



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 27-AUG-2008	Repository <input type="checkbox"/>
	Reference No. 10239925

OWNER INFORMATION (Type or Print)			
Name			
Address			
City YORK	State PA	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  
In the absence of an authorized signature, NHTSA will not provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 9/14/08

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side SAJEB53D52X	Make JAGUAR	Model X-TYPE	Model Year 2002
Date Purchased 7-14-07	Dealer's Name and Telephone Number Private owner		Engine: No. Cylinders 6
Original Owner <input type="checkbox"/>	Dealer's City York	State PA	Zip Code 17406
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 050000 PARKING BRAKE
Multiple-Failure:			

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 27-APR-2008	Failure Mileage 57000	Failure Speed 0	
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**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**

(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
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**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 2002 JAGUAR X-TYPE. THE CONTACT STATED THAT THE PARKING BRAKE ON HER VEHICLE WOULD HAVE TO BE PULLED UP PROGRESSIVELY HIGHER TO HOLD THE VEHICLE WHILE IN NEUTRAL. AT A CERTAIN POINT, SHE WOULD HAVE TO SHIFT INTO FIRST GEAR BECAUSE IT WOULD HOLD THE VEHICLE WHILE PARKED. THE CONTACT TOOK THE VEHICLE TO THE REPAIR SHOP AND WAS INFORMED THAT THE PARKING BRAKE NEEDED TO BE ADJUSTED. THE REPAIR WAS MADE, BUT THE FAILURE RECURRED. SHE WAS INFORMED THAT THERE WAS A RECALL ON THE VEHICLE IN RELATION TO NHTSA CAMPAIGN ID NUMBER 04V487000 (PARKING BRAKE). THE MANUFACTURER STATED THAT THE VIN WAS NOT INCLUDED IN THE RECALL. THE CURRENT MILEAGE WAS 62,416 AND FAILURE MILEAGE WAS APPROXIMATELY 57,000.

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.