Form Approved: O.M.B. No. 2127-0008

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

Date Received: 10050364
2003 DEC 10 PM 2:51

Od_or ___ ___
rt_dt ___ ___
od_rt ___ ___
up_ltr ___ ___

Reference No.

OWNER INFORMATION (Type or Print)

Name [redacted]

Street N[redacted] Apt. No.

City SUN CITY State CA Zip Code [redacted]

Daytime 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 au[redacted]OT provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 12/1/03

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) (Located at bottom of windshield on driver's side)	Make	Model	Year
1J4GL48K03W522139	JEEP	LIBERTY	2003

Purchased Date: 9-28-02
Dealer's Name: HEMET CHRYSLER
Dealer's City: HEMET CA State: CA Zip Code: 92582
☒ New ☐ Used

Engine Size (CID/CC/L): ___ ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection
No. Cylinders: 6

Manufacture Date (on driver's door or pillar):

Transmission Type: ☐ Manual ☒ Automatic

Restraint System: ☒ Driverside Air Bag ☐ Motorbelt ☒ Passengerside Air Bag ☒ 2-Point Belt ☐ 3-Point Belt

Cruise Control: ☐ Yes ☒ No

Drivetrain: ☐ Front ☐ Rear ☒ 4-Wheel

Vehicle Type: ☐ Car ☒ Sport Utility ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other ___

Body Style: ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other ___

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s): LOWER BALL JOINT

Location: ☒ Left ☐ Right ☐ Front ☐ Rear

Failed Part(s): ☒ Original ☐ Replacement

Handicap Adaptive Equip: ☐ Yes ☒ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand: Tire Name:

Complete Tire Size: DOT No.

No. of Failures: Date(s) of Failure(s): Mileage at Failure(s): Vehicle Speed at Failure(s):

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). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
☐ Yes ☒ No	☐ Yes ☒ No			☒ Yes ☐ No

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

LEFT BALL JOINT BROKE, SUSPENSION ARM COLLAPSED INTO WHEEL

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 *This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.*

Mail postage free or fax to 202-366-7882