



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 <input type="checkbox"/>
28-AUG-2006	Reference No. 10166778

OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		Daytime Telephone Number
Address	[REDACTED]		E-mail Address
City	State	Zip Code	Evening Telephone Number
ROOSEVELT	NY	[REDACTED]	

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
SAJDA01 [REDACTED]	JAGUAR	S-TYPE	2000
Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
12/2000	Manhattan, New York	No: Cylinders 6	Gas
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
	Manhattan, N.Y.	N.Y.	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code
AUTOMATIC	<input checked="" type="checkbox"/> Cruise Control		103000 POWER TRAIN:AUTOMATIC TRANSMISSION
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s)	Failure Mileage	Failure Speed	
18-AUG-2006	24000		

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: DOTM19ABC036)	<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:	

APPLICABLE INCIDENT INFORMATION				
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>				
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police 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 WHILE PARKED ON A HILL WITH THE FRONT OF THE VEHICLE FACING UPWARD, THE TRANSMISSION LOCKED UP COMPLETELY WHEN A SHIFT FROM PARK TO DRIVE WAS ATTEMPTED. A SERVICE DEALER WAS CONSULTED, WHO NOTIFIED THE CONTACT THAT THIS WAS A COMMON PROBLEM, AND THAT IT WAS A FACTORY DEFECT. HOWEVER, THE VEHICLE WAS NOT TAKEN IN FOR SERVICE.

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

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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

This Vehicle Safety Defect is SERIOUS
It should be RECALL on the defect
Aug/2000 - My car Locked up FROM JAGUAR
MANUFACTURER Factory defect over
(2) two-hours.
What ARE You waiting For?
TELL ME! What is Ford Coning to?
It Locks Up ON EMERGENCY - ON hills - on anything
inclimb

ATTACH ADDITIONAL SHEETS IF NECESSARY

Roosevelt, NY 11575

US Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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-210
400 7th Street, SW
Washington, DC 20590



Ms. Elinor Cooper
120 Stevens St
Roosevelt, NY 11575

www.nhtsa.dot.gov
people saving people
nhtsa
Owner's Questionnaire (OQI)
Department of Transportation
Natl Highway Traffic Safety Administration

or call:
Vehicle Safety Hotline
888-327-4236

or visit:
www.safercar.gov

If so:
Use the enclosed form to file a report.



This
has
our vehicle
safety defect?

Ms. Elinor Cooper
120 Stevens St
Roosevelt, NY 11575



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