Update

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 ☐
2006 JUL 25 PM 5:14	
23-JUN-2006	Reference No. 10160591

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address [redacted]		[redacted]	[redacted]
City SKILLMAN	State NJ	Zip Code [redacted]	Evening Telephone Number

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 ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
SAJWA71 [redacted]	JAGUAR	XJ	2006

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
19-APR-06	REEDMAN - TOLL			No: Cylinders 8	Gas
Original Owner ☒	Dealer's City LANGHORNE	State PA	Zip Code 19047		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	071000:FUEL SYSTEM, GASOLINE:STORAGE
			Multiple Failure: ~~1~~ 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
23-JUN-2006	2500		

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 STATED AFTER FILLING THE VEHICLE WITH GAS, THE CONTACT SMELLED GASOLINE. THE CONTACT THEN NOTICED GASOLINE RUNNING FROM UNDERNEATH THE VEHICLE. THE FIRE DEPARTMENT WAS CALLED AND INFORMED THE CONTACT THE VEHICLE COULD NOT BE TOWED BECAUSE IT WAS TOO DANGEROUS. JAGUAR CAME TO THE RESIDENCE AND CLEANED UP THE GASOLINE AND THEN TOWED THE VEHICLE TO THE DEALERSHIP. THE DEALERSHIP DETERMINED THE SEALS FAILED. THE SEALS WERE REPAIRED. THE DEALERSHIP INFORMED THE CONTACT THE REPAIRED SEALS COULD NOT BE GUARANTEED NOT TO FAIL AGAIN AND INFORMED THE CONTACT THERE WAS ANOTHER VEHICLE IN THE SHOP WITH THE SAME EXACT SAME THING WRONG. ADDITIONAL INFO July 7, 2006, GAS ODOR / LEAK happened AGAIN. JAG SAID they are looking for New Gas TANK. I told them this is dangerous.

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