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 ☐
09-MAR-2007	Reference No. 10184676

OWNER INFORMATION (Type or Print)

Name [redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]	Evening Telephone Number	
City SIMSBURY	State CT	Zip Code [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
SAJWA51A46W[redacted]	JAGUAR	X-TYPE	2006

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders 6	Fuel Type: Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control		185000 VEHICLE SPEED CONTROL:CRUISE CONTROL Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-DEC-2006	1743	30	

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 and list 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).

TL* - THE CONTACT OWNS A 2006 JAGUAR X-TYPE PURCHASED ON NOVEMBER 10, 2006 WITH 15 MILES. THE CONTACT EXPLAINED THAT EARLY IN DECEMBER 2006 WHILE DRIVING THE VEHICLE BETWEEN 40 TO 45 MPH AND BEFORE COMING TO A STOP SIGN THE VEHICLE FAILED TO RESPOND WHEN THE BRAKES WERE APPLIED. THE VEHICLE CONTINUED AT THE SAME SPEED. THIS CAUSED THE CONTACT TO MOVE ON TO THE EMERGENCY LANE TO AVOID HITTING ANOTHER VEHICLE. THE CONTACT CONTINUED TO APPLY THE BRAKE PEDAL WHILE ON THE EMERGENCY LANE UNTIL THE VEHICLE STOPPED. THE CONTACT EXPLAINED THAT MID DECEMBER 2006, WHILE DRIVING AT 30 MPH ON A COUNTRY ROAD, THE BRAKES DID NOT RESPOND WHEN APPLIED. EVEN AFTER THE BRAKE WAS APPLIED THE VEHICLE WENT AT THE SAME SPEED AND THE CRUISE CONTROL STAYED ON. AFTER PRESSING THE BRAKE PEDAL A FEW TIMES THE VEHICLE WAS ABLE TO STOP. AT NO TIME WAS THE CRUISE CONTROL EVER ACTIVATED. THE THIRD TIME A SIMILAR PROBLEM OCCURRED WAS ON 1/20/07. THE CONTACT TOOK THE VEHICLE TO THOMAS CADILLAC AND JAGUAR OF HARDFORD ON 1/24/07,WHERE AN IDS WAS INSTALLED, AND THE PEDAL SWITCH WAS ADJUSTED AND CHECKED. THE CONTACT STATED THAT THE CRUISE CONTROL BECAME ACTIVE ON ALL THREE OCCASIONS AND PUMPING THE BRAKE PEDAL DID NOT DISENGAGE THE CRUISE CONTROL TO ALLOW THE VEHICLE TO SLOW DOWN OR PROPERLY STOP. THE FAILURE MILEAGE WAS 1743 AND THE CURRENT MILEAGE WAS 2100. ON FEBRUARY 16,2007 THE CONTACT'S VEHICLE WAS INVOLVED IN A CR

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

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

Attached documents:

A - Connecticut Uniform Police Accident Report

B - Invoice from Thomas Jaguar w/ pre-accident date of January 24, 2007 w/ particular notation of highlighted entry #2 specifically reporting problem w/ cruise control and requesting investigation and resolution of the problem.

ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIO
TRAFF
400 7T
WASHINGTON DC 20590

OFFICIAL BUSINESS

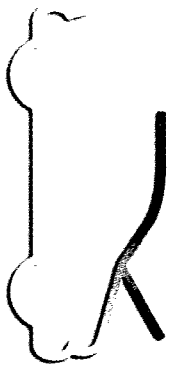
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE

US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214

Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:
www.safercar.gov

or call:
Vehicle Safety Hotline
888-327-4236

www.nhtsa.gov
NHTSA

Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

CONNECTICUT UNIFORM POLICE ACCIDENT REPORT

FORM PR-1 REV.12/94

A

GPS READINGS: Latitude: . Longitude: .

