



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

2008 MAR -4 07-DEC-2007 PM 2:35

Reference No. 10211162

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Address [REDACTED]

City BALTIMORE

State MD

Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO

In the absence of an [REDACTED] name or address to the vehicle manufacturer.

Signature of Owner [REDACTED] Date 1/3/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number: Located at bottom of windshield on driver's side 1J4FJ78S4 [REDACTED]

Make JEEP

Model CHEROKEE

Model Year 1996

Date Purchased 01-MAR-05

Dealer's Name and Telephone Number

Engine: No: Cylinders 6

Fuel Type: Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type AUTOMATIC

Antilock Brakes Cruise Control

Powertrain 4 WHEEL DRIVE

Vehicle Component Code 013000 STEERING:GEAR BOX (OTHER THAN RACK AND PINION)

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 09-AUG-2005

Failure Mileage 103000

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: DOTM19ABC036)

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 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).

TL*THE CONTACT OWNS A 1996 JEEP CHEROKEE. THE CONTACT STATED THAT THE STEERING GEAR BOX FAILED ON NUMEROUS OCCASIONS. IT WAS DISCOVERED THAT THE FRAME WAS CRACKED. THE MANUFACTURER STATED THAT ONLY ONE OF FOUR RECALLS WERE FOUND IN THEIR SYSTEM THAT WERE COMPARABLE TO THEIR RECALLS. WHILE TURNING THE VEHICLE AT AN UNKNOWN SPEED, THE CONTACT HEARD A LOUD POP. SHE HAS REPLACED THIS UNIT THREE TIMES, TOTALING \$1,000. THE MANUFACTURER HAS NOT OFFERED ANY ASSISTANCE WITH THE REPAIR COSTS AND STATED THAT THEY DO NOT HONOR THE RECALL. THE NHTSA CAMPAIGN ID NUMBER IS 97V069000 (STEERING:GEAR BOX (OTHER THAN RACK AND PINION)). THE FAILURE MILEAGE WAS 103,000 AND CURRENT MILEAGE WAS 106,797.

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 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I would like to add that my vehicle is very important to me and free's me to be independent. Further I am on a fixed income to have to spend 1250.00 (to date) is a hardship. I would like car properly repaired or replaced and funds returned. If purchase of jeep only necessary incident was considered. This is above acceptable expenditures. Please help!

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20590



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Think your vehicle has a safety defect?



**If so:
Use the enclosed form to file a report.**

**or visit:
www.safercar.gov**

**or call:
Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



ROCHE'S FRONT END & FRAME SERVICE INC.
 Specializing In Frame And Wheel Alignment
 FALLS & SHOEMAKER
 BALTIMORE, MD 21209 • (410) 339-7414

NAME [REDACTED]
 ADDRESS [REDACTED]
 CITY [REDACTED]
 DATE 8-8-06
 CUST. ORDER NO. [REDACTED]
 WHEN PROMISED [REDACTED]
 SERIAL NO. [REDACTED]
 MOTOR NO. [REDACTED]

AMT.	PART NO.	NAME OF PART	SALE AMT.	YEAR & MAKE OF CAR-TYPE OR MODEL	MILEAGE	DESCRIPTION OF WORK	AMOUNT
		Fluid	1000	1995 Cherokee	104051		
		Boilts	2000				6000
	D51235	Track bar	17574			Setup and measure	6000
	E530964	Tie Rod at Pitman	6055			Straighten Rail	7000
						Weld Frame	
						Remove and Replace	
						Customer Supplied	13300
						Gear Box	7700
						Track Bar	3500
						Tie Rod at Pitman	

2yr warranty

pl.

