



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

FOR AGENCY USE ONLY 100216

Date Received: 25-AUG-2004
Repository:
Reference No.: 10089793

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: WOODSTOCK State: GA 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?
In the absence of an authorized address to the vehicle manufacturer. YES NO
Signature of Owner: [Redacted] Date: 9/14/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1J4GX48SX3C [Redacted]
Make: JEEP Model: LAREDO Model Year: 2003
Date Purchased: 2002 Dealer's Name and Telephone Number: Buckhead Jeep
Original Owner: Dealer's City: Buckhead State: GA Zip Code: [Redacted]
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: [Redacted] Vehicle Component Code: 354100 EQUIPMENT:MECHANICAL:JACKS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 25-AUG-2004 Failure Mileage: [Redacted] Failure Speed: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTM9ABC036): [Redacted] 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), 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).

WHILE THE VEHICLE WAS ON TOP OF THE JACK IT FAILED. THIS CAUSED THE VEHICLE TO MOVE FORWARD. CONSUMER WAS ABLE CONTROL THE VEHICLE AND PULLED OVER. CONSUMER CONTACTED THE DEALER, AND WAS INFORMED THAT THE JACK WAS NOT PLACED PROPERLY.

*AK called for assistance
↓
and couldn't replace jack with a more stable one.

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 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.