



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 241

Date Received

24-MAY-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

889122

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>(Location at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
SAJDA01N51FM10575	JAGUAR	S-TYPE	2001			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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"/> Minivan <input type="checkbox"/> Motorcycle <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 _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL	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 Failure 3	Date(s) of Failure(s) 18-APR-2001 2050 Mileage at Failure(s) _____	Failed 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	Number of Fatalities	Estimated Property Damag	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)

AFTER STARTING VEHICLE AND SHIFTING GEAR EITHER IN DRIVE OR REVERSE VEHICLE COMMENCED TO ACCELERATE AT 3000 OR MORE RPMS. THIS PROBLEM HAD OCCURRED ON THREE OCCASIONS. TAKEN TO THE DEALER SHOP, AND THEY INFORMED CONSUMER THAT THEY WERE UNABLE TO DUPLICATE PROBLEM. FEEL FREE TO PROVIDE US WITH ANY FURTHER INFORMATION CONCERNING THIS MATTER. \*AK

CONTINUE ON REVERSE

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>DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY</b> 241</p> <p>RECEIVED JUN 12 PM 3:15 24 MAY 2001 OFFICE DEFECTS INVESTIGATION</p>		<p>Od_or _____ ri_dt _____ od_rt _____ up_ltr _____</p>	
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>[Redacted] 93962</p>				<p>Reference No. 889122</p>		<p>Work Num [Redacted] Home Num [Redacted]</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" 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.</p>						<p>Signature of Owner [Redacted] Date 06/01/01</p>	
<p align="center"><b>VEHICLE INFORMATION</b></p>							
<p>Vehicle Ident. No. (VIN.) (located at bottom of windshield or driver's side) SAJDA01N51FM10575</p>		<p>Vehicle Make JAGUAR</p>	<p>Vehicle Model S-TYPE</p>	<p>Vehicle Year 2001</p>	<p>Current Odometer Reading 7800</p>		<p>Eng no Size (CID/CC/L) _____ No Cylinders 6</p>
<p>Purchase Date _____ <input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>Dealer's Name Huntington Sportsgear City Huntington State NY Zip Code 11743</p>		<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection</p>			
<p>Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Anti-lock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt</p>		<p>Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>	<p>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</p>
<p align="center"><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>							
<p>Component 06400000</p>	<p>Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL</p>			<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>	
<p>No of Failures 3</p>	<p>Dates of Failure(s) 18-APR-2001 Mileage at Failure(s) 2050 Vehicle Speed at Failure(s) _____</p>			<p>Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p align="center"><b>APPLICATION INCIDENT INFORMATION</b> (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</p>							
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Number of Persons Injured _____</p>	<p>Number of Fatalities _____</p>	<p>Estimated Property Damage _____</p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p align="center"><b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b></p>							
<p>AFTER STARTING VEHICLE AND SHIFTING GEAR EITHER IN DRIVE OR REVERSE VEHICLE COMMENCED TO ACCELERATE AT 3000 OR MORE RPMS. THIS PROBLEM HAD OCCURRED ON THREE OCCASIONS. TAKEN TO THE DEALER SHOP, AND THEY INFORMED CONSUMER THAT THEY WERE UNABLE TO DUPLICATE PROBLEM. FEEL FREE TO PROVIDE US WITH ANY FURTHER INFORMATION CONCERNING THIS MATTER. *AK</p>							
<p align="right">CONTINUE ON BACK IF NEEDED</p>							
<p>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.</p>							