SEE BACK FOR ADDITIONAL PARTS		TOTAL PARTS	GAS, OIL & GREASE		CHECK BELOW	LABOR ONLY
ACCESSORIES-TIRES AND TUBES			GALS. GAS	CHANGE ENGINE OIL	LUBRICATE	PARTS
TOTAL ACCESSORIES			QTS. OIL	TRANSMISSION		ACCESSORIES
			LBS. GREASE	DIFFERENTIAL		GAS, OIL & GREASE
				WASH		MISC.
				POLISH		MERCHANDISE
				TOTAL SERVICE		SUBLET REPAIRS
						TAX
						TOTAL
						834.60

ESTIMATES ARE FOR LABOR ONLY, MATERIAL ADDITIONAL

I HEREBY AUTHORIZE THE ABOVE REPAIR WORK TO BE DONE ALONG WITH NECESSARY MATERIALS. YOU AND YOUR EMPLOYEES MAY OPERATE ABOVE VEHICLE FOR PURPOSES OF TESTING, INSPECTION OR DELIVERY AT MY RISK. AN EXPRESS MECHANIC'S LIEN IS ACKNOWLEDGED ON ABOVE VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERETO. IT IS UNDERSTOOD THAT THIS COMPANY ASSUMES NO RESPONSIBILITY FOR LOSS OR DAMAGE BY THEFT OR FIRE TO VEHICLES PLACED WITH THEM FOR STORAGE, SALE, REPAIR OR WHILE ROAD TESTING.

PAY THIS AMOUNT ↑



Now you drive:

Heritage Chrysler
9219 Harford Road
Baltimore, Maryland 21234
(410) 661-3400



mileone.com

CUST NO.	TAX EXEMPT NUMBER	CUST. P. O. NO.	SHIP VIA	PAY	SOLD BY	INVOICE DATE	INVOICE NO.
173551		96 XJ		PENDING	KENNY AMOS	10/09/07	104728
BALTIMORE, MD							1 LCW

SHIP QTY	B. O. QTY	PART NUMBER / DESCRIPTION	BIN	LIST	NET	AMOUNT	
3	0	6035939-AA BOLT HEX H 19014	SPORD	2.75	2.20	6.60	
						SUBTOTAL	6.60
						TAX	0.33
						FUEL SURCHRG	2.00
						FREIGHT	0.00
						PAY THIS AMOUNT	8.93

Any warranties on the item/items sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any person to assume any liability in connection with the sale of this item/items.

SALES OVER 5 DAYS ARE NOT RETURNABLE. THERE WILL BE A 20% HANDLING CHARGE ON ALL RETURNED MERCHANDISE. NO REFUNDS ON SPECIAL ORDER OR ELECTRICAL PARTS. THIS INVOICE MUST ACCOMPANY ALL RETURNS. RETURNS MUST BE UNUSED IN ORIGINAL UNDAMAGED CONTAINER. REFUNDS WILL BE HONORED BY HERITAGE C/P VIA CHECK.

CUSTOMER COPY

PARTS INVOICE

07:29:52 PAGE 1 OF 1
NET558

Set Form 105 Rev. 3/04

CVS/pharmacy[®]

Expect something *extra*[™]

2504 N. CHARLES ROAD, BALTIMORE, MD
PHARMACY: 662-7594 STORE: 662-7593

REG#04 TRAN#0106 CSHR#078329 STR#2334

ExtraCare Card #: *****9806

HERSH KISSES 12 Z			
1 @ 2/ 5.00	2.50B SAVED		.99
27 KODAK DIGITAL 4X6	6.75T		
.25 EACH 50 OR MORE @	.19 EACH		
1 M&M PNUIT PART 21.3	3.99B SAVED		1.00

29 ITEMS

SUBTOTAL	13.24
MD 5.0% TAX	.67
TOTAL	13.91
DEBIT	23.91
*****2976	MS
CASH BACK	10.00



5233 4734 4010 6044
RETURNS WITH RECEIPT THRU 02/08/2008

DECEMBER 10, 2007 3:31 PM

TRIP SUMMARY:

Today You Saved 1.99



extracare/coupon

MS CAROLYN GOODWYN

Free \$25 Giftcard with New or
Transferred Prescription

(Up to \$25.00 value)

Expires 02/08/2008