Time:

FOR DOT USE ONLY

R 10 A 1 B 2 C 1 D 1 E 0 F 4 G 2 H 2 02 S 2 5 T 2 03

DATE OF ACCIDENT	MILITARY TIME	ACCIDENT SEVERITY	# VEHICLES INVOLVED	PAGE #	POLICE CASE NUMBER
02/16/07	1334	☐ Fatal ☐ Injury ☒ PDO	3	1 of 3	0700003232

TOWN OR CITY NAME	TOWN CODE	ACCIDENT OCCURRED ON (Street Name or Route #)	AT ITS INTERSECTION WITH (Street Name or Route #)
Simsbury	128	West St	at Bushy Hill Rd.

IF NOT AT INTERSECTION
1. MEASURE DISTANCE (Check Appropriate Boxes) 30.00 ● Feet ○ Tenths ○ Meters ○ Kilometers
2. DIRECTION ○ North ● East ○ South ○ West
3. NAME OF NEAREST INTERSECTING STREET, TOWN LINE OR MILE MARKER of Bushy Hill Rd.
Accident Occurred: ☐ On Private Property ☐ Parking Lot

02 H 1 | 4 S 1 | 43 T 1

TRAFFIC UNIT # 1 ☒ Vehicle ☐ Pedestrian ☐ Non-Contact Vehicle

OPERATOR # 1 or PEDESTRIAN NAME (Last, First, Middle Initial) [redacted]

ADDRESS (Street Number and Name) [redacted] | PROPER LICENSE CLASS ☒ Yes ☐ No

CITY OR TOWN: Simsbury | STATE: CT | ZIP CODE [redacted] | SEX ☐ M ☒ F

OPERATOR LICENSE # [redacted] | STATE: CT | DATE OF BIRTH (Month Day Year): 09 22 27

OWNER'S NAME (Enter SAME if Owner is Operator): SAME AS ABOVE

ADDRESS (Street Number and Name): SAME AS ABOVE

CITY OR TOWN: SAME AS ABOVE | STATE | ZIP CODE | BODY TYPE: 2-DR

REGISTRATION # [redacted] | STATE: CT | VEHICLE YEAR AND MAKE: 2006 Jaguar

VEHICLE IDENTIFICATION NUMBER: SAJWA51A46W[redacted]

CARRIER NAME

CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)

SOURCE OF CARRIER NAME ☐ Shipping Papers/Trip Manifest ☐ Driver ☐ Side of Vehicle | ☐ USDOT # ☐ ICCMC #

GROSS VEHICLE WEIGHT RATING # | HAZARDOUS MATERIAL PLACARD REQUIRED? ☐ Yes ☐ No 4 Digit # DISPLAYED? ☐ Yes ☐ No 1 Digit #

HAZARDOUS CARGO RELEASED? ☐ Yes ☐ No | ENFORCEMENT ACTION TAKEN ☐ None ☒ Arrest ☐ Written Warning ☐ Verbal Warning

STATUTE OR ORDINANCE #'S: 14-218a*; 14-235 | SUBJECT OF ACTION ☒ Operator ☐ Carrier ☐ Owner ☐ Pedestrian

AUTOMOBILE INSURANCE – NAME – POLICY #: Liberty Mutual [redacted]

PARTS OF VEHICLE DAMAGED: Totaled - Unspecified Damage

VEHICLE TOWED TO: A-1 Towing Rt. 44 Canton | ☒ TOWED DUE TO DAMAGE

TRAFFIC UNIT # 2 ☒ Vehicle ☐ Pedestrian ☐ Non-Contact Vehicle

OPERATOR #2 PEDESTRIAN NAME (Last, First, Middle Initial) [redacted]

ADDRESS (Street Number and Name) [redacted] | PROPER LICENSE CLASS ☒ Yes ☐ No

CITY OR TOWN: West Hartford | STATE: CT | ZIP CODE [redacted] | SEX ☒ M ☐ F

OPERATOR LICENSE # [redacted] | STATE: CT | DATE OF BIRTH (Month Day Year): 06 03 51

