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-DEC-2006	Reference No. 10175456

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City GRAND HAVEN	State MI	Zip Code [redacted]	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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1J4GL48K42W[redacted]	JEEP	LIBERTY	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
Original Owner ☒	Dealer's City	State	Zip Code	No: Cylinders 6	Gas

Transmission Type			Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☒ Cruise Control	4 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	
16-OCT-2006	~~70000~~ 70000	0	

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: DOTMAL9ABC036)	☐ 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	0	0	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).

DT*: THE CONTACT STATED A NHTSA RECALL LETTER # F23 FOR THE SUSPENSION: FRONT: CONTROL ARM: LOWER BALL JOINT WAS RECEIVED ON 10/16/2006. THE SERVICE DEALER INFORMED THE CONTACT; THE DEALERS WERE RECEIVING THE REPLACEMENT KITS AT 3 PER WEEK AND COULD NOT ESTIMATE THE REPAIR DATE, FOR THE VEHICLE. THE MANUFACTURER WAS NOTIFIED.

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

UNITED STATES POSTAL SERVICE®

$1.00

Postage Due Bill

Name of Customer and Address

DOT

20590

73173

1/2/07

Dated Postmark

Postage due _____dollars and _____cents are delivered upon payment of this amount. Equivalent postage is attached to _____ follow sheets that form a part of this bill. If you have deposited a sum in advance for postage due mail, the amount of this bill is being deducted from your account. Please see that the value of the attached postage corresponds with the amount stated.

		2L	1.00					

Number of Follow Sheets to This Bill	Signature of Postmaster	Per
1		JTB

PS Form 3582-A, December 1986

FM 1.1