23/2004
STATUS/

IN LDDP24 NBR 01319 AT 09:49 06/16/2005
CUT CERN NBR 20648 AT 09:49 06/16/2005 MRI 008723

204

06/16/2005 09:49:30
RR.WVNSP0001.WV0130100.+DL00020580.

TX#
RESPONSE FOR /8HNS72/

ADR [REDACTED] POCA WV [REDACTED]
LIC [REDACTED] LIT/A WGT/ 5050 EXP/08/2005 VIN/1GNEK13292J206132
VNA/CHEV VMO/KTA VBT/DT VYR/2002 TIL/8#10297 YDT/11/17/2004
STATUS/

IN LUDPS4 NBR 01323 AT 09:49 06/16/2005
OUT CGRN NBR 00052 AT 09:49 06/16/2005 MRI 008738

06/16/2005 09:49:21
RR.WVWSP0001.NV0130100.*DL00020588.
TXT

204

RESPONSE FOR /NDX304/
[REDACTED] LEWISBURG GREE WV [REDACTED]
LIC [REDACTED] LIP/A WGT/ 3766 EXP/11/2005 VIN/9AJWA71C748
VMA/JAGU VMO/XJB V81/4D VYR/2004 TTL/BF84/19 TDT/11/24/2004
STATUS/

IN LUDPS4 NRR 01321 AT 09:49 06/16/2005
OUT CGRN NBR 00050 AT 09:49 06/16/2005 MRI 008731

004

GREENBRIER COUNTY 911

INCIDENT NUMBER: 2005007434

	Date	Time	Incident Address Information
Received	6/16/06	9:37:20	[REDACTED]
Dispatched	6/16/06	9:38:37	
Enroute	6/16/06	9:39:41	
Arrive	6/16/06	9:43:12	
Under Control			Incident Reported From: Telephone: (304) 000-0000
Completed	6/16/06	10:07:24	TRUE VALUE 130

Signal	MVA	MVA
Reference Signal	MVA	MVA
Actual Signal	MVA	MVA

Citations Issued Weapons How Received: RADIO 3

DISPOSITIONS	NOTIFIED
<input type="checkbox"/> PBLIC SERV	<input type="checkbox"/> SENECA
<input type="checkbox"/> ARREST	<input type="checkbox"/> MAGISTRATE
<input type="checkbox"/> CANCELLED	<input type="checkbox"/> DHHR
<input type="checkbox"/> CLEARED	<input type="checkbox"/> CITY CREWS
<input type="checkbox"/> REFERRED	<input type="checkbox"/> WVCP
<input type="checkbox"/> TX PATIENT	<input type="checkbox"/> DOH
<input type="checkbox"/> BOLO	
<input type="checkbox"/> REFUSAL	
<input type="checkbox"/> UNFOUNDED	
<input type="checkbox"/> FALSE	

Notes:
 200402006 06/16/2006 9:38:30:
 200402006 06/16/2006 9:38:00: ADV NEAR TRUE FOSTER ST STILL IN ROAD
 200402006 06/16/2006 9:40:21: JOSH WITH ST 45 ADV NO INJ WILL NEED A ROLLBACK
 200402006 06/16/2006 9:46:45: 204 REQ ADWELLS
 200402006 06/16/2006 9:50:28: 204 REQ 728630 8HN572 NDX204

Name: Last	First & Middle	ID Number	Party	Dispatched	Enroute	Arrived	Completed
[REDACTED]		[REDACTED]		9:38	9:39	9:43	10:07
[REDACTED]		[REDACTED]		9:46	9:48		10:07



