OWNER'S NAME (Enter SAME if Owner is Operator): SAME AS ABOVE

ADDRESS (Street Number and Name): SAME AS ABOVE

CITY OR TOWN: SAME AS ABOVE | STATE | ZIP CODE | BODY TYPE: 4-DR

REGISTRATION # [redacted] | STATE: CT | VEHICLE YEAR AND MAKE: 2003 Volkswagen

VEHICLE IDENTIFICATION NUMBER: 3VWPE69M63M[redacted]

CARRIER NAME

CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)

SOURCE OF CARRIER NAME ☐ Shipping Papers/Trip Manifest ☐ Driver ☐ Side of Vehicle | ☐ USDOT # ☐ ICCMC #

GROSS VEHICLE WEIGHT RATING # | HAZARDOUS MATERIAL PLACARD REQUIRED? ☐ Yes ☐ No 4 Digit # DISPLAYED? ☐ Yes ☐ No 1 Digit #

HAZARDOUS CARGO RELEASED? ☐ Yes ☐ No | ENFORCEMENT ACTION TAKEN ☐ None ☐ Arrest ☐ Written Warning ☐ Verbal Warning

STATUTE OR ORDINANCE #'S | SUBJECT OF ACTION ☐ Operator ☐ Carrier ☐ Owner ☐ Pedestrian

AUTOMOBILE INSURANCE – NAME – POLICY #: National Grange [redacted]

PARTS OF VEHICLE DAMAGED: Other Area - Not Listed

VEHICLE TOWED TO: M&M Quick Lube Rt. 10 Simsbury | ☒ TOWED DUE TO DAMAGE

	L.	M.	N.	NAME AND ADDRESS OF EACH INVOLVED PERSON	Date of Birth	O.	P.	Q.	
1	1	N	01	TRAFFIC UNIT # 1 OPERATOR OR PEDESTRIAN # 1	[redacted]	4	2	1	1
2	2	N	01	TRAFFIC UNIT # 2 OPERATOR OR PEDESTRIAN # 2		4	1	1	2
3					Month Day Year				3
4					Month Day Year				4
5					Month Day Year				5
6					Month Day Year				6
7					Month Day Year				7
8					Month Day Year				8

CONNECTICUT UNIFORM POLICE ACCIDENT REPORT

FORM PR-1 REV.12/94

GPS READINGS: Latitude: . Time: . Longitude: .

FOR DOT USE ONLY

DATE OF ACCIDENT	MILITARY TIME	ACCIDENT SEVERITY	# VEHICLES INVOLVED	PAGE #	POLICE CASE NUMBER
02/16/07	1334	☐ Fatal ☐ Injury ☒ PDO	3	3 of 3	0700003232

TOWN OR CITY NAME	TOWN CODE	ACCIDENT OCCURRED ON (Street Name or Route #)	AT ITS INTERSECTION WITH (Street Name or Route #)
Simsbury	128	West St	at Bushy Hill Rd.

IF NOT AT INTERSECTION
1. MEASURE DISTANCE (Check Appropriate Boxes): 30.00 — ● Feet ○ Tenths ○ Meters ○ Kilometers
2. DIRECTION: ○ North ● East ○ South ○ West
3. NAME OF NEAREST INTERSECTING STREET, TOWN LINE OR MILE MARKER: of Bushy Hill Rd.
Accident Occurred: ☐ On Private Property ☐ Parking Lot

Vehicle 3

TRAFFIC UNIT # 3: ☒ Vehicle ☐ Pedestrian ☐ Non-Contact Vehicle

OPERATOR # 3 or PEDESTRIAN NAME (Last, First, Middle Initial): [redacted]

