

 <p>DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4336) INTERNET www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100192</p>	
<p>Date Received: 2005 FEB 23 11:13</p>		<p>Repository <input type="checkbox"/></p>			
<p>Reference No. 10112946</p>		<p>Signature of Owner: [Redacted] Date: 3-10-05</p>			
<p>OWNER INFORMATION (Type or Print)</p>					
<p>Name: [Redacted]</p>		<p>Daytime Telephone Number: [Redacted]</p>		<p>E-mail Address: [Redacted]</p>	
<p>Address: [Redacted]</p>		<p>Evening Telephone Number: [Redacted]</p>		<p>City: VISTA State: CA Zip Code: [Redacted]</p>	
<p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>					
<p>VEHICLE INFORMATION</p>					
<p>17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side: 114GX48AX4C [Redacted]</p>		<p>Make: JEEP</p>	<p>Model: GRAND CHEROKEE</p>	<p>Model Year: 2004</p>	
<p>Date Purchased: 6-02-04</p>	<p>Dealer's Name and Telephone Number: Bob Baker 760 431-3000</p>		<p>Engine: No. Cylinders: 8</p>	<p>Fuel Type: Gas</p>	
<p>Original Owner: <input checked="" type="checkbox"/></p>	<p>Dealer's City: Carlsbad</p>		<p>State: CA Zip Code: 92008</p>	<p>Transmission Type: AUTOMATIC</p>	
<p><input checked="" type="checkbox"/> Antilock Brakes</p>	<p><input checked="" type="checkbox"/> Cruise Control</p>	<p>Powertrain: X WHEEL DRIVE 2</p>	<p>Vehicle Component Code: 051000 ENGINE AND ENGINE COOLING:ENGINE</p>		
<p>Multiple Failure: 1</p>			<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>		
<p>Incident Date(s): 24-SEP-2004</p>	<p>Failure Mileage: 3565</p>	<p>Failure Speed: Various</p>	<p>Failure #6 at 14,612 miles</p>		
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>					
<p>Tire Make: [Redacted]</p>		<p>Tire Model (Name or Number): [Redacted]</p>		<p>Tire Size (Example P215/65R15): [Redacted]</p>	
<p>DOT No. (Example: DOTM19ABC036): [Redacted]</p>		<p><input type="checkbox"/> Original Equipment</p>	<p><input type="checkbox"/> Prior Repair</p>		
<p>Failure Location: [Redacted]</p>			<p>Tire Failure Type: [Redacted]</p>		
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>					
<p>Make: [Redacted]</p>		<p>Date Manufactured: [Redacted]</p>		<p>Model No./Name: [Redacted]</p>	
<p>Seat Type: [Redacted]</p>		<p>Installation System: [Redacted]</p>			
<p>Child Seat Component Code: [Redacted]</p>		<p>Failed Part: [Redacted]</p>			
<p>APPLICABLE INCIDENT INFORMATION</p>					
<p>Crash: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured: [Redacted]</p>	<p>Number of Deaths: [Redacted]</p>	<p>Reported to Police: N</p>	
<p>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 (e.g., parts repaired or replaced (only if old part is available)).</p>					
<p>THE CONSUMER IS EXPERIENCING A PROBLEM WITH STALLING. THE CONSUMER WOULD BE DRIVING AND SUDDENLY THE VEHICLE LOSES POWER AND STALLS. THIS PROBLEM HAPPENS INTERMITTENTLY CONSUMER HAS TAKEN THE VEHICLE BACK TO THE DEALER. HOWEVER, THEY WERE UNABLE TO DUPLICATE THE PROBLEM. *JB</p>					
<p>As of this date 3-10-05, The Jeep has been in their shop 6 times, the dealer states they can not find the problem and can not duplicate the problem. There witnesses that have been in the Jeep at time of failure and can testify that the problem has occurred!</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>					

Note: Dealer Chrysler Motor Co. LLC - Customer Center, PO Box 21-0004 Auburn Hills, MI 48321-0004. Has been sent certified mail Feb. 22, 2005, and notified of this "SAFETY HAZARD" To Date - NO RESPONSE!



BUREAU OF AUTOMOTIVE REPAIR
P.O. BOX 942807 - SACRAMENTO, CA 94268-0907
PHONE: 1-800-952-8210

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CONSUMER COMPLAINT FORM

I wish to register a complaint against the repair shop named below. I understand that the Bureau is unable to represent private citizens in court or to collect money or to levy fines. I am, however, registering this complaint to request the Bureau to assist me in resolving the matter to the extent provided by law.

