

 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					
U.S. Department of Transportation National Highway Traffic Safety Administration				Date Received 29 JUN 2015 SEP 02 2015		Repository <input type="checkbox"/>			
								Reference No. 10730937	
OWNER INFORMATION (Type or Print)									
Name		Address		City		State		Zip Code	
PEARL RIVER		NY							
Daytime Telephone Number Evening Telephone Number				E-mail Address					
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).									
VEHICLE INFORMATION									
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1J4GW68NOXC [REDACTED]				Make JEEP		Model CHEROKEE		Model Year 1999	
Date Purchased		Dealer's Name and Telephone Number				Engine: No: Cylinders		Fuel Type:	
Original Owner <input type="checkbox"/>		Dealer's City		State		Zip Code			
Transmission Type		<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control		Powertrain		Multiple Failure:		Incident Date(s) 12-JUN-2013	
FAILED COMPONENT(S)/PART(S) INFORMATION									
Vehicle Component Code: 140000 AIR BAGS						Failure Mileage		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)			<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).									
AIRBAG WARNING LIGHT AND BUZZER, GO ON AND OFF EVERY 5 MINUTES. DEALER SAYS NO RECALL. WHAT DO I DO? No recalls - OK Fax 202 366 1767									
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.									