ADDRESS (Street Number and Name): [redacted] — PROPER LICENSE CLASS: ☒ Yes ☐ No

CITY OR TOWN: Simsbury — STATE: CT — ZIP CODE: [redacted] — SEX: ☐ M ☒ F

OPERATOR LICENSE #: [redacted] — STATE: CT — DATE OF BIRTH (Month Day Year): 12/26/42

OWNER'S NAME (Enter SAME if Owner is Operator): SAME AS ABOVE

ADDRESS (Street Number and Name): SAME AS ABOVE

CITY OR TOWN: SAME AS ABOVE — STATE — ZIP CODE — BODY TYPE

REGISTRATION #: [redacted] — STATE: CT — VEHICLE YEAR AND MAKE: 1998 Jeep

VEHICLE IDENTIFICATION NUMBER: 1J4GZ58S9WC[redacted]

CARRIER NAME

CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)

SOURCE OF CARRIER NAME: ☐ Shipping Papers/Trip Manifest ☐ Driver ☐ Side of Vehicle — ☐ USDOT # ☐ IGCMC #

GROSS VEHICLE WEIGHT RATING # — HAZARDOUS MATERIAL PLACARD REQUIRED? ☐ Yes ☐ No 4 Digit # DISPLAYED? ☐ Yes ☒ No 1 Digit #

HAZARDOUS CARGO RELEASED? ☐ Yes ☐ No — ENFORCEMENT ACTION TAKEN ☐ None ☐ Arrest ☐ Written Warning ☐ Verbal Warning

STATUTE OR ORDINANCE #'S — SUBJECT OF ACTION ☐ Operator ☐ Carrier ☐ Owner ☐ Pedestrian

AUTOMOBILE INSURANCE -- NAME -- POLICY #: AMICA [redacted]

PARTS OF VEHICLE DAMAGED: F End

VEHICLE TOWED TO: M&M Quick Lube Rt. 10 Simsbury — ☒ TOWED DUE TO DAMAGE

Vehicle

TRAFFIC UNIT # — ☐ Vehicle ☐ Pedestrian ☐ Non-Contact Vehicle

OPERATOR # — PEDESTRIAN NAME (Last, First, Middle Initial)

ADDRESS (Street Number and Name) — PROPER LICENSE CLASS ☐ Yes ☐ No

CITY OR TOWN — STATE — ZIP CODE — SEX ☐ M ☐ F

OPERATOR LICENSE # — STATE — DATE OF BIRTH

OWNER'S NAME (Enter SAME if Owner is Operator)

ADDRESS (Street Number and Name)

CITY OR TOWN — STATE — ZIP CODE — BODY TYPE

REGISTRATION # — STATE — VEHICLE YEAR AND MAKE

VEHICLE IDENTIFICATION NUMBER

CARRIER NAME

CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)

SOURCE OF CARRIER NAME: ☐ Shipping Papers/Trip Manifest ☐ Driver ☐ Side of Vehicle — ☐ USDOT # ☐ IGCMC #

GROSS VEHICLE WEIGHT RATING # — HAZARDOUS MATERIAL PLACARD REQUIRED? ☐ Yes ☐ No 4 Digit # DISPLAYED? ☐ Yes ☐ No 1 Digit #

HAZARDOUS CARGO RELEASED? ☐ Yes ☐ No — ENFORCEMENT ACTION TAKEN ☐ None ☐ Arrest ☐ Written Warning ☐ Verbal Warning

STATUTE OR ORDINANCE #'S — SUBJECT OF ACTION ☐ Operator ☐ Carrier ☐ Owner ☐ Pedestrian

