



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

U.S.C. 552(B)(6)
Date Received

Repository ☐

27-JUL-2015
SEP 21 2015

Reference No.
10743742

OWNER INFORMATION (Type or Print)

Name
Address
City LEXINGTON State MO Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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
1J4GW38S62C

Make JEEP Model GRAND CHEROKEE Model Year 2002

Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:

Original Owner ☐ Dealer's City State Zip Code

Transmission Type ☐ Antilock Brakes ☐ Cruise Control Powertrain Multiple Failure: Incident Date(s) 03-FEB-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, FUEL/PROPULSION SYSTEM (PWS) Failure Mileage 126000 Failure Speed 45

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).

THE VEHICLE CAUGHT FIRE WHILE IT WAS BEING DRIVEN DOWN THE ROAD, IT WAS PULLED OVER TO SIDE OF THE ROAD IN A DRIVEWAY. FIRE CAME FROM UNDER THE DASH ON THE PASSENGERS SIDE, AND THE VEHICLE WAS COMPLETELY CONSUMED BY FIRE IN APPROXIMATELY 10 MINUTES. I REPORTED IT TO CHRYSLER AND THEY STATED BECAUSE OF THE AMOUNT MILES ON IT THEY WEREN'T RESPONSIBLE!

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.

Table of Contents

1. Vehicle Owner's Questionnaire
2. Report from the fire department
3. Chat correspondence from Jeep customer care
4. Letter from NHSTA/DOT to me the vehicle owner
- 5 Letter from me to NHSA/DOT

A		MM DD YYYY		1		000		Delete Change No Activity		NFIRS -1 Basic	
FDID * 05403		State * MO		Incident Date * 02 04 2015		Incident Number *		Exposure *			

B Location*											
☐ Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires.											
☒ Street address 14501 0 Number/Milepost Prefix Street or Highway Street Type Suffix											
☐ Intersection ☐ In front of ☐ Rear of ☐ Adjacent to ☐ Directions											
Lexington MO 64067 City State Zip Code											
Cross street or directions, as applicable											

C Incident Type *				E1 Date & Times				E2 Shift & Alarms			
131 Passenger vehicle fire				Midnight is 0000 Check boxes if dates are the same as Alarm Date. ALARM always required Alarm * 02 04 2015 06:22:00				Local Option ☐ ☐ CNTY			
D Aid Given or Received*				☒ Arrival * 02 04 2015 06:34:00 ARRIVAL required, unless canceled or did not arrive ☐ Controlled CONTROLLED Optional, Except for wildland fires LAST UNIT CLEARED, required except for wildland fires Last Unit ☒ Cleared 02 04 2015 07:15:00				Shift or Alarms District Platoon			
1 ☐ Mutual aid received 2 ☐ Automatic aid recvd. 3 ☐ Mutual aid given 4 ☐ Automatic aid given 5 ☐ Other aid given N ☒ None								E3 Special Studies			
								Local Option Special Study ID# Special Study Value			

F Actions Taken *				G1 Resources *				G2 Estimated Dollar Losses & Values			
10 Fire control or Primary Action Taken (1)				☒ Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression 0003 0007 EMS Other ☐ Check box if resource counts include aid received resources.				LOSSES: Required for all fires if known. Optional for non fires. None Property \$ 010,000 Contents \$ 000,000 ☒ PRE-INCIDENT VALUE: Optional Property \$ 010,000 Contents \$ 000,000			
Additional Action Taken (2) Additional Action Taken (3)											

Completed Modules		H1* Casualties		H3 Hazardous Materials Release		I Mixed Use Property	
☒ Fire-2 ☐ Structure-3 ☐ Civil Fire Cas.-4 ☐ Fire Serv. Cas.-5 ☐ EMS-6 ☐ HazMat-7 ☐ Wildland Fire-8 ☒ Apparatus-9 ☒ Personnel-10 ☐ Arson-11		None Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 ☐ Detector alerted occupants 2 ☐ Detector did not alert them U ☐ Unknown		None 1 ☐ Natural Gas: slow leak, no evaluation or HazMat actions 2 ☐ Propane gas: <21 lb. tank (as in home BBQ grill) 3 ☐ Gasoline: vehicle fuel tank or portable container 4 ☐ Kerosene: fuel burning equipment or portable storage 5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable 6 ☐ Household solvents: home/office spill, cleanup only 7 ☐ Motor oil: from engine or portable container 8 ☐ Paint: from paint cans totaling < 55 gallons 0 ☐ Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form		NN ☐ Not Mixed 10 ☐ Assembly use 20 ☐ Education use 33 ☐ Medical use 40 ☐ Residential use 51 ☐ Row of stores 53 ☐ Enclosed mall 58 ☐ Bus. & Residential 59 ☐ Office use 60 ☐ Industrial use 63 ☐ Military use 65 ☐ Farm use 00 ☐ Other mixed use	

