

INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)

**From:** [Wells, Cynthia CTR \(NHTSA\)](#)  
**To:** [Fogle, Brenda CTR \(NHTSA\)](#)  
**Subject:** FW: NHTSA: Follow up to ODI Complaint: 10500929  
**Date:** Tuesday, April 02, 2013 10:35:12 AM  
**Attachments:** [EVOQ EMAIL RESPONSE.doc](#)  
[10500929.pdf](#)

EQ-10500929-4367

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**From:** Williams, Maritza CTR (NHTSA) **On Behalf Of** DataQuality, DataQuality (NHTSA)  
**Sent:** Tuesday, April 02, 2013 10:07 AM  
**To:** Wells, Cynthia CTR (NHTSA)  
**Subject:** FW: NHTSA: Follow up to ODI Complaint: 10500929

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**From:** [REDACTED]  
**Sent:** Thursday, March 28, 2013 8:22 PM  
**To:** DataQuality, DataQuality (NHTSA)  
**Subject:** Fwd: NHTSA: Follow up to ODI Complaint: 10500929

Begin forwarded message:

**From:** <[EVOQ@dot.gov](mailto:EVOQ@dot.gov)>  
**Date:** March 28, 2013 8:04:22 AM PDT  
**To:** [REDACTED] >  
**Subject:** FW: NHTSA: Follow up to ODI Complaint: 10500929

Please see the attached copy of your recent complaint and instructions. Please make any necessary edits and return via email to [dataquality@dot.gov](mailto:dataquality@dot.gov) or fax to (202) 366-1767. Due to the volume of complaints we receive and our limited resources, we cannot respond to every complaint.

NHTSA/Office of Defects Investigation

VEHICLE VIN # { SAJHY1543KC5[REDACTED] } DEALER, MONTY SHELTON JAGUAR,  
PORTLAND OREGON / SEAT BELT SHOULDER RESTRAINT MALFUNCTIONS

AND WILL NOT DEPLOY FOR USE. IT'S MY UNDERSTANDING THAT THIS A  
LIFETIME WARRANTY ITEM AND IS NOT BEING DELT WITH ACCORDING TO  
THE LAW. THIS CREATES  
SAFETY HAZARD. THANK YOU; [REDACTED]



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

01-MAR-2013

Repository Reference No.  
10500929**OWNER INFORMATION (Type or Print)**

Name [REDACTED]

Address [REDACTED]

City EUGENE

State OR

Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [REDACTED]

*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  
JAGUARModel  
XJ6Model Year  
1989

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner  

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

02-MAR-2011

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

Vehicle Component Code: 150000 SEAT BELTS

Failure Mileage  
125000Failure Speed  
0**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

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 1989 JAGUAR XJ6. THE CONTACT STATED THAT THE SEAT BELT RETRACTOR MECHANISM FAILED. THE VEHICLE WAS TAKEN TO THE DEALER, WHO DIAGNOSED THAT THE PASSIVE BELT SYSTEM NEEDED TO BE REPLACED. IN ADDITION, THE CONTACT WAS INFORMED THAT THEY NO LONGER MANUFACTURED THE PARTS NEEDED FOR THE REPAIR. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE VEHICLE WAS NOT REPAIRED. THE APPROXIMATE FAILURE MILEAGE WAS 125,000 AND THE CURRENT MILEAGE WAS 148,000. THE VIN WAS NOT AVAILABLE.

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.



U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**

1200 New Jersey Avenue SE  
Washington, DC 20590

Dear Consumer:

NVS-216rr

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failures(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid Chief  
Correspondence Research Division  
Office of Defects Investigation  
Enforcement

Enclosure: VOQ