AUTOMOBILE INSURANCE -- NAME -- POLICY #

PARTS OF VEHICLE DAMAGED

VEHICLE TOWED TO: ☐ TOWED DUE TO DAMAGE

NAME AND ADDRESS OF EACH INVOLVED PERSON

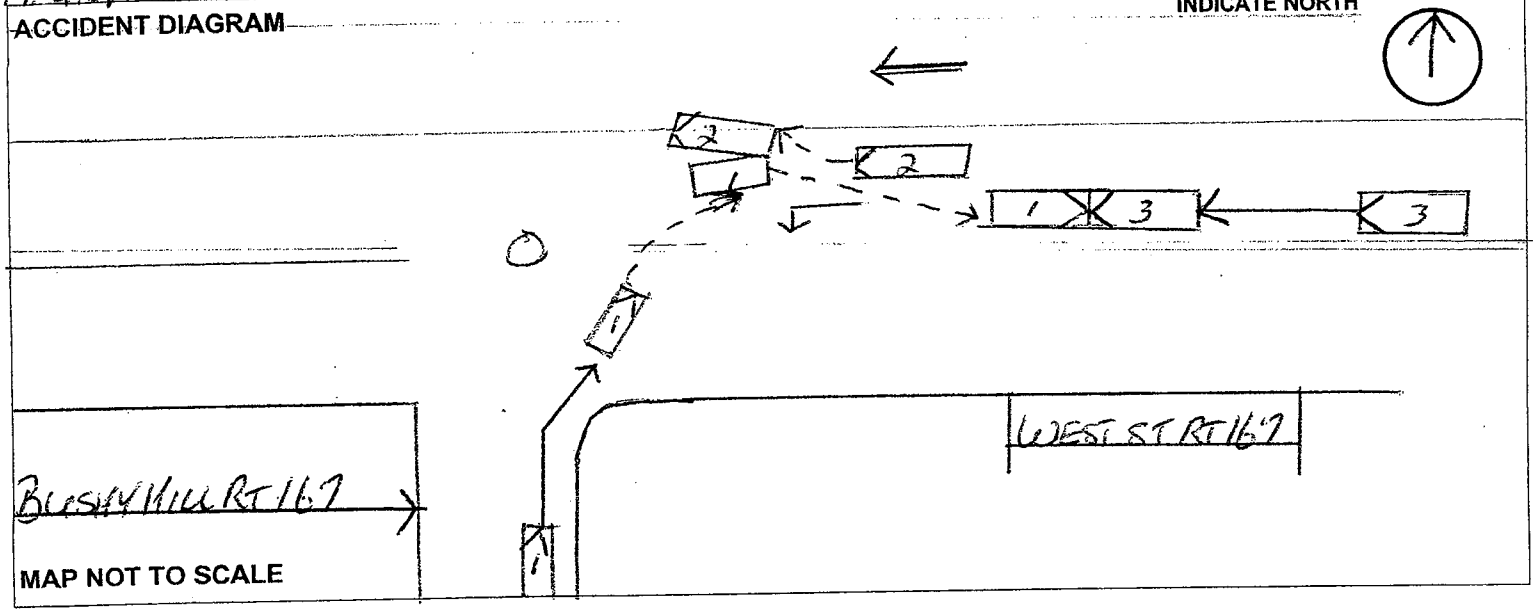
	L.	M.	N.	NAME AND ADDRESS OF EACH INVOLVED PERSON	Date of Birth	O.	P.	Q.	
1	3	N	01	TRAFFIC UNIT # 3 OPERATOR OR PEDESTRIAN # 3	[redacted]	4	1	1	1
2				TRAFFIC UNIT # OPERATOR OR PEDESTRIAN #					2
3					Month Day Year				3
4					Month Day Year				4
5					Month Day Year				5
6					Month Day Year				6
7					Month Day Year				7
8					Month Day Year				8

Police Case Number
0700003232

FARMS VILLAGE RD

ACCIDENT DIAGRAM

INDICATE NORTH



MAP NOT TO SCALE

TRAFFIC UNIT # East	1	TRAVELING On West St./ Rt.167		TRAFFIC UNIT # West	2	TRAVELING On West St./ Rt. 167	

