



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-2-00T  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100216

Date Received

Repository

2004 MAY 11 09 1:53  
10030-MAR-2004

Reference No.  
10085281

**OWNER INFORMATION (Type or Print)**

Name

Daytime Telephone Number

E-mail Address

Address

City

HOUSTON

State TX

Zip Code

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO

In the absence of a signature, you must provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 4/12/04

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number located in bottom of windshield on driver's side

1J4G258S3X

Make

JEEP

Model

CHEROKEE

Model Year

1999

Date Purchased

9/2/02

Dealer's Name and Telephone Number

CAR MAX 281 209 1333

Engine:

No: Cylinders 6

Fuel Type:

GAS

Original Owner

Dealer's City

State

Zip Code

Transmission Type

auto

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)

1/29/04

Failure Mileage

52,000

Failure Speed

60

**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(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 DRIVING 60 MPH DRIVER LOST CONTROL OF THE VEHICLE AND CRASHED INTO A CEMENT WALL, UPON IMPACT, THE AIR BAGS DID NOT DEPLOY. VEHICLE WAS TOWED TO THE OWNER'S HOME.

A REPAIR SHOP:

The mileage is approx - I could find the exact number.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.