



Auto Safety Hotline
Vehicle Owner's Questionnaire
 NATIONWIDE 1 800 424 8393
 DC METRO AREA (202) 386-0123
 INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received: 2/21/02
 Reference No. _____
 Other: _____
 Title: _____
 Name: _____
 Title: _____

OWNER INFORMATION (Type or Print) DAYTIME TELEPHONE NUMBER

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) SAJFY1747MC651418 VEHICLE MAKE JAGUAR VEHICLE MODEL XJ6 MANUFACTURE DATE _____ MODEL YEAR 1992

VEHICLE MANUFACTURER
 BMW Ford Honda Nissan Saab Volvo Other _____
 Daimler/Chrysler General Motors Hyundai Jeep Toyota VW

PURCHASE DATE 9-8-01 New Used DEALER'S NAME PRIVATE INDIVIDUAL CITY _____ STATE _____ ZIP CODE _____

ENGINE SIZE (CID/CC/L) 4.0L FUEL SYSTEM Turbo Fuel Injection FUEL TYPE Diesel Gas TRANSMISSION TYPE Manual Automatic ANTILOCK BRAKES Yes No RESTRAINT SYSTEM Drivers side Airbag 2-Point Belt Passengers side Airbag Motorbelt 3-Point Belt CRUISE CONTROL Yes No

DRIVETRAIN Front 4-Wheel Rear VEHICLE TYPE Car Minivan Truck Other Van Sport Utility Motorcycle DOORS 2 Door 4 Door BODY STYLE Hatchback Sedan Pick Up Truck Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT Chassis Electrical Lights & Alarms Engine & Cooling System Equipment Fuel System, Exhaust Heater, Defrost, Ventilation Interior Parking Brake Power Train Service Brakes Steering Structure Suspension Visual Systems Other RESTRAINT (MOTOR BELT) PASSENGER RESTRAINT

NO. OF FAILURES 4 1 2 3 4 5 6 7 8 9 10

INCIDENT DATE _____ MILEAGE AT INCIDENT _____ VEHICLE SPEED AT INCIDENT _____

FAILED PART(S) Original Replacement

To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).

TIRE NAME _____ COMPLETE TIRE SIZE _____

TIRE BRAND BF Goodrich Cooper Firestone Goodyear Kelly Springfield Michelin Yokohama Other _____

HANDICAPPED ADAPTIVE Yes No FAILED PART(S) AVAILABLE? Yes No NHTSA PREVIOUSLY CONTACTED? Yes No

APPLICABLE 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 NUMBER OF PERSONS INJURED 0 1 2 3 4 5 6 7 8 9 10

FIRE Yes No NUMBER OF FATALITIES 0 1 2 3 4 5 6 7 8 9 10

CAUSE OF INCIDENT Wear/Corroded/Fuel Noisy Weak/Poor Fit/Loose Loose Oil/Torn Short Disconnect/Fell Off Locks/Sinks/Gasbs Fringe/Poor Performance Stability/Vibration Excessive Effort Broken

RESULT OF INCIDENT Explosions/Fire Loss of Control Poor Visibility Inconvenient Start Rollover Skids Sudden Accelerator