Accident occurred on West St/ Rt. 167, a State of Ct. DOT maintained road. The road intersects with Bushy Hill Rd/ Rt. 167 and Farms Village Rd./Rt. 309, also State of Ct. DOT roads. Weather conditions at the time were cold with temperatures around 10 degrees. There was slight water run off on Bushy Hill Rd. that was not frozen at the intersection with West St. There was no accumulation of sand from the recent snow fall and the road surface was clear of all snow and otherwise dry. There was bright sun with no sun clear to obstruct an operators view at that time of the day. The three way intersection was controlled by a properly working control signal. North bound traffic on Bushy Hill Rd. has a green arrow to turn right (east) onto West St as West bound traffic on West St. has a green light to turn left (south) onto Bushy Hill Rd. Posted speed limits are 30 miles per hour.

Operator #2 stated he was operating west on West St. and was approaching the intersection with Bushy Hill Rd. to make a left turn onto Bushy Hill Rd. on the green light. Operator #2 observed the silver Jaguar (vehicle #1) come around the corner from Bushy Hill Rd. onto West St. at a high rate of speed. The Jaguar entered the travel lane of vehicle #2 and side swiped vehicle #2 on the entire driver side. Operator #2 stated he turned the wheel to the right to avoid being struck head on.

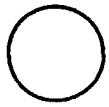
Operator #3 stated she was directly behind vehicle #2 traveling west on West St. and was preparing to turn left (south) on Bushy Hill Rd. She observed a silver car (vehicle #1) come around the corner from Bushy Hill Rd. onto West St. and cross over into the west bound lane. She stated the vehicle was traveling "very fast around the corner". She then observed vehicle #2 swerve to the right to avoid being struck by vehicle #1. She saw vehicle #1 strike vehicle #2 along the entire driver side of the car and then continue towards her in her lane. Operator #3 stated she slammed on the brakes and was struck head on by vehicle #1.

DAMAGE TO PROPERTY OTHER THAN INVOLVED VEHICLES	1. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE					
	NAME AND ADDRESS OF PROPERTY OWNER					
	2. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE					
	NAME AND ADDRESS OF PROPERTY OWNER					
RANK AND SIGNATURE OF INVESTIGATING OFFICER Officer Gray, Gary L.		OFFICER ID 215	POLICE AGENCY IDENTIFICATION 128	REPORT DATE 02/17/2007	CASE STATUS	SUPERVISOR

Police Case Number
0700003232

ACCIDENT DIAGRAM

INDICATE NORTH



TRAFFIC UNIT #		TRAVELING	TRAFFIC UNIT #	TRAVELING
3	West	On West St./ Rt.167		On

Operator #1 when asked by this Officer what happened stated she was struck by the other two vehicles. When told she was observed traveling at a high rate of speed and crossing into the opposing lane of traffic, operator #1 stated she did nothing wrong and they struck her.

All three operators stated they were uninjured and refused medical treatment. Operator #3 was placed in the police vehicle of Sgt. Durkin,shift supervisor, to remain warm during the investigation. Operator #3 was overheard on a cell phone conversation with Sgt. Durkin present, talking to her husband. The male was overheard to say to operator #3, "you know your history of your back, you should go to the hospital any ways" after operator #3 stated to him she was uninjured.

Operator #1 was found at fault for the accident and issued infraction #M596048-1 for violation of C.G.S. 14-218a*, Traveling Too Fast For Conditions and 14-235, Failure Keep Right at Intersection. She was given a reply date of March 2, 2007.

All three vehicle were heavily damaged and were towed from the scene.

DAMAGE TO PROPERTY OTHER THAN INVOLVED VEHICLES	1. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE					
	NAME AND ADDRESS OF PROPERTY OWNER					
	2. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE					
	NAME AND ADDRESS OF PROPERTY OWNER					
RANK AND SIGNATURE OF INVESTIGATING OFFICER Officer Gray, Gary L.		OFFICER ID 215	POLICE AGENCY IDENTIFICATION 128	REPORT DATE 02/17/2007	CASE STATUS Closed	SUPERVISOR

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).