



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

Repository

Reference No.  
10104966

Daytime Telephone Number

E-mail Address

Evening Telephone Number

**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City SCHWENKSVILLE State PA 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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 1/1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1J4GW48SX4C

Make JEEP Model GRAND CHEROKEE Model Year 2004

Date Purchased 7-04 Dealer's Name and Telephone Number Burgess (215) 721-3470 Engine: \_\_\_\_\_ Fuel Type: Gas  
Original Owner  Dealer's City Franconia State Pa Zip Code 18924 No: Cylinders 6

Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 103000 POWER TRAIN:AUTOMATIC TRANSMISSION  
Multiple Failure: 1

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

Incident Date(s) 16-DEC-2004 Failure Mileage 4,007 Failure Speed 20

**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: DOTM15ABC036)  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), condition, 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).

TRANSMISSION FAILED WHILE SHIFTING, A LOUD GRINDING NOISE WAS COMING FROM THE FRONT. CONSUMER WAS ABLE TO MAINTAIN CONTROL OF THE VEHICLE, AND DROVE IT HOME. CONSUMER HAD THE VEHICLE TOWED THE NEXT DAY. MECHANIC DETERMINED THAT TRANSMISSION NEEDED TO BE REPLACED, \*AK Some  
rebuilt.

Still Not running correctly. Taking Vech in on Tues. Jan 4 2005 Also Vech. Now starting to have a steering Problem.

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 to this questionnaire. Your responses 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.

**THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**