

 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 JAN 20 2012 20-DEC-2011		Repository ☐ Reference No. 10440536			
OWNER INFORMATION (Type or Print)							
Name				Daytime Telephone Number		E-mail Address	
Address							
City		State		Zip Code		Evening Telephone Number	
FT PIERCE		FL					
The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).							
VEHICLE INFORMATION							
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side				Make		Model	
SAJWA51C05W				JAGUAR		X-TYPE	
Date Purchased		Dealer's Name and Telephone Number		Engine:		Fuel Type:	
7-23-11		USOFFLEASE AUTO (661)645-2226		No: Cylinders		Premium	
Original Owner		Dealer's City		State		Zip Code	
☐		225 Military Trail		FL		33415	
Transmission Type		☒ Antilock Brakes		Powertrain		Multiple Failure:	
AUTO		☒ Cruise Control				Incident Date(s)	
						20-JUN-2011 10-27-11	
FAILED COMPONENT(S)/PART(S) INFORMATION							
Vehicle Component Code: 100000 POWER TRAIN						Failure Mileage	
Transfer Box Viscous Disc coming apart internally. Small coming from oil pan pocket locking + water pump leaking also						86000	
						Failure Speed	
						70	
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: DOTM49ABC036)		☐ 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	
				0		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 2005 JAGUAR X-TYPE. THE CONTACT WAS DRIVING 70 MPH WHEN THE VEHICLE BEGAN JERKING, EXHIBITED AN ABNORMAL NOISE AND IMMEDIATELY, LOST POWER. THE VEHICLE WAS UNABLE TO BE DRIVEN AND WAS TOWED TO A LOCAL TRANSMISSION CENTER. THE MECHANIC INFORMED THE CONTACT THAT THE TRANSMISSION WAS FAULTY AND THERE WERE OTHER UNKNOWN ISSUES WITH THE VEHICLE. THE DEALER WAS CONTACTED BUT REFUSED TO REPAIR THE VEHICLE. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE AND THE VEHICLE WAS NOT REPAIRED. THE VIN WAS UNAVAILABLE. THE FAILURE MILEAGE WAS 85,000. Got Diagnostic from Amaco Transmission and 2nd Diagnostic from Jaguar Land Rover Treasure Coast							
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.							