J Property Use*		Structures		341 ☐ Clinic, clinic type infirmary		539 ☐ Household goods, sales, repairs	
131 ☐ Church, place of worship 161 ☐ Restaurant or cafeteria 162 ☐ Bar/Tavern or nightclub 213 ☐ Elementary school or kindergarten 215 ☐ High school or junior high 241 ☐ College, adult education 311 ☐ Care facility for the aged 331 ☐ Hospital		342 ☐ Doctor/dentist office 361 ☐ Prison or jail, not juvenile 419 ☐ 1-or 2-family dwelling 429 ☐ Multi-family dwelling 439 ☐ Rooming/boarding house 449 ☐ Commercial hotel or motel 459 ☐ Residential, board and care 464 ☐ Dormitory/barracks 519 ☐ Food and beverage sales		579 ☐ Motor vehicle/boat sales/repair 571 ☐ Gas or service station 599 ☐ Business office 615 ☐ Electric generating plant 629 ☐ Laboratory/science lab 700 ☐ Manufacturing plant 819 ☐ Livestock/poultry storage (barn) 882 ☐ Non-residential parking garage 891 ☐ Warehouse		981 ☐ Construction site 984 ☐ Industrial plant yard	
Outside 124 ☐ Playground or park 655 ☐ Crops or orchard 669 ☐ Forest (timberland) 807 ☐ Outdoor storage area 919 ☐ Dump or sanitary landfill 931 ☐ Open land or field		936 ☐ Vacant lot 938 ☐ Graded/care for plot of land 946 ☐ Lake, river, stream 951 ☐ Railroad right of way 960 ☐ Other street 961 ☒ Highway/divided highway 962 ☐ Residential street/driveway		Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 961 Highway or divided highway			

NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved ☐ Local Option ☐ Business name (if applicable) Area Code - Phone Number

☐ Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code -

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner ☐ Same as person involved? Then check this box and skip The rest of this section. ☐ Local Option ☐ Business name (if Applicable) Area Code - Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code -

L Remarks

Local Option

On 02/04/2015 at 06:22:00 dispatched To 14501 O /Lexington, MO 64067. The location is a Highway or divided highway. The incident was determined to be a(n) Passenger vehicle fire. Jeep is found on the side of the road with occupants out. Owner states that the fire was coming through the fire wall.

06:34:00 arrived on scene, fire coming from the engine compartment.

The following actions were performed on scene:

Fire control or Extinguishment with AAA foam.

Units responding were:

Unit ENG1 responded.

07:15:00 all units back in service.

L Authorization

4119 Smith, Kirk FC 02 04 2015

officer in charge ID signature Position or rank Assignment Month Day Year

Check Box if same as Officer Member making report ID in charge. ☐ 3203 Hooser, Ethan FFE 02 04 2015

Signature Position or rank Assignment Month Day Year

05403

FDID

*

MO

State

*

MM

2

Incident Date

*

DD

4

YYYY

2015

1

Station

Incident Number

*

000

Exposure

*

Complete
Narrative**Narrative:**

On 02/04/2015 at 06:22:00 dispatched To 14501 O /Lexington, MO 64067. The location is a Highway or divided highway. The incident was determined to be a(n) Passenger vehicle fire. Jeep is found on the side of the road with occupants out. Owner states that the fire was coming though the fire wall.

06:34:00 arrived on scene, fire coming from the engine compartment.

The following actions were performed on scene:

Fire control or Extinguishment with AAA foam.

Units responding were:

Unit ENGL responded.

07:15:00 all units back in service.

