



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

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OWNER INFORMATION (Type or Print)			Daytime Telephone Number	E-mail Address
Name				
Address				
City	State	PA	Zip Code	Evening Telephone Number
UPPER DARBY				

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 SAJMY1546KC		Make JAGUAR	Model XJ6	Model Year 1989
Date Purchased APRIL 06	Dealer's Name and Telephone Number PRIVATE PARTY		Engine: No: Cylinders 6	Fuel Type: Gas
Original Owner	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 033210 SERVICE BRAKES, HYDRAULIC: POWER ASSIST: HYDRAULIC: Multiple Failure: 2	

FAILED COMPONENT(S)/PART(S) INFORMATION		
Incident Date(s) 15-AUG-2006	Failure Mileage 85000	Failure Speed 55

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: DOTM9ABC036)	<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 (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury (ies).)				
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	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).
FLUID

TL*THE CONTACT OWNS A 1989 JAGUAR XJ6. THE CONTACT STATED THAT THE LOW ~~FLUID~~ INDICATOR LIGHT ILLUMINATED. HE ALSO LEARNED FROM A MECHANIC THAT HIS VEHICLE BRAKE ACCUMULATOR SWITCH WAS LEAKING HYDRAULIC FLUID, WHICH ACTIVATES THE POWER BRAKES. WHILE DRIVING 55 MPH, THE LOW ~~FLUID~~ INDICATOR LIGHT ILLUMINATED AND THE BRAKES FAILED. THE MECHANIC REPLACED THE MASTER CYLINDER FOR \$600, BUT THE FAILURE PERSISTED. THE CONTACT TOOK THE VEHICLE BACK WHERE IT WAS DIAGNOSED WITH THE SAME FAILURE AS NOTED IN RECALL # 90V023000 (SERVICE BRAKES, HYDRAULIC: FOUNDATION COMPONENTS: HOSES, LINES/PIPING, AND FITTINGS). HOWEVER, THE SAFETY RECALL REPAIR FREE PERIOD HAS EXPIRED FOR HIS VEHICLE. THE PURCHASE DATE WAS UNKNOWN. THE CURRENT MILEAGE IS 92,000 AND FAILURE MILEAGE WAS 85,000.

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 to 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.