


Last Year - 2002

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 1039</p>	
	<p>OWNER INFORMATION (Type or Print)</p>	<p>Date Received 2003 APR -9 AM 8:56 1-FEB-2002</p>	<p>Old or replaced by up_tr</p>

<p>WORK NUMBER</p> <p>FL Southampton NY</p>	<p>FOR NUMBER</p>
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Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized representative, provide your name and address to the vehicle manufacturer.

Signature of Owner _____ YES _____ NO _____
Date 3/21/03

VEHICLE INFORMATION

Vehicle Identification Number (VIN) SAJEA51C42WC45526	Vehicle Make JAGUAR	Vehicle Model X-TYPE	Vehicle Year 2002	Current Odometer Reading
Purchase Date	Dealer's Name Sportique Super of Huntington	Engine Size (CID/CCL) No Cylinders 6	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injected	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City Huntington State NY Zip Code 11743	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Antilock Brakes	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag
		<input type="checkbox"/> Yes <input type="checkbox"/> No Cruise Control	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel Drive Train	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
				<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03200000	Part Name(s) BRAKES:HYDRAULIC SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) 02-JAN-2002	Mileage at Failure(s) 2	Vehicle Speed at Failure(s)
		Called Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured None	Number of Fatalities None	Estimated Property Damage None	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN APPLYING BRAKES VEHICLE WILL NOT STOP, IT WILL KEEP GOING WITH A BURGE OF POWER. THIS HAPPENS INTERMITTENTLY. DEALER CONTACTED. *AK