



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 100148

Date Received

Repository

07 MAY 2006
09 MAY 2006

Reference No.
10157046

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City NEW CASTLE State PA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, please provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 05/15/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
L14GW48S94C [REDACTED] Make JEEP Model GRAND CHEROKEE Model Year 2004

Date Purchased
16-SEP-04

Dealer's Name and Telephone Number
NORTH CITY MOTORS 724 458 7761

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City NEW CASTLE SOLD ASBURY TO KING MOTOR

State PA Zip Code 16105

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
4 WHEEL DRIVE

Vehicle Component Code
180000 VEHICLE SPEED CONTROL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
07-APR-2006

Failure Mileage
4754

Failure Speed

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: DOTMALSABC035)

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

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

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 (e.g. parts repaired or replaced (and if old part is available)).

DT: THE CONTACT STATED WHILE DEPRESSING THE BRAKE PEDAL AT A STOP SIGN THE VEHICLE ACCELERATED WITHOUT WARNING. THE VEHICLE RESUMED NORMAL OPERATION AFTER THE BRAKE PEDAL WAS DEPRESSED A SECOND TIME. THE VEHICLE WAS DRIVEN TO THE DEALER WHERE THE PROBLEM COULD NOT BE DUPLICATED.

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 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.