



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 758

Date Received

30-JAN-2001

Od\_or \_\_\_\_\_  
R\_dt \_\_\_\_\_  
Pd\_rt \_\_\_\_\_  
Ip\_lfr \_\_\_\_\_

Reference No.

879315

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>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
SAJDA01D2YGL40528	JAGUAR	S-TYPE	2000	

Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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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 type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12442200	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR:DR	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-2001 Mileage at Failure(s) 17000 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

### 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)

DRIVER'S SIDE AIRBAG DEPLOYED WHILE DRIVING 55 MPH. VEHICLE WAS GOING OVER A PIECE OF ICE ON ROAD. \*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 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.

FOR AGENCY USE ONLY 758

DOT Auto Safety Hotline



**Vehicle Owner's Questionnaire (VOQ)**

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

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

**OWNER INFORMATION (Type or Print)**

670914

Work Number

Home Number

Reference No. 879315

Date Received: 30-JAN-2001  
30-JAN-2001  
up, lr  
od, tr  
r, dt

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 \_\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) \_\_\_\_\_

(located at bottom of windshield on driver's side)

Vehicle Make JAGUAR

Vehicle Model S-TYPE

Vehicle Year 2000

Current Odometer Reading \_\_\_\_\_

Purchase Date \_\_\_\_\_

New  Used

City \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

Dealers Name \_\_\_\_\_

Engine Size \_\_\_\_\_

(CID/CCL No. Cylinders \_\_\_\_\_)

Turbo

Diesel

Gas

Fuel Injection

Transmission Type  Automatic  Manual

Antilock Brakes  Yes  No

Restraint System  3-Point Belt  Microbelt

Driver's Side Airbag  2-Point Belt

Passenger's Side Airbag

Cruise Control  Yes  No

Drive Train  Front  Rear  4-Wheel

Vehicle Type  Car  Sport Util.  Truck  Motorcycle  Other \_\_\_\_\_

Body Style  2-Door  4-Door  Stationwagon  Pick Up Truck  Other \_\_\_\_\_

Component 12112200

Part Name(s) INTERIOR SYSTEMS; PASSIVE RESTRAINT; AIR BAG; SIDE DOOR; ID

Location  Left  Right  Front  Rear

Failed Part(s)  Original  Replacement

No of Failures \_\_\_\_\_

Date(s) of Failure(s) 02-JAN-2001

Mileage at Failure(s) 17000

Vehicle Speed at Failure(s) 55

Failed Part(s) Available?  Yes  No

NHTSA Previously Contacted?  Yes  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  Yes  No

Flea  Yes  No

Number of Persons Injured \_\_\_\_\_

Number of Fatalities \_\_\_\_\_

Estimated Property Damage \_\_\_\_\_

Reported to Police  Yes  No

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

DRIVER'S SIDE AIRBAG DEPLOYED WHILE DRIVING 55 MPH. VEHICLE WAS GOING OVER A PIECE OF ICE ON ROAD. AK, or it could have been a rock about the size of a softball.

PRINT NAME AND ADDRESS IF NEEDED

The Privacy Act of 1974 (Public Law 93-502) 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.