A FDID * 05403 State * MO Incident Date * MM 02 DD 04 YYYY 2015 Station 1 Incident Number * [REDACTED] Exposure * 000 ☐ Delete ☐ Change ☐ No Activity NFIRS -2 Fire			
B Property Details B1 [] ☒ Not Residential Estimated Number of residential living units in building of origin whether or not all units became involved B2 [] ☒ Buildings not involved Number of buildings involved B3 [] ☐ None Acres burned (outside fires) ☐ Less than one acre		C On-Site Materials ☐ None Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved Enter up to three codes. Check one or more boxes for each code entered. On-site material (1) [] On-site material (2) [] On-site material (3) [] 1 ☐ Bulk storage or warehousing 2 ☐ Processing or manufacturing 3 ☐ Packaged goods for sale 4 ☐ Repair or service 1 ☐ Bulk storage or warehousing 2 ☐ Processing or manufacturing 3 ☐ Packaged goods for sale 4 ☐ Repair or service 1 ☐ Bulk storage or warehousing 2 ☐ Processing or manufacturing 3 ☐ Packaged goods for sale 4 ☐ Repair or service	
D Ignition D1 [83] Engine area, running Area of fire origin *		E1 Cause of Ignition ☐ Check box if this is an exposure report. Skip to section G 1 ☐ Intentional 2 ☒ Unintentional 3 ☐ Failure of equipment or heat source 4 ☐ Act of nature 5 ☐ Cause under investigation U ☐ Cause undetermined after investigation	E3 Human Factors Contributing To Ignition Check all applicable boxes 1 ☐ Asleep ☒ None 2 ☐ Possibly impaired by alcohol or drugs 3 ☐ Unattended person 4 ☐ Possibly mental disabled 5 ☐ Physically Disabled 6 ☐ Multiple persons involved 7 ☐ Age was a factor Estimated age of person involved [] 1 ☐ Male 2 ☐ Female
D2 [10] Heat from powered Heat source *		E2 Factors Contributing To Ignition NN None ☒ None Factor Contributing To Ignition (1) [] Factor Contributing To Ignition (2)	
D3 [UU] Undetermined Item first ignited * 1 ☐ Check Box if fire spread was confined to object of origin		F1 Equipment Involved In Ignition ☐ None If Equipment was not involved, Skip to Section G [] Equipment Involved Brand [] Model [] Serial # [] Year []	
D4 [] Type of material first ignited Required only if item first ignited code is 00 or <70		F2 Equipment Power [] Equipment Power Source F3 Equipment Portability 1 ☐ Portable 2 ☐ Stationary Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.	
F1 Equipment Involved In Ignition ☐ None If Equipment was not involved, Skip to Section G [] Equipment Involved Brand [] Model [] Serial # [] Year []		G Fire Suppression Factors Enter up to three codes. ☐ None [] Fire suppression factor (1) [] Fire suppression factor (2) [] Fire suppression factor (3)	
H1 Mobile Property Involved ☐ None 1 ☐ Not involved in ignition, but burned 2 ☐ Involved in ignition, but did not burn 3 ☒ Involved in ignition and burned		H2 Mobile Property Type & Make [00] Mobile property, Other Mobile property type [JE] Jeep Mobile property make [] Mobile property model [] Year [] License Plate Number State VIN Number	
H1 Mobile Property Involved ☐ None 1 ☐ Not involved in ignition, but burned 2 ☐ Involved in ignition, but did not burn 3 ☒ Involved in ignition and burned		Local Use ☐ Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other Agencies ☐ Arson report attached ☐ Police report attached ☐ Coroner report attached ☐ Other reports attached	

A	FDID 05403	State MO	Incident Date 2 4 2015	Station 1	Incident Number [REDACTED]	Exposure 000	☐ Delete ☐ Change	NFIRS - 9 Apparatus or Resources

B Apparatus or * Resource	Date and Times Check if same as alarm date Month Day Year Hour Min	Sent ☒	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken
1 ID CHIEF1 Type 92	Dispatch ☒ 2 4 2015 06:22 Arrival ☒ 2 4 2015 06:34 Clear ☒ 2 4 2015 07:15	☒	1	☒ Suppression ☐ EMS ☐ Other	☐ ☐
2 ID ENG1 Type 11	Dispatch ☒ 2 4 2015 06:22 Arrival ☒ 2 4 2015 06:34 Clear ☒ 2 4 2015 07:15	☒	4	☒ Suppression ☐ EMS ☐ Other	☐ ☐
3 ID ENG3 Type 11	Dispatch ☒ 2 4 2015 06:22 Arrival ☒ 2 4 2015 06:34 Clear ☒ 2 4 2015 07:15	☒	2	☒ Suppression ☐ EMS ☐ Other	☐ ☐
4 ID Type	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	☐ ☐
5 ID Type	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	☐ ☐
6 ID Type	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	☐ ☐
7 ID Type	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	☐ ☐
8 ID Type	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	☐ ☐
9 ID Type	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	☐ ☐

