



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100147

Data Received	Repository <input type="checkbox"/>
703 MAR 28 AM	Reference No. 10007227

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: MCDONALD State: PA Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening Telephone Number: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: _____ Date: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of hood/body of driver's side: FULL FILL 1G4GWS8501C709580
Make: JEEP Model: GRAND CHEROKEE Model Year: 1999

Date Purchased: Sep 2001 Dealer's Name and Telephone Number: Fleet Depot (414) 257-3587
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Engine: No. Cylinders: 6 Fuel Type: GAS

Transmission Type: Auto Antilock Brakes Powertrain: _____
 Cruise Control Vehicle Component Code: 141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE Abs
Multiple Failure: 1 Passenger window Delta Drive Lock Assembly

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 15-JAN-2003 Failure Mileage: 86,000 Failure Speed: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash Yes No Fire Yes No
Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, i.e. parts repaired or replaced (and if old part is available).

1) THE AIR BAG LIGHT ILLUMINATED ON THE DASHBOARD. *JB
2) THE Passenger side Window Motor Window would not go down
3) The Driver side Door Lock Assembly - Three face Door would not lock

THE THREE ABOVE THINGS HAPPENED WITHIN THE SAME SPAN OF TIME
THESE WERE ALL DANGEROUS ITEMS. I WOULD REFUSE TO DO ANYTHING ABOUT
THESE PROBLEMS. Call from Jeep was 906 on Wed. And 360 to Patrick Gray

pkw
12/1
Jan

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

- ① THE AIR BAG LIGHT WOULD COME ON AND OFF ALONG WITH A DINGING NOISE. FEAR OF AIR BAG OPENING OR FAILING
 - ② THE DRIVER'S SIDE DOOR LOCK LATCH ASSEMBLY WAS BROKEN. THEREFORE THE DOOR WOULD NOT AUTOMATICALLY LOCK. DANGER OF SOMEONE ENTERING THE VEHICLE
 - ③ PASSENGER SIDE WINDOW WITH THE DOOR WOULD NOT GO DOWN
- Neither Jeep Dealer or Jeep SUV number would do anything about it.
- I WAS CHARGED \$21 TO CHECK AIR BAG BY JEEP ESTIMATE TO REPAIR ALL



ATTACH ADDITIONAL SHEETS IF NECESSARY

ISS 3

US Department of Transportation

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

Official Business Penalty for Private Use \$300

BUSINESS REPLY MAIL
 FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



U.S. Department of Transportation
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 Office of Defects Investigation, NVS-216
 400 7th Street, SW
 Washington, DC 20590

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