

 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 1575 Date Received 09-DEC-2002 09 JAN 12 PM DEFECTS INVESTIGATION OFFICE Reference No. 8023983 Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) _____ ROSYLN HEIGHTS NY					
Do you authorize NHTSA to provide a copy of report to the manufacturer of your veh <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.					
Signature of Owner _____ Date ____/____/____					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on driver's side)</small> JATDA01N41FL95132		Vehicle make JAGUAR	Vehicle Model S-TYPE	Vehicle Year 2001	Current Odometer Reading 16,500
Purchase Date _____ <input checked="" type="checkbox"/> New <input type="checkbox"/> Used		Dealer's Name Jaguar of West Neck/Roslyn City Roslyn State NY Zip Code 11576		Engine Size (CID/CC) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injector
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <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		Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other				
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT		Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 29-JUN-2002 Mileage at Failure(s) 15,000 Vehicle Speed at Failure(s) _____		Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured ?	Number of Fatalities NONE	Estimated Property Damage 18,000	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p>CONSUMER WAS INVOLVED IN A FRONTAL COLLISION WHILE AT A STOP. OTHER VEHICLE WAS TRAVELLING OVER 30MPH. DRIVER AND PASSENGER AIR BAGS DID NOT DEPLOY. CONSUMER'S VEHICLE RECEIVED SUBSTANTIAL DAMAGE TOTTALLING APPROXIMATELY \$15,000. P</p> <p>my car was making LEFT TURN - other car went thru stop sign at 30 mph & hit me HARD ON. my car was turned around, 180° & driven back about 40 feet.</p>					
<small>CONTINUE ON BACK IF NEEDED</small>					
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.					

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Jaguar investigated accident & determined Air bags should not have deployed. If the air bag should not have deployed them, why have airbag put in car? The system in this Jaguar obviously was defective or of poorly designed.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT
and dial toll free at

1-888-DASH-2-DOT
1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



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