TO HELP THE BUREAU SETTLE THIS COMPLAINT, PLEASE ANSWER AS MANY QUESTIONS AS POSSIBLE

YOUR NAME:		REPAIR SHOP NAME (AS SHOWN ON INVOICE):	
[REDACTED]		Bob Baker - Chrysler - Jeep	
ADDRESS:		(NUMBER)	(STREET)
5555 CAR COUNTRY Drive			
(CITY)	(STATE)	(CITY)	(STATE)
Vista	CA	CARLSBAD, CA	92008
PHONE WHERE YOU CAN BE REACHED (AM - 5PM):		PHONE NUMBER:	
[REDACTED]		760 720-5337	
HOME PHONE (AREA CODE):		PERSON DEALT WITH:	
[REDACTED]		Kevin Oakley Service Advisor	

IF YOU FILED THIS COMPLAINT WITH ANY OTHER AGENCY, PLEASE GIVE NAME AND LOCATION:

Bob Baker - General Sales Manager

VEHICLE: (MAKE)	(MODEL)	(YEAR)	(LICENSE NO.)	CURRENT ODOMETER READING:	13,409 4th repair
Jeep	Grand Cherokee	2004	[REDACTED]	ODOMETER READING AT TIME OF REPAIR:	FIRST REPAIR 3565
DATE VEHICLE TAKEN TO REPAIR SHOP:			DATE YOU PICKED UP VEHICLE:		
1 Sept. 24, 04 #2 Jan 12, 05 #3 Feb 10, 05			#2 Sept. 29, 04 #2 Jan 12, 05 #3 Feb 11, 05		

WHY DID YOU CHOOSE THIS REPAIR SHOP?

- REGULAR CUSTOMER
 REFERRED BY SOMEONE
 REVISED CAR WARRANTY
 OTHER: EXPLAIN
 ADVERTISEMENT (ENCLOSE COPY OF AD IF POSSIBLE)

HOW WAS THE VEHICLE TAKEN TO THE REPAIR SHOP?	DRIVEN BY WHOM?
<input checked="" type="checkbox"/> TOWED <input type="checkbox"/> WERE YOU WITH VEHICLE? <input type="checkbox"/> QUESTIONNAIRE [YES] [NO]	Fred Engerer - First 3 repairs Lonnie Engerer <input type="checkbox"/> OTHER: EXPLAIN QUESTIONNAIRE [YES] [NO]

1. WAS THE VEHICLE TAKEN TO THE REPAIR SHOP DURING NORMAL BUSINESS HOURS?	IF NO, DID YOU LEAVE WRITTEN INSTRUCTIONS?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. WERE THE REPAIRS COVERED BY INSURANCE?	IF YES, DID THE INSURANCE COMPANY AUTHORIZE THE REPAIRS?
Expanded Warranty <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NAME OF INSURANCE COMPANY: Daimler Chrysler Product Assistance	3 years or 70,000 miles warranty <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NAME OF AGENT/CLUSTER: 1-800-521-2979 PHONE NO.:
3. WHAT WAS THE PROBLEM THAT CAUSED YOU TO BRING THE VEHICLE IN FOR REPAIRS?	
Vehicle stalled out, will not start or crank out on Freeways & at Home 4th time	
4. DID YOU TELL THE REPAIR SHOP WHAT REPAIRS YOU WANTED DONE?	IF YES, WERE THOSE REPAIRS DONE?
Check out complete system Why is it stalling out & failing to start? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Changed Battery <input type="checkbox"/> YES <input type="checkbox"/> NO
5. DID THE REPAIR SHOP RECOMMEND ANY REPAIRS?	IF YES, WERE YOU TOLD THE RECOMMENDED REPAIRS WOULD SOLVE THE PROBLEM?
New Battery <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT REPAIRS WERE RECOMMENDED?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO They replaced battery at 3rd repair attempt!
IF YES, WERE YOU TOLD WHAT WOULD HAPPEN IF THE RECOMMENDED REPAIRS WERE NOT DONE?	IF YES, EXPLAIN:
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
WERE THE RECOMMENDED REPAIRS DONE?	IF YES, DID THE REPAIRS SOLVE THE PROBLEM?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO at 3rd time, NO

6. DID YOU RECEIVE A WRITTEN ESTIMATE STATING THE REPAIR WORK TO BE DONE AND THE CHARGE FOR LABOR AND PARTS BEFORE THE WORK BEGAN? covered with warranty

A. WAS THE FINAL BILL MORE THAN THE ORIGINAL ESTIMATE? IF YES, DID THE REPAIR SHOP GET YOUR CONSENT FOR THE EXTRA REPAIR COSTS?