Type of Apparatus or Resources

Ground Fire Suppression

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft

- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue

- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

More Apparatus?
Use Additional
Sheets

Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

- NN None
- UU Undetermined

NFIRS-9 Revision 11/17/98

A FDID * 05403 State * MO Incident Date * 2/4/2015 Station 1 Incident Number * [REDACTED] Exposure * 000 ☐ Delete ☐ Change		MM DD YYYY		NFIRS - 10 Personnel			
B Apparatus or Resource * Use codes listed below		Date and Times Check if same as alarm date Month Day Year Hours/mins		Sent ☒	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident. ☒ Suppression ☐ EMS ☐ Other	Actions Taken List up to 4 actions for each apparatus and each personnel.
1 ID CHIEF1 Type 92		Dispatch ☒ 2/4/2015 06:22 Arrival ☒ 2/4/2015 06:34 Clear ☒ 2/4/2015 07:15		Sent ☒	1	☐	☐
Personnel ID	Name	Rank or Grade	Attend ☒	Action Taken	Action Taken	Action Taken	Action Taken
4119	Smith, Kirk	FC	X				
2 ID ENG1 Type 11		Dispatch ☒ 2/4/2015 06:22 Arrival ☒ 2/4/2015 06:34 Clear ☒ 2/4/2015 07:15		Sent ☒	4	☒ Suppression ☐ EMS ☐ Other	☐
Personnel ID	Name	Rank or Grade	Attend ☒	Action Taken	Action Taken	Action Taken	Action Taken
2341	Register, James	FFE	X				
3203	Hooser, Ethan	FFE	X				
4201	Young, Brian		X				
4950	Clevenger, Farrel	CP	X				
3 ID ENG3 Type 11		Dispatch ☒ 2/4/2015 06:22 Arrival ☒ 2/4/2015 06:34 Clear ☒ 2/4/2015 07:15		Sent ☒	2	☒ Suppression ☐ EMS ☐ Other	☐
Personnel ID	Name	Rank or Grade	Attend ☒	Action Taken	Action Taken	Action Taken	Action Taken
0706	Shroyer, Trevor	FF	X				
1184	Harrison, Mike	AC	X				

05403 FDID	MO State	2 Incident Date	4 Incident Date	2015 Incident Date	1 Station	XXXXXXXXXX Incident Number	000 Exposure	Responding Units/Personnel
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Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
CHIEF1 Chief 1	06:22:00	06:22:00	06:34:00	07:15:00

Staff ID\Staff Name	Activity	Rank	Position	Role
4119 Smith, Kirk	Fire At Scene	Fire Chief		

ENG1 Engine 1	06:22:00	06:22:00	06:34:00	07:15:00
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Staff ID\Staff Name	Activity	Rank	Position	Role
2341 Register, James	Fire At Scene	Firefighter		
3203 Hooser, Ethan	Fire At Scene	Firefighter		
4201 Young, Brian	Fire At Scene			
4950 Clevenger, Farrel	Fire At Scene	Captain		

ENG3 Engine 3	06:22:00	06:22:00	06:34:00	07:15:00
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Staff ID\Staff Name	Activity	Rank	Position	Role
0706 Shroyer, Trevor	Fire At Scene	Firefighter		
1184 Harrison, Mike	Fire At Scene	Assistant C		

05403	MO	MM 2	DD 4	YYYY 2015	1		000	Responding Personnel
FDID *	State *	Incident Date *		Station	Incident Number *		Exposure *	

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
4119 Smith, Kirk	CHIEF1	FX Fire At Scene		FC		0.88	0.88	1.00
2341 Register, James	ENG1	FX Fire At Scene		FFE		0.88	0.88	1.00
3203 Hooser, Ethan	ENG1	FX Fire At Scene		FFE		0.88	0.88	1.00
4201 Young, Brian	ENG1	FX Fire At Scene				0.88	0.88	1.00
4950 Clevenger, Farrel	ENG1	FX Fire At Scene		CP		0.88	0.88	1.00
0706 Shroyer, Trevor	ENG3	FX Fire At Scene		FF		0.88	0.88	1.00
1184 Harrison, Mike	ENG3	FX Fire At Scene		AC		0.88	0.88	1.00

Total Participants: 7	Total Personnel Hours: 6.16
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A

05403

FDID *

MO

State *

MM

Incident Date *

DD

YYYY

2015

1

Station

Incident Number *

000

Exposure *

☐ Delete
☐ Change
Insurance
and \$Loss

B Estimated Dollar Loss & Value

	Pre-Incident Value	Estimated Loss	Insured Amount	Settlement Amount
Buildings	\$0.00	\$0.00	\$0.00	\$0.00
Vehicles	\$10,000.00	\$10,000.00	\$0.00	\$0.00
Contents	\$0.00	\$0.00	\$0.00	\$0.00

