



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 100184

Date Received
2004 FEB 26 AM 9:45
12-JAN-2004

Repository ☐
Reference No.
10053833

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City QUINWOOD State WV 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 authorized signature, your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 2/14/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number (VIN) [REDACTED] Make JEEP Model LIBERTY Motor Year 2003

Date Purchased [REDACTED] Dealer's Name and Telephone Number [REDACTED]
Original Owner ☒ Dealer's City SUMMERSVILLE State WV Zip Code 26431 Engine No. 6 Cylinders 6 Fuel Type: [REDACTED]

Transmission Type 4 Speed Automatic ☒ Antilock Brakes ☒ Cruise Control Powertrain [REDACTED]
Vehicle Component Code 181000 VEHICLE SPEED CONTROL: ACCELERATOR PEDAL
Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 28-DEC-2003 Failure Mileage 8000 Failure Speed Sent Air Bags.

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/S58R15)
DOT No. (Example: DOTM19A8C036) ☐ Original Equipment ☐ Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition(s), and injury(ies).)

Crash ☒ Yes ☐ No Fire ☐ Yes ☒ No Number of Persons Injured 1 Number of Deaths 0 Reported to Police Y

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).

WHILE PULLING OUT OF A PARKING AREA GAS PEDAL BECAME STUCK TO THE FLOOR. VEHICLE ACCELERATED, AND THE CONSUMER LOST CONTROL, AND STRUCK A TREE. AFTER STRIKING THE TREE VEHICLE STRUCK AN ABUTMENT HEAD AND FLIPPED COMPLETELY OVER. CONSUMER SUFFERED MINOR INJURIES AND WAS TAKEN TO THE HOSPITAL. THE POLICE DID RESPOND TO THE ACCIDENT. *AK

Air Bags Did Not Deploy

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 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.