

JUN 27 2014

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------|--|
|  <p>U.S. Department of Transportation<br/>National Highway Traffic Safety Administration</p>                                                                                                                                                                                                                                                                                                                                                                                                           |  | <p>INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)</p> <p><b>Vehicle Owner's Questionnaire</b><br/>To Report Vehicle Safety Defects<br/>1-888-DASH-2-DOT<br/>(1-888-327-4236)<br/>INTERNET: www.nhtsa.dot.gov/hotline</p> |  | <p>FOR AGENCY USE ONLY 100148</p> <p>Date Received<br/>04-APR-2014</p> |                                | <p>Repository <input type="checkbox"/></p> <p>Reference No.<br/>10577355</p> |  |
| <p><b>OWNER INFORMATION (Type or Print)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                      |  |                                                                        |                                |                                                                              |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                      |  | Daytime Telephone Number                                               |                                | E-mail Address                                                               |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                      |  | Evening Telephone Number                                               |                                |                                                                              |  |
| City<br>VISTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | State<br>CA                                                                                                                                                                                                          |  | Zip Code                                                               |                                |                                                                              |  |
| <p>The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</p>                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                      |  |                                                                        |                                |                                                                              |  |
| <p><b>VEHICLE INFORMATION</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                      |  |                                                                        |                                |                                                                              |  |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br>1J4GL58K93W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                      |  | Make<br>JEEP                                                           |                                | Model<br>LIBERTY                                                             |  |
| Model Year<br>2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                      |  | Date Purchased                                                         |                                | Dealer's Name and Telephone Number                                           |  |
| Engine:<br>No: Cylinders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                      |  | Fuel Type:                                                             |                                |                                                                              |  |
| Original Owner<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Dealer's City                                                                                                                                                                                                        |  | State                                                                  |                                | Zip Code                                                                     |  |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> Antilock Brakes                                                                                                                                                                             |  | Powertrain                                                             |                                | Multiple Failure:                                                            |  |
| <input type="checkbox"/> Cruise Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                      |  |                                                                        |                                | Incident Date(s)<br>08-JAN-2014                                              |  |
| <p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                      |  |                                                                        |                                |                                                                              |  |
| Vehicle Component Codes: FUEL/PROPULSION SYSTEM (PWS), 160000 STRUCTURE, 070000 FUEL SYSTEM, GASOLINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                      |  |                                                                        |                                | Failure Mileage                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                      |  |                                                                        |                                | Failure Speed                                                                |  |
| <p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                      |  |                                                                        |                                |                                                                              |  |
| Tire Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Tire Model (Name or Number)                                                                                                                                                                                          |  |                                                                        | Tire Size (Example P215/65R15) |                                                                              |  |
| DOT No. (Example: DOTM19ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair                                                                                                                                 |  | Failure Location:                                                      |                                |                                                                              |  |
| Tire Component Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                      |  | Tire Failure Type:                                                     |                                |                                                                              |  |
| <p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                      |  |                                                                        |                                |                                                                              |  |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Date Manufactured:                                                                                                                                                                                                   |  | Model No./Name:                                                        |                                |                                                                              |  |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Installation System:                                                                                                                                                                                                 |  |                                                                        |                                |                                                                              |  |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Failed Part:                                                                                                                                                                                                         |  |                                                                        |                                |                                                                              |  |
| <p><b>APPLICABLE INCIDENT INFORMATION</b><br/>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                      |  |                                                                        |                                |                                                                              |  |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                          |  | Number of Persons Injured<br>0                                         |                                | Number of Deaths<br>0                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                      |  | Reported to Police<br>N                                                |                                |                                                                              |  |
| <p><b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b><br/>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).</p>                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                      |  |                                                                        |                                |                                                                              |  |
| <p>TL* THE CONTACT OWNS A 2003 JEEP LIBERTY. THE CONTACT STATED NHTSA CAMPAIGN NUMBER: 13V252000 (FUEL SYSTEM, GASOLINE, STRUCTURE) HAD SURPASSED THE REASONABLE AMOUNT OF TIME FOR REPAIR. THE DEALER REFERRED THE CONTACT TO THE MANUFACTURER WHO STATED THAT THE PART WAS NOT AVAILABLE. THE CONTACT HAD NOT EXPERIENCED THE FAILURE DESCRIBED IN THE RECALL.</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 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> |  |                                                                                                                                                                                                                      |  |                                                                        |                                |                                                                              |  |

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

They "Chrysler" from my point of view is  
never going to do this recall. They must be  
waiting for a injury or death before they react.  
A Recall such as this isn't Rocket Science  
P.S. Or For me to die of NATURAL CAUSES.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382

Official Business  
Penalty for Private Use \$300

SAN DIEGO CA 921

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UNITED STATES

**BUSINESS REPLY MAIL**

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US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382



safercar.gov

Think your vehicle  
has a safety defect?



If so:

Use the enclosed  
form to file a report.

or visit:

[www.safercar.gov](http://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