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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------|--|
|  <p>U.S. Department of Transportation<br/>National Highway Traffic Safety Administration</p>                                                                                                                                                                                                                                                                                                                                                                                                                |  | <p>DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire</b><br/>To Report Vehicle Safety Defects<br/>1-888-DASH-2-DOT<br/>(1-888-327-4238)<br/>INTERNET: www.nhtsa.dot.gov/hotline</p> |  | <p>FOR AGENCY USE ONLY 241</p>                                               |  |
| <p><b>OWNER INFORMATION (Type or Print)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <p>Date Received<br/>26-OCT-2004<br/>2004 NOV 12 PM 12:25</p>                                                                                                                                     |  | <p>Repository <input type="checkbox"/></p> <p>Reference No.<br/>10087701</p> |  |
| <p>Name <input type="text"/></p> <p>Address <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <p>Daytime Telephone Number <input type="text"/></p> <p>Number <input type="text"/></p>                                                                                                           |  | <p>E-mail Address <input type="text"/></p>                                   |  |
| <p>Do you authorize NHTSA to report to the manufacturer of your vehicle in the absence of an owner's report? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature of Owner <input type="text"/> Date 11/2/04</p>                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                   |  |                                                                              |  |
| <p><b>VEHICLE INFORMATION</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                   |  |                                                                              |  |
| <p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br/>1J4FT48S611</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <p>Make<br/>JEEP</p>                                                                                                                                                                              |  | <p>Model<br/>CHEROKEE</p>                                                    |  |
| <p>Date Purchased<br/>03-DEC-00</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <p>Dealer's Name and Telephone Number<br/>Aspen Winton Jeep</p>                                                                                                                                   |  | <p>Model Year<br/>2001</p>                                                   |  |
| <p>Original Owner<br/><input checked="" type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <p>Dealer's City<br/>San Antonio</p>                                                                                                                                                              |  | <p>Engine:<br/>No. Cylinders 6</p>                                           |  |
| <p>Transmission Type<br/>AUTOMATIC</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <p>Antilock Brakes<br/><input type="checkbox"/></p> <p>Cruise Control<br/><input checked="" type="checkbox"/></p>                                                                                 |  | <p>Fuel Type:<br/>Gas</p>                                                    |  |
| <p>Powertrain<br/>REAR WHEEL DRIVE</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <p>Vehicle Component Code<br/>141100 AIR BAGS:FRONTAL SENSOR/CONTROL MODULE</p>                                                                                                                   |  |                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <p>Multiple Failure: 1</p>                                                                                                                                                                        |  |                                                                              |  |
| <p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                   |  |                                                                              |  |
| <p>Incident Date(s)<br/>28-SEP-2004</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <p>Failure Mileage<br/>21900</p>                                                                                                                                                                  |  | <p>Failure Speed<br/>.</p>                                                   |  |
| <p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                   |  |                                                                              |  |
| <p>Tire Make</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <p>Tire Model (Name or Number)</p>                                                                                                                                                                |  | <p>Tire Size (Example P215/85R15)</p>                                        |  |
| <p>DOT No. (Example: DOTM19ABC036)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <p><input type="checkbox"/> Original Equipment<br/><input type="checkbox"/> Prior Repair</p>                                                                                                      |  | <p>Failure Location:</p>                                                     |  |
| <p>Tire Component Code</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <p>Tire Failure Type</p>                                                                                                                                                                          |  |                                                                              |  |
| <p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                   |  |                                                                              |  |
| <p>Make:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <p>Date Manufactured:</p>                                                                                                                                                                         |  | <p>Model No./Name:</p>                                                       |  |
| <p>Seat Type:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <p>Installation System:</p>                                                                                                                                                                       |  |                                                                              |  |
| <p>Child Seat Component Code:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <p>Failed Part:</p>                                                                                                                                                                               |  |                                                                              |  |
| <p><b>APPLICABLE INCIDENT INFORMATION</b><br/>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(es).)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                   |  |                                                                              |  |
| <p>Crash<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <p>Fire<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                               |  | <p>Number of Persons Injured<br/>0</p>                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                   |  | <p>Number of Deaths<br/>0</p>                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <p>Reported to Police<br/>N</p>                                                                                                                                                                   |  |                                                                              |  |
| <p>Narrative Description of Incident(s), Crash(es), and Injury(es).<br/>Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;<br/>i.e. parts repaired or replaced (and if old part is available).</p>                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                   |  |                                                                              |  |
| <p>AIR BAG LIGHT ILLUMINATED WHILE DRIVING. DEALER WAS CONTACTED. *AK<br/>Both Airbag and Sensor<br/>I have talked to 2 Local Dealers. both said not covered.<br/>I asked for Goodwill and they said none is being given<br/>Right Now. I reported this also to Chrysler Arbitration<br/>Board. Case # Is <input type="text"/></p>                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                   |  |                                                                              |  |
| <p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                   |  |                                                                              |  |
| <p>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 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.</p> |  |                                                                                                                                                                                                   |  |                                                                              |  |

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Was Driving down road went to make a Right Hand Turn and wheel was hard to turn. The Clock Spring Snapped and Airbag Light came on. Horn also does not work since they are now connected.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE  
OWNER'S**

**QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

**TO REPORT VEHICLE SAFETY DEFECTS**

**COMPLETE THIS FORM**

**OR**

**DASH2DOT**

**and dial toll free at**

**1-888-DASH-2-DOT**

**1-888-327-4236**

**DOT Auto Safety Hotline  
(DASH) 2 DOT**



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration  
[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)