



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

Reference No.

2004 MAR 17 2004

10083364

OWNER INFORMATION (Type or Print)

Name
Address
City **PENDLETON** State **IN** Zip Code

Daytime Telephone Number
Evening Telephone Number

E-mail Address

Do you authorize NHTSA to include a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, please provide your name or address to the vehicle manufacturer.
Signature of Owner *[Signature]* Date *4/6/04*

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of dashboard on driver's side: **1J4GW6GN4XC**
Make: **JEEP** Model: **GRAND CHEROKEE** Model Year: **1999**
Date Purchased: Dealer's Name and Telephone Number: **KAHLO JEEP (317) 773-6813** Engine: No. Cylinders: Fuel Type:
Original Owner: Dealer's City: **INDIANAPOLIS** State: **IN** Zip Code: **46060**
Transmission Type: **AUTOMATIC** Anti-lock Brakes Cruise Control Powertrain: Vehicle Component Code: **135000 VISIBILITY:POWER WINDOW DEVICES AND CONTROLS**
Multiple Failure: **2**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): **14-MAR-2004** Failure Mileage: **35000** Failure Speed: **ELECTRIC REGULATOR FOR WINDOWS**

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: DOTWAL9ABC036): 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: Yes No Fire: Yes No
Number of Persons Injured: **0** Number of Deaths: **0** 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).

INTERMITTENTLY CONSUMER CANNOT GET THE WINDOWS TO ROLL UP OR DOWN. DEALER INFORMED THE CONSUMER THAT THE WINDOW MOTOR REGULATOR NEEDED TO BE REPLACED. *AK

The older design of the regulator is defective. Manufacturer designed a new regulator in replacement.