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 252

Date Received: 2004 JUL 19 PM 7:11

Repository ☐

Reference No. 10078387

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: RICHMOND | State: VA | Zip Code: [redacted]
Daytime Telephone Number: [redacted]
Evening Telephone Number: Same
E-mail Address:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [redacted] Date: 6/25/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1J4GL48K7[redacted]	JEEP	LIBERTY	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
12/12/04	Haynes Jeep (804) 220-5337			No. Cylinders 4	Regular Gas
Original Owner ☒	Dealer's City: Richmond	State: VA	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
Automatic	☐ Antilock Brakes ☒ Cruise Control		181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
18-JUN-2004	1,600		Accelerator Pedal

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	0	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 BACKING OUT OF THE DRIVEWAY VEHICLE SUDDENLY ACCELERATED, AND THE ACCELERATOR PEDAL WAS STUCK TO THE FLOOR. CONSUMER WAS NOT ABLE TO MAINTAIN CONTROL OF THE VEHICLE. CONSUMER PLACED BOTH FEET ON THE BRAKE PEDAL AND VEHICLE CONTINUED TO ACCELERATE INTO A HOUSE. DRIVER SUSTAINED BACK AND NECK INJURIES, AND WAS TRANSPORTED TO THE HOSPITAL. THE VEHICLE WAS TOTALED BY THE INSURANCE COMPANY. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY