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 1367

Date Received: 2003 MAY 12 PM 12:32

Repository ☐

Reference No. 10017320

OWNER INFORMATION (Type or Print)

Name	[redacted]
Address	[redacted]
City: MOBILE	State: AL
Zip Code: [redacted]	
Daytime Telephone Number: [redacted]	E-mail Address
Evening Telephone Number	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an au [redacted] *our name or address to the vehicle manufacturer.*

* Signature of Owner [redacted] Date 4/30/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side 1J4GZ58S5XC668696	Make JEEP	Model GRAND CHEROKEE	Model Year 1999
Date Purchased 7-19-02	Dealer's Name and Telephone Number Chester Mobile Jeep (251) 476-6860	Engine: No: Cylinders (6) Cylinders	Fuel Type: gas
Original Owner ☐	Dealer's City Mobile	State Ala	Zip Code 36617

Transmission Type Automatic	☑ Antilock Brakes ☑ Cruise Control	Powertrain 1C4	Vehicle Component Code 036400 SERVICE BRAKES, HYDRAULIC:ANTILOCK:ABS WARNING LK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
20-APR-2003	50000.		

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: DOTMAL9ABC036)	☐ 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(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

THE ABS WARNING LIGHT ILLUMINATED AND THE CLOCK SPRING NEEDED TO BE REPLACED. *JB

A/CS air bag light comes on intermittently. C/S/ states air bag indicator flashes across dash area / replace air bag clockspring

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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.