



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 150

Data Received

14-DEC-1999

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

854048

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES 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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
SAJDA01D1YGL03325	JAGUAR	S-TYPE	2000	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input 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 12112100	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR	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
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

DRIVING AT 65 MPH DRIVER HEARD EXPLOSION, SIDE AIRBAGS DEPLOYED WITHOUT ANY KIND OF IMPACT CAUSING LOSS OF VEHICLE CONTROL DUE TO WHITE POWDER WITHIN AIRBAG, DESTROYING INTERIOR AND MOLDING OF VEHICLE. DLR CLAIMS THERE WAS UNDER CARRIAGE DAMAGE AND COULD CAUSE SIDE AIRBAGS TO DEPLOY ,BUT NO EVIDENCE OF SIDE IMPACT.

CONTINUED ON BACK PLEASE

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>Auto Safety Hotline</p> <h2 style="margin: 0;">Vehicle Owner's Questionnaire</h2> <p>NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov</p>	<p>FOR AGENCY USE ONLY 160</p> <p>Date Received: JAN 22 AM 12:28 14-DEC-1999 OFFICE OF DEFECTS INVESTIGATION</p> <p>Reference No. 854048</p> <p>Work Number _____ Home Number _____</p>
<p>OWNER INFORMATION (Type or Print)</p> <div style="background-color: black; width: 100%; height: 40px;"></div>		

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorized representative, provide name and address to the vehicle manufacturer.
 Signature of Owner _____ Date **12/29/99**

VEHICLE INFORMATION						
Vehicle Ident. No (VIN) <small>(Located at bottom of windshield on driver's side)</small> SAJDA01D1YGLO3325	Vehicle Make JAGUAR	Vehicle Model S-TYPE	Vehicle Year 2000	Current Odometer Reading 10,900		
Purchase Date April 99 <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name HEMMESLEY JAGUAR City ATLANTA State GA Zip Code _____		Engine Size (CID/CC/L) No Cylinders 8	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input 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 Util <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <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 12112200 12112300	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR:D INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR:P - PASSENGER SIDE	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" 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) Mileage at Failure(s) Vehicle Speed at Failure(s) 65 MPH	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)</small>					
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 \$5,000	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING AT 65 MPH DRIVER HEARD EXPLOSION, SIDE AIRBAGS DEPLOYED WITHOUT ANY KIND OF IMPACT, CAUSING LOSS OF VEHICLE CONTROL. DUE TO WHITE POWDER WITHIN AIRBAG, DESTROYED INTERIOR AND MOULDING OF VEHICLE. DEALER CLAIMED THERE WAS UNDERCARRIAGE DAMAGE, AND COULD CAUSE SIDE AIRBAGS TO DEPLOY. BUT THERE WAS NO EVIDENCE OF SIDE IMPACT. *AK

CONTINUE ON BACK IF NEEDED

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.



Pictures showing no damage to vehicle.





Pictures showing damage to interior after airbags deployed.



50004

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INVOICE

DUPLICATE 1
PAGE 1

JAGUAR
3040 PIEDMONT PKY. ATLANTA, GA 30306
MAIL TO: P.O. BOX 52128 ATLANTA, GA 30355-0128
30355-0128
PHONE (404) 261-5700



SERVICE ADVISOR: 535 JIM TOWNSEND

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
	2000	JAGUAR V8 STYPE	SAJDA01D1YGL03325		10428/10428	T398	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
3APR1999			10:42 09DEC99		74.00	SERPJ	12JAN2000
R.C. OPENED	READY	OPTIONS: STK:50004 DLR:25025					
2:47 08OCT99	12:01 10DEC99						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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CUST SAYS PASS SIDE SIDE MOUNTED AIR BAG DEPLOYED WITHOUT PROVOCATION-INSPECT AND ADVISE							
AUSE: 599 REPAIR PER ESTIMATE							
				510	CEJ	13.25	
1	XR8-11791	MODULE-AIRB				145.00	145.00
1	XR8-15172	NED COVER-SQUAB				551.50	551.50
1	XR8-15356	PAD-SQUAB				130.00	130.00
1	XR8-1816	SHIELD				11.85	11.85
1	XR8-2384	SENSOR-SIDE				67.50	67.50
1	XR8-2368	RESTRAINT C				202.80	202.80
1	XR8-1440	NED COVER-B-POS				68.65	68.65
1	XR8-14876	FRAME-SQUAB				139.50	139.50
1	TWI220661	TUBING				99.25	99.25
JBL BARROW'S BODY SHOP INV. #5118							
CPJ						1535.98	1535.98
ARTS:	1415055	LABOR:	1108.94	OTHER:	1535.98	TOTAL LINE A:	4060.47

