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

CL-10504702-9177

Form Approved: O.M.B. No. 2127-0008

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-MAR-2013	Repository ☐
	Reference No. 10504702

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City: SACRAMENTO	State: CA	Zip Code:	Evening Telephone Number

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	Model Year
SAJWA71C94S	JAGUAR	XJ8	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
				No: Cylinders 8	Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure: 1	Incident Date(s) 21-DEC-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 180000 VEHICLE SPEED CONTROL, ENGINE (PWS)	Failure Mileage	Failure Speed
	97500	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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	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).

AN INCIDENT WITH THE VEHICLE OCCURRED SOMETIME AROUND CHRISTMAS 2011. THE MOTOR SURGED WHILE I WAS FULLY STOPPED AT A STREET LIGHT. THE MOTOR WAS RUNNING, THE CAR WAS IN DRIVE GEAR, AND MY FOOT WAS ON THE BRAKE. I WAS ABLE TO QUICKLY BRING THE CAR UNDER CONTROL.
A SECOND EVENT OCCURRED IN 2012, MAY 15TH, AT 11:00 P.M. WHILE I WAS FULLY STOPPED AT A DRIVE THROUGH WINDOW. AGAIN THE MOTOR SURGED, THIS TIME WITH A LOUD SCREECHING SOUND. I APPLIED MAXIMUM BRAKE PRESSURE BUT THE CAR CONTINUED TO SURGE FORWARD, APPROXIMATELY SIX FEET. I SUSTAINED FULL FORCE PRESSURE TO THE BRAKE, THREW THE CAR INTO NEUTRAL GEAR, AND TURNED OFF THE IGNITION IN ORDER TO STOP THE CAR. I IMMEDIATELY DROVE IT HOME WHERE IT HAS REMAINED PARKED---EXCEPT FOR TWO EXCURSIONS TO THE SACRAMENTO JAGUAR DEALERSHIP SERVICE DEPARTMENT. *TR

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.

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SMD