



U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

2008 JUL 28 PM 12:58 DASH-2-DOT
(1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

23-APR-2008

Repository

Reference No.
10225470

OWNER INFORMATION (Type or Print)

Name

Address

City

LAUREL

State

MD

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?
In the absence of Signature of Owner

YES NO
the vehicle manufacturer.

Date 6/20/08

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
SAJDA01CXYF

Make
JAGUAR

Model
S-TYPE

Model Year
2000

Date Purchased
04-MAY-00

Dealer's Name and Telephone Number

Laurel Jaguar

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

Laurel

State

Zip Code

MD 20707

Transmission Type
AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

070000 FUEL SYSTEM, GASOLINE

Multiple Failure: 50

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
14-JUN-2007

Failure Mileage
75000

Failure Speed
0

Exhaust System - Engine Breather

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)

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

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

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 2000 JAGUAR S-TYPE. THE CONTACT SMELLED A STRONG ODOR OF GASOLINE IN THE PASSENGER COMPARTMENT, ESPECIALLY AFTER PLACING FUEL IN THE VEHICLE. OCCASIONALLY, THE ODOR WOULD BE SO INTENSE THAT IT WOULD GIVE HER AND THE OTHER OCCUPANTS A HEADACHE. SHE TOOK HER VEHICLE TO A DEALER AND THEY REPLACED THE MUFFLER SYSTEM. IMMEDIATELY AFTER THE REPAIR, THE ODOR RETURNED. THE MANUFACTURER STATED THAT HER VIN WAS NOT INCLUDED IN NHTSA CAMPAIGN ID NUMBER 06E056000 (FUEL SYSTEM, GASOLINE), EVEN THOUGH THE FAILURES WERE IDENTICAL. THE CONTACT WOULD BE RESPONSIBLE FOR THE REPAIR COSTS. THE VEHICLE HAS NOT BEEN REPAIRED. THE FAILURE MILEAGE WAS 75,000 AND CURRENT MILEAGE WAS 100,000.

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.