0428 SHOP TIME: .50 CHECKED FOR CODES, B1231 AND B1998 WERE STORED. INSTRUCTED TO PUT CAR ON HOLD UNTILL JAG COULD BE CONTACTED. TOLD TO LEAVE CAR ALONE, IT WAS GOING BACK TO N.C. JIM BALLEW TAKING CARE OF 50.00 OF THE 500.00 DEDUCTIBLE

DENNIS MILLER PROVIDING JAGUAR LOANER
500 *****GLASS & TRIM REPAIR*****
389 CPJ 0.00 0.00 0.00

UBL ACCENT #2111222
ISPJ (N/C)

ARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

** JIM BALLEW OKED RENTAL COVERAGE STARTING 11/26
25 JAGUAR RENTAL PROGRAM
184 IRCJ 0.00 (N/C)

0 CLAIMS WITHOUT THIS INVOICE	SHOP SALES	PARTS SALES	DESCRIPTION	TOTALS
			LABOR AMOUNT	
ALL LABOR IS WARRANTED FOR 90 DAYS OR 4000 MILES WHICHEVER OCCURS FIRST.	ALL PARTS SOLD OR USED ARE SUBJECT TO THE MAGNUSON-MOSS ACT AND THE MERCHANDISE PURCHASED IS UNDER LIMITED WARRANTY BY THE MANUFACTURER. THE TERMS OF THESE WARRANTIES ARE AVAILABLE FOR YOUR INSPECTION.	CUSTOMER SIGNATURE	PARTS AMOUNT	
			GAS, OIL, LUBE	
			SUBLET AMOUNT	
			OTHER LABOR & MATERIALS	
			TOTAL CHARGES	
			LESS INSURANCE/DISCOUNTS	
			SALES TAX	
			PLEASE PAY THIS AMOUNT	

50004

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HENNESSY

JAGUAR

3040 FIDMONT RD., ATLANTA, GA 30306
 MAIL TO: P.O. BOX 52726 - ATLANTA, GA 30356-0126
 30356-0126
 PHONE (404) 281-8700

INVOICE

DUPLICATE 7
 PAGE 2

JAGUAR

SERVICE ADVISOR: 535 JIM TOWNSEND

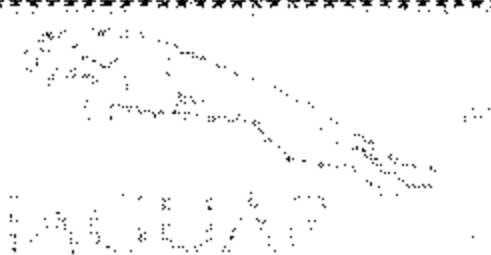
COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
	2000	JAGUAR V8 STYPE	SAJDA01D1YGL03325		10428/10428	T396	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
28APR1999			10:42 09DEC99		74.00	SERPJ	12JAN2000
R.O. OPENED	READY	OPTIONS: STK:50004 DLR:25025					
12:47 08OCT99	12:01 10DEC99						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
PARTS:				0.00	LABOR:		0.00
				0.00	OTHER:		0.00
					TOTAL LINE C:		0.00

D** SUBLET COMPLETE CLEAN UP

57 SUBLET COMPLETE CLEAN UP

184 CPJ	0.00	0.00	0.00
SUBL DMC DETAILERS INV 10482			
CPJ		130.00	130.00
PARTS:	0.00	LABOR:	0.00
		OTHER:	130.00
		TOTAL LINE D:	130.00



NO CLAIMS WITHOUT THIS INVOICE
 SHOP SALES

ALL LABOR IS WARRANTED FOR 90
 DAYS OR 4000 MILES WHICHEVER
 OCCURS FIRST.

PARTS SALES

ALL PARTS SOLD OR USED ARE SUBJECT TO THE
 MAGNISON-MOSS ACT AND THE MERCHANDISE
 PURCHASED IS UNDER LIMITED WARRANTY BY THE
 MANUFACTURER. THE TERMS OF THESE
 WARRANTIES ARE AVAILABLE FOR YOUR
 INSPECTION.

CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	1108.94
PARTS AMOUNT	1415.55
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	1665.98
OTHER LABOR & MATERIALS	0.00
TOTAL CHARGES	4190.47
LESS INSURANCE/DISCOUNTS	0.00
SALES TAX	99.09
PLEASE PAY THIS AMOUNT	4289.56