



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

07-AUG-2007

Reference No.

2008 FEB -1 PM 12: 32

10198769

OWNER INFORMATION (Type or Print)

Name, Address, City (CHARLOTTESVILLE), State (VA), Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
Signature of Owner Date 8/21/2007

VEHICLE INFORMATION

17 digit Vehicle Identification Number (SAJWA71C4...), Make (JAGUAR), Model (XJ8), Model Year (2004), Date Purchased (01-MAR-05), Dealer's Name and Telephone Number (BROWN'S JAGUAR), Engine: No: Cylinders (8), Fuel Type: Gas, Original Owner (checked), Dealer's City (RICHMOND), State (VA), Zip Code (23235), Transmission Type (AUTOMATIC), Antilock Brakes, Cruise Control (checked), Powertrain (ALL WHEEL DRIVE), Vehicle Component Code (030000 SERVICE BRAKES, HYDRAULIC), Multiple Failure: 5 (OVER 1 1/2 YEARS)

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) (15-MAR-2006), Failure Mileage (5000), Failure Speed (5 - 10 VARIOUS), 3RD INCIDENT

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), 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 (CONTACT) Fire, 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).

TL*THE CONTACT OWNS A 2004 JAGUAR XJ8. WHILE DRIVING 5 MPH THE VEHICLE WOULD NOT STOP WHEN THE BRAKE WAS APPLIED THIS CAUSED HIM TO CRASH INTO ANOTHER VEHICLE. THE ROAD CONDITIONS WERE DRY. THE CONTACT STATED THAT THERE WAS DAMAGE TO HIS BUMPER. THE FAILURE OCCURRED ON FIVE OCCASIONS HOWEVER ONLY TWO RESULTED IN A CRASH. THE DEALER WAS UNABLE TO DIAGNOSE THE FAILURE. THE FAILURE MILEAGE WAS 5,000 AND THE CURRENT MILEAGE WAS 10,500 AT TURN IN 5/2/07. FIRST APPROX. * 5 FAILURES DURING 1 1/2 YEARS NOTE: EACH OCCURANCE TRANSMISSION LOST ABILITY TO DOWN SHIFT. * 2 DEALER COULD NOT COMPUTER CHECK VERIFY, 1. DATE UNKNOWN - IN MY NEIGHBORHOOD. 2. DATE UNKNOWN - GOING DOWN MY DRIVE. * 3 BUMPER REPAIR NO REPAIR INVOICE WAS PROVIDED US FOR THIS VISIT. EACH EVENT TO DEALER 3. DATE 3/15/06 PARK/RIO RD. (BUMPER CONTACT W/PICK UP TRUCK HITCH - BUMPER PAINT - US. 4. DATE 1/9/07 - RT 29 NORTH & HOLYMEAD - AT RED LIGHT - IN MIDDLE OF INTERSECTION BEFORE CAR STOPPED. 5. DATE 4/12/07 - RT 250 NEAR RT 20. ON BRIDGE - SLOW TRAFFIC - BUMPER CONTACT W/CAR AHEAD OF US. PUSHED THAT CAR FORWARD (SLOWLY) BEFORE OUR TRANSMISSION QUIETED DOWN - NO DAMAGE

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.

*2 AS WE EXPERIENCED OTHER IN CAR COMPUTER FAILURES WE CONTEND THAT TEST RESPONDING COMPUTERS WERE ALSO FAULTY. (I.E. GARAGE DOOR REMOTE, MESSAGE CENTER, ETC.) BATTERY HAD TO BE RECHARGED TWICE, THE THIRD FAILURE HAD TO BE REPLACED.

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

NOTE: SEE OTHER SIDE FOR INCIDENT PARTICULARS.

7/17/07 CALL BACK FROM SHOSHANYA JORDAN (JAGUAR EXECUTIVE,
MAWAH N.J., SPEAKING FOR JAGUAR PRESIDENT O'DRISCOL).
SHE WAS POLITE BUT FIRM THAT SINCE THE DEALER
COULD NOT DUPLICATE THE PROBLEM AND WOULD NOT
OFFER TO EXCUSE THE LAST YEAR OF OUR THREE YEAR
LEASE THERE WOULD BE NO COMPENSATION TO
ME THAT JAGUAR WOULD ALLOW. PRESENTLY WE ARE
FORCED TO PAY OFF THE LAST YEAR (APPROX. \$11,200). WE
ATTACH ADDITIONAL SHEETS IF NECESSARY HAVE REPLACED THE JAG.
WITH A 2007 VOLVO XC90.