B. AMOUNT OF FINAL BILL: *N/A* AMOUNT PAID: *N/A* METHOD OF PAYMENT: CASH CREDIT CARD CHECK (HAVE YOU STOPPED PAYMENT?)

C. DID THE SHOP DO REPAIRS THAT WERE NOT INCLUDED IN THE ESTIMATE? *N/A* IF YES, DID THE REPAIR SHOP GET YOUR CONSENT BEFORE DOING THE EXTRA REPAIRS?

7. DID YOU SIGN ANY DOCUMENT AND/OR WORK ORDER? IF YES, DID YOU RECEIVE A COPY AT THE TIME YOU SIGNED?

8. BEFORE THE REPAIR WORK STARTED DID YOU ASK TO HAVE OLD PARTS RETURNED TO YOU? IF YES, WERE THE PARTS RETURNED OR SHOWN TO YOU?

IF THE PARTS WERE NOT RETURNED OR SHOWN, WHAT EXPLANATION WAS GIVEN? *N/A*

9. DID THE REPAIR SHOP HAVE ANY OF THE WORK DONE BY ANOTHER REPAIR SHOP? IF YES, DID THE REPAIR SHOP GET YOUR CONSENT?

10. WERE YOU GIVEN AN INVOICE, BILL OR RECEIPT? IF YES, PLEASE SEND A COPY TO US.

11. WAS THE REPAIR WORK GUARANTEED? *N/A* IF YES, WAS THE GUARANTEE IN WRITING?

12. WERE THE REPAIRS SATISFACTORY? IF NOT, WHY? *Feb 13, 2005 about 8:00 PM would not start*

13. HAVE YOU COMPLAINED TO SOMEONE AT THE REPAIR SHOP? IF YES, NAME OF PERSON: *GABE Sanchez General Sales Manager*

HIS STATEMENT: *See attached letter detail Feb 14, 2005 from Gabe Sanchez*

14. HAS THE VEHICLE BEEN BACK TO THE REPAIR SHOP TO BE REWORKED? *Feb 13, 2005 Towed* IF YES, HOW MANY TIMES? *4* LAST DATE? *2/13/05*

15. WOULD YOU BE WILLING TO RETURN THE VEHICLE FOR FURTHER WORK? IF NO, WHY? *Safety Hazard - STALLS*

16. HAS ANY OTHER REPAIR SHOP OR MECHANIC INSPECTED THE VEHICLE SINCE IT WAS REPAIRED BY THE SHOP YOU ARE MAKING THE COMPLAINT AGAINST? *NO* IF YES, STATE THE PROBLEM: *Intermittent vehicle on stall*

A. DID THAT SHOP OR MECHANIC DO ANY WORK ON THE VEHICLE? IF YES, EXPLAIN:

IF NOT COVERED ABOVE, BRIEFLY STATE YOUR COMPLAINT. INDICATE WHAT MADE YOU UNHAPPY ABOUT THIS REPAIR.

Repair Shop can not find problem and repair at 3rd breakdown on vehicle. It is a Safety Hazard to drive this vehicle on the Road. The event that almost caused an accident was getting off Hwy 5 in San Diego on the Kettner AVE EXIT, the Jeep just stalled out!

Date's in for Repair 9-24-04, Jan 17, 2005, Feb 10, 2005 & Feb 13, 2005

WHAT DO YOU THINK WOULD BE A FAIR SETTLEMENT OF YOUR COMPLAINT?

replace vehicle or a cash settlement

PLEASE SEND COPIES OF ALL PAPERS RELATED TO YOUR COMPLAINT
IF THEY ARE NOT AVAILABLE, PLEASE EXPLAIN WHY:

I swear under penalty of perjury that the foregoing information is true and correct to the best of my knowledge. I understand a copy of this complaint may be sent to the repair shop.

SIGNATURE: *Joreli Pagan* DATE: *2/14/05*