C Insurance Company

Business name if applicable

Contact Name

Street or highway

Post office box

City

State Zip Code

Phone Number

Agent Name

Policy Number

☐ Buildings
☐ Vehicles
☐ Contents

Policy Coverage

NHSTA/DOT: The reason I am filing this complaint is because Jeep refuses to take any responsibility for their product. The fire chief and other firemen at the scene stated that they have put out a lot of these jeeps! They also advised me to report it. Jeep told me on the phone that the vehicle had too many miles on it for them to be responsible. I have a Dodge Grand Caravan with 270,000 miles on it and a Chevy Cavalier with 195,000 miles on it, and have had numerous cars with more miles on them than the Jeep. I have never had a car burn up before, principally for any apparent reason! Thank you for your consideration.

[REDACTED]

Lexington MO [REDACTED]

[REDACTED]

Phone ([REDACTED])

Jeep

Sandra: Hi, my name is Sandra with Jeep Customer Care, How may I help you today?

[REDACTED]: Hello, my jeep caught fire while driving down the road today. I was wondering if there is any assistance you can give me in the matter?

Sandra: [REDACTED] I would be happy to assist you today .

[REDACTED]: vin 1j4gw38s62c [REDACTED]

Sandra: What I can do is escalate this to our special handling team but I will require some information before I can do that.

[REDACTED] okay what information?

Sandra: When did you purchase the vehicle. I am showing a different registered owner. Can I get you to verify your name and mailing address.

[REDACTED] 10103/2012, [REDACTED] R & Chery l is the way the title reads. 2010

[REDACTED], Lexington MO [REDACTED]

Sandra: I am going to update the information on file. Is the phone number the best number to reach you at?

Sandra: May I get the approximate mileage on the vehicle?

[REDACTED] 126,000

Sandra: [REDACTED] can you tell me what happened?

[REDACTED] Yes the vehicle just caught fire while driving down the road, it was pulled into a driveway, and the flames spread. the vehicle was almost burned completely

Diana: That is general information on the website, new vehicles, incentives etc... yes your 2c

Thanks have a good evening! :)

02/09/2015

Sandra (Listening)

Sandra: Hi, my name is Sandra with Jeep Customer Care, How may I help you today?

: hello my case number is and I was told I would be contacted by 8pm Friday. I haven't heard from them yet, could you check on this for me?

Sandra: Hi would be happy to assist you today. Do you mind holding for a brief moment while I look into this for you?

no I do not!

Sandra: Thank you for holding. I see that your file is in the correct department and I do apologize for the wait. What I can do is to note on file that you are seeking an update to your issue.

Okay Thanks, in our previous chat you stated that I should hang on to the car, and I am just trying to keep the tow lot updated!

Sandra: You are very welcome. Is there anything else that I can look into for you today?

No, I guess you do not know how long it will take them to get back to me? What department is handling this?

Sandra: Sorry would imagine as soon as possible. It was escalated to Special Investigation Department.

: Thanks again, and have a good day!

Sandra: Thank you for contacting Jeep Customer Care. Please chat with us again if you need further assistance. You can also look for updates on our website. Have a good day!

02/11/2015

Joshua (Listening)

Joshua: Hi, my name is Joshua with Jeep Customer Care, How may I help you today?

: hello my case number is and I was checking the progress, since I haven't been contacted yet!

Joshua: I'm sorry to hear that. Let me look in to this for you. Just to confirm the last 8 characters of your vehicles vin number are ?

: correct

Joshua: thank you. Do you mind waiting a few minutes for me ?

: Not at all.

Joshua: Thank you for allowing me a moment to review the notes on your file. What I see is that your case is being handled by another department. I will note that you are seeking an update on your case, and forward your file to that department. I apologize that I cannot provide you additional information, but I can assure you that you will be contacted back within 2-3 business days.

I was told that 1 week ago today!

Joshua: I understand that. However, your case is being handled by a separate department and what I can do is have them contact you.

Joshua: Is your address still

LEXINGTON, MO-

: Thanks Joshua, have a good day!

Joshua: You as well. Thank you for contacting Jeep Customer Care. Please chat with us again if you need further assistance. You can also look for updates on our website. Have a good day!

LEXINGTON MO



TRANSPORTATION
US Dept. of Education
NHTSA

1200 NEW JERSEY AVE SE
WASHINGTON DC 20590

