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



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8389
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue
2004 APR 26 or black ink only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received	Order
Reference No.	up to

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

NAME: [Redacted]

STREET NO. APT. NO. CITY STATE ENTER ZIP CODE

Fergus Falls MN

ZIP CODE: 4

AREA CODE

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
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0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

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

In the absence of authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

SIGNATURE: [Redacted] DATE: *3-29-2004*

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) *1J4GW48N44* VEHICLE MAKE *Jeep* VEHICLE MODEL *Grand Cherokee* MANUFACTURE DATE MODEL YEAR

VEHICLE MANUFACTURER

BMW Ford Honda Nissan Subaru Volvo Other

Daimler/Chrysler General Motors Hyundai Saab Toyota VW

PURCHASE DATE *12-22-03* DEALER'S NAME *WARD MUSEA GEN Automotive Co. Inc.* CITY *Moorehead* STATE *MN.* ZIP CODE *56560-0539*

New Used

ENGINE SIZE *287* FUEL SYSTEM Turbo Fuel Injection

FUEL TYPE Diesel Gas

TRANSMISSION TYPE Manual Automatic

ANTILOCK BRAKES Yes No

RESTRAINT SYSTEM Driverside Airbag 2-Point Belt Motorbelt Passengerside Airbag 3-Point Belt

CRUISE CONTROL Yes No

DRIVE/TRAIN Front 4-Wheel Rear

VEHICLE TYPE Car Minivan Truck Other

Van Sport Utility Motorcycle

DOORS 2-Door 4-Door

BODY STYLE Hatchback Sedan Pick Up Truck Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT

Child Seat Electrical Lights & Alarms Engine & Cooling System Equipment Fuel System, Exhaust Heater, Defrost, Ventilation Interior Parking Brake Power Train Service Brakes Steering Struts Suspension Visual Systems Other

NO. OF FAILURES

INCIDENT DATE

RELEASE AT INCIDENT

VEHICLE SPEED AT INCIDENT

FAILED PART(S)

Original Replacement

TIRES

To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).

COMPLETE TIRE SIZE

TIRES BRAND

BF Goodrich Cooper Firestone Goodyear Kelly Springfield Michelin Yokohama Other

HANDICAPPED ADAPTIVE Yes No

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) on the back of this form.

CRASH Yes No

NUMBER OF PERSONS INJURED

FIRE Yes No

NUMBER OF FATALITIES

CAUSE OF INCIDENT

Wear/Corroded/Rust Weak/Poor Fit/Loose Cut/Torn Disconnect/Fall Off Erratic/Poor Performance Excessive Effort

Nasty Leaks Short Locks/Sticks/Grabs Stability/Vibration Broken

RESULT OF INCIDENT

Explosion/Fire Loss of Control Poor Visibility Inadvertent Start Rollover Stalls Sudden Acceleration

PLEASE DO NOT WRITE IN THIS AREA



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