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

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
07-NOV-2005	Reference No. 10141887

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City EL PASO	State TX	Zip Code	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of a[redacted] provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 11/25/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
SAJDA15B[redacted]	JAGUAR	XJ	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
08-JAN-01	EL PASO JAGUAR 915-834-2904			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City EL PASO	State TX	Zip Code 79932		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	061000 ENGINE AND ENGINE COOLING:ENGINE Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
19-AUG-2005	42908		

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: DOTMALSABC036)	☐ 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 provide in date the Incident(s), Fatality(s), Crash(es), and Injuries):

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).

DT: THE CONTACT STATES 2000, JAGUAR XJR WAS EXPERIENCING A LOSS OF POWER. THE VEHICLE HAS UNDERGONE DIAGNOSTIC TESTING. THE SERVICE DEALER COULD NOT DUPLICATE THE PROBLEM. THE VEHICLE STARTED OUT WITH INTERMITTENT POWER DIFFICULTIES, BUT IT BECAME TOO FREQUENT. THE VEHICLE JERKS WHEN CHANGING GEARS. THERE HAVE BEEN SEVERAL NEAR MISSES ON THE INTERSTATE AS A RESULT OF NOT BEING ABLE TO ACCELERATE QUICKLY. *AK

(some times) when upon initial acceleration from a complete Stop it automatically changes into gear

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