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

2005 APR 25 AM 9:43

FOR AGENCY USE ONLY 100222

Date Received	Repository ☐
	Reference No. 10117068

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City TEMPLE HILLS	State MD	Zip Code	

Do you authorize NHTSA to provide a copy of this questionnaire to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an answer, NHTSA will provide a copy to the vehicle manufacturer.
Signature of Owner _____ Date 4/11/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1J4GL58K62W	JEEP	LIBERTY	2004

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
	DAR CARS 301-423-5111		No. Cylinders	Gas
Original Owner ☐	Dealer's City TEMPLE HILLS	State MD / Zip Code 20748		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	021540 SUSPENSION:FRONT:CONTROL ARM:LOWER BALL JOINT Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
08-MAR-2004	25000		

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R16)
DOT No. (Example: DOTMA19ABC038)	☐ 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			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).

CONSUMER RECEIVED RECALL CAMPAIGN 03V460000 FOR THE LOWER BALL JOINT ARM. AFTER TAKING THE VEHICLE TO THE DEALER FOR REPAIRS AND LEAVING IT ALL DAY CONSUMER WAS NOTIFIED UPON HER ARRIVAL TO PICK THE VEHICLE. ALSO, THAT THERE WAS A SPECIAL WRENCH NEEDED TO REMOVE THE BALL JOINTS, AND THAT CONTACT WOULD BE MADE AS SOON AS THEY RECEIVED THE WRENCH. CONSUMER CURRENTLY RECEIVED A SECOND NOTIFICATION THAT THE RECALL WAS NOT PERFORMED . NO CONTACT HAS BEEN MADE BY THE DEALERSHIP. *AK

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