Form Approved: O.M.B. No. 2127-0008

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: 19-DEC-2005 (2006 FEB 13 PM 2:53)

Repository ☐

Reference No.: 10145634

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City: BALTIMORE | State: MD | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

E-mail Address

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

Signature of Owner [redacted] Date 2/8/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
SAJAV1349HC[redacted]	JAGUAR	XJ6	1987

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-SEP-87	CHESAPEAKE CADILLAC COMPANY 410-666-6000			No: Cylinders 6	Gas
Original Owner ☒	Dealer's City: COCKEYSVILLE	State: MD	Zip Code: 21030		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
19-DEC-2005	5000		

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).

DT: THE CONTACT STATES WHEN THE ENGINE IS RUNNING GASOLINE FROM THE STORAGE TANK ASSEMBLY LEAKS HEAVILY FORMING PUDDLES OF GASOLINE UNDERNEATH THE VEHICLE ALONG WITH THE PASSENGER SEAT AREA. THE VEHICLE HAS BEEN INSPECTED BY THE DEALER, BUT NO REPAIRS HAVE BEEN MADE. *AK

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