


JUN 5 - 2015

 <p><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire</b>  <b>To Report Vehicle Safety Defects</b>  <b>1-888-DASH-2-DOT</b>  <b>(1-888-327-4236)</b>  <b>INTERNET: www.nhtsa.dot.gov/hotline</b></p>		<p>FOR AGENCY USE ONLY 100148</p>	
<p>U.S. Department of Transportation  <b>National Highway Traffic Safety Administration</b></p>		<p>Date Received                  25-MAR-2015</p>	<p>Repository <input type="checkbox"/>                  Reference No.                  10701710</p>
<p><b>OWNER INFORMATION (Type or Print)</b></p>			
<p>Name [REDACTED]</p>		<p>Daytime Telephone Number [REDACTED]</p>	<p>E-mail Address [REDACTED]</p>
<p>Address [REDACTED]</p>		<p>Evening Telephone Number [REDACTED]</p>	
<p>City                  HUMBOLDT</p>	<p>State                  IA</p>	<p>Zip Code [REDACTED]</p>	
<p><i>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).</i></p>			
<p><b>VEHICLE INFORMATION</b></p>			
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side                  1C4-B3WKG5EL-[REDACTED]</p>		<p>Make                  JEEP</p>	<p>Model                  WRANGLER UNLIMITED</p>
		<p>Model Year                  2014</p>	
<p>Date Purchased                  12/10/03</p>	<p>Dealer's Name and Telephone Number                  GALENA CHRYSLER POSTAL PETE</p>		<p>Engine:                  No: Cylinders                  6</p>
<p>Original Owner  <input checked="" type="checkbox"/></p>	<p>Dealer's City                  GALENA</p>	<p>State                  IL</p>	<p>Zip Code                  61036</p>
<p>Fuel Type:                  GAS</p>	<p>Transmission Type                  AUTO</p>		
<p><input type="checkbox"/> Antilock Brakes  <input checked="" type="checkbox"/> Cruise Control</p>	<p>Powertrain                  AUTOMATIC</p>	<p>Multiple Failure:                  JACK/JACK TOOL</p>	<p>Incident Date(s)                  18-MAR-2015</p>
<p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>			
<p>Vehicle Component Code: 356000 EQUIPMENT ADAPTIVE                  1C4-B3WKG5EL-[REDACTED]</p>		<p>Failure Mileage                  28,000</p>	<p>Failure Speed                  0</p>
<p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b></p>			
<p>Tire Make</p>	<p>Tire Model (Name or Number)</p>	<p>Tire Size (Example P215/65R15)</p>	
<p>DOT No. (Example: DOTM19ABC036)</p>	<p><input type="checkbox"/> Original Equipment  <input type="checkbox"/> Prior Repair</p>	<p>Failure Location:</p>	
<p>Tire Component Code</p>		<p>Tire Failure Type:</p>	
<p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b></p>			
<p>Make:</p>	<p>Date Manufactured:</p>	<p>Model No./Name:</p>	
<p>Seat Type:</p>		<p>Installation System:</p>	
<p>Child Seat Component Code:</p>		<p>Failed Part:</p>	
<p><b>APPLICABLE INCIDENT INFORMATION</b>                  (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</p>			
<p>Crash  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured                  1</p>	<p>Number of Deaths                  0</p>
		<p>Reported to Police                  X Y</p>	
<p><b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b>                  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 2014 JEEP WRANGLER. WHEN THE CONTACT ATTEMPTED TO CHANGE THE TIRE BY LIFTING THE VEHICLE WITH THE JACK, THE JACK FELL OVER AND CAUSED THE VEHICLE TO FALL. THE CONTACT SUSTAINED A HAND INJURY DUE TO THE FAILURE THAT REQUIRED MEDICAL ATTENTION. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE VIN WAS NOT AVAILABLE. THE FAILURE MILEAGE WAS NOT AVAILABLE. <b>LEFT HAND AMPUTATION.</b>                  SIZZOR JACK does not have a big enough base to be used on anything other than a paved road. I WAS ON A GRAVEL ROAD. The tool used to raise the JACK WAS ALSO A FAILURE (The hook bent). This type of JACK should not be used on a off road vehicle.</p>			
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p>		<p>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>			