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

Official Business
Penalty for Private Use \$300

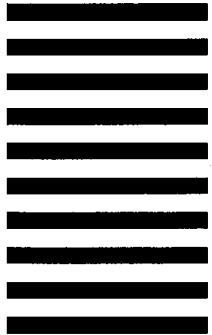


**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

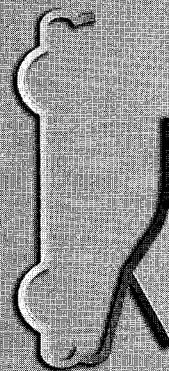
BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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



**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**



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

Field Investigation Document for Allegations of Unintended Acceleration

Incident Geography **LAST INCIDENT - JAN. 5, 2007**

Road Type Motorway Country road Town Other
 Flat Hilly Other

Road surface Tarmac Gravel Grass Smooth Other

Location: **ROUTE 29 N · FORREST LAKES / CVS TRAFFIC LIGHT**

Previous Journey

Length: Approx distance **240** m/km Approx time **5** hrs R. TRIP Type: **TO MT. VERNON, VA.**

Details of any battery issues **(NEW BATTERY A MONTH AGO) ?**

Journey of the Incident

Time interval between this and the previous journey **19** hrs Purpose of journey **TO CHARVILLE AIRPORT**

Length: Approx distance **6** m/km Approx time hrs **15 min.** Number of passengers **4 (INCLUDING DRIVER)**

History of previous 24 hrs **AS ABOVE**

Step By Step Description: (e.g. started car, accelerated to end of road, turned right 100 m, stopped at lights.....)
APPROACHING TRAFFIC LIGHT · FOOT LIFTED OFF ACCELERATOR · EXPECTED SLOW DOWN DID NOT HAPPEN · ACCELERATION DID NOT RESPOND NORMALLY TO BRAKE ACTION · SURGED · HEAVY PRESSURE ON BRAKE FINALLY ENDED ACCELERATION WE WERE 6/7 FEET INTO INTERSECTION..

	Immediately Prior To Incident	Immediately Following incident
Accelerator pedal pressed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Brake pedal pressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clutch pedal pressed	N.A. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cruise control engaged	<input checked="" type="checkbox"/> Off <input type="checkbox"/> Stand By <input type="checkbox"/> Engaged	<input checked="" type="checkbox"/> Off <input type="checkbox"/> Stand By <input type="checkbox"/> Engaged
Selected gear (automatic)	<input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> N <input checked="" type="checkbox"/> D <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2	<input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> N <input checked="" type="checkbox"/> D <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2
Selected gear (manual)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> R <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> R <input type="checkbox"/> N
High Low ratio engaged	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Park brake applied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Windscreen wipers	<input type="checkbox"/> On <input checked="" type="checkbox"/> Off <input type="checkbox"/> Intermittent	<input type="checkbox"/> On <input checked="" type="checkbox"/> Off <input type="checkbox"/> Intermittent
Messages/Warnings displayed		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile phone in vehicle	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes' to the above, was the phone in use?	Driver <input type="checkbox"/> Yes <input type="checkbox"/> No Passenger <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver <input type="checkbox"/> Yes <input type="checkbox"/> No Passenger <input type="checkbox"/> Yes <input type="checkbox"/> No
Climate control	<input type="checkbox"/> Off <input checked="" type="checkbox"/> In Use	<input type="checkbox"/> Off <input checked="" type="checkbox"/> In Use
Traction control	<input type="checkbox"/> Normal <input type="checkbox"/> Disabled	<input type="checkbox"/> Normal <input type="checkbox"/> Disabled
Transmission Sports mode	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> On <input type="checkbox"/> Off
Engine speed	? Rpm	○ Rpm
Vehicle speed	30-35 ? (mph)(Km/h)	○ (mph)(Km/h)

Field Investigation Document for Allegations of Unintended Acceleration

Full Description of Incident

SEE STEP BY STEP DESCRIPTION, PAGE #1
(THIS WAS THE FOURTH SUCH INCIDENT.)
AFTER THE SECOND, WE BEGAN TO WORRY
ABOUT AN INTERMITTENT FLAW - COMPUTER/
MECHANICAL, ETC.)

Additional Comments

- AT TIMES, GOING DOWNHILL IN DRIVE, THE CAR'S SPEED IS SO SLOW (WITHOUT USING THE BRAKE) THAT TO CANCEL THIS CONDITION, THE ACCELERATOR MUST BE BRIEFLY APPLIED. THIS CONDITION IS NOT CONSISTENTLY PRESENT ON THE SAME DOWNHILL SLOPES.
- WITH THE ENGINE RUNNING THERE IS A CONSTANT RAPID TICKING SOUND WHICH IN PREVIOUS DECADES MIGHT BE CALLED VALVE LIFTER FLUTTER ?

Vehicle After Incident ?

Location: AT HOME		
Name: [REDACTED]		
Address: [REDACTED] CHARLOTTESVILLE, VA. [REDACTED]		
Tel: [REDACTED]	Fax: [REDACTED]	CI Code: [REDACTED]
Contact Name: J [REDACTED]		e-mail address: N.A.

WDS/T4 Read

VID Block data available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Module information	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fault Codes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flight Recorder Data	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Adjustable Pedal PIDs	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

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