 U.S. Department of Transportation National Highway Traffic Safety Administration		INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) 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 15-JUN-2016		Repository <input type="checkbox"/> Reference No. 10874338							
OWNER INFORMATION (Type or Print)													
Name		Address		City		State		Zip Code		Daytime Telephone Number		E-mail Address	
[REDACTED]		[REDACTED]		OLIVE HILL		KY		[REDACTED]		[REDACTED]		[REDACTED]	
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				Make		Model		Model Year					
1C4RJFAG4FC [REDACTED]				JEEP		GRAND CHEROKEE		2015					
Date Purchased		Dealer's Name and Telephone Number				Engine:		Fuel Type:					
[REDACTED]		[REDACTED]				No: Cylinders		[REDACTED]					
Original Owner		Dealer's City		State		Zip Code							
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]							
Transmission Type		<input type="checkbox"/> Antilock Brakes		Powertrain		Multiple Failure:		Incident Date(s)					
[REDACTED]		<input type="checkbox"/> Cruise Control		[REDACTED]		[REDACTED]		19-MAY-2016					
FAILED COMPONENT(S)/PART(S) INFORMATION													
Vehicle Component Code: 100000 POWER TRAIN								Failure Mileage		Failure Speed			
[REDACTED]								6000		[REDACTED]			
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: DOTMAL9ABC036)				<input type="checkbox"/> Original Equipment		Failure Location:							
[REDACTED]				<input type="checkbox"/> Prior Repair		[REDACTED]							
Tire Component Code								Tire Failure Type:					
[REDACTED]								[REDACTED]					
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE													
Make:				Date Manufactured:				Model No./Name:					
[REDACTED]				[REDACTED]				[REDACTED]					
Seat Type:				Installation System:									
[REDACTED]				[REDACTED]									
Child Seat Component Code:				Failed Part:									
[REDACTED]				[REDACTED]									
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury (ies).)													
Crash		Fire		Number of Persons Injured		Number of Deaths		Reported to Police					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		[REDACTED]		[REDACTED]		Y					
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 OWNED A 2015 JEEP GRAND CHEROKEE. WHILE PARKED IN A PARKING LOT, THE CONTACT'S VEHICLE ROLLED AWAY AND ANOTHER VEHICLE CRASHED INTO THE REAR OF THE CONTACT'S VEHICLE. THE VEHICLE WAS DESTROYED AND TOWED TO AN UNDISCLOSED LOCATION. A POLICE REPORT WAS FILED AND THERE WERE NO INJURIES. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE AND STATED THAT THE VIN WAS INCLUDED IN NHTSA CAMPAIGN NUMBER: 16V240000 (POWER TRAIN). THE FAILURE MILEAGE WAS APPROXIMATELY 6,000.													
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)

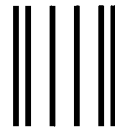
Vehicle WAS PARKED AT Globe Funeral Home - IT WAS
Placed in park And engine turned off - We went
inside was there 10-15 minutes when someone came in
And told us that our vehicle had Rollover off the lot
And WAS struck another - When we went out our
Vehicle has rolled off back wards into us 60 was hit by
A Semi - Where our vehicle was parked it would
have to roll up A slight grade in the parking lot
3 days After this happened we Received A Recall Notice
About it going out ATTACH ADDITIONAL SHEETS IF NECESSARY IS GEAR

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



**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**



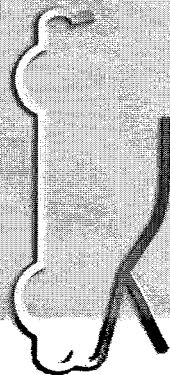
BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NEF-100
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



**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



FIAT CHRYSLER AUTOMOBILES

June 28, 2016

[REDACTED]
Olive Hill, KY [REDACTED]

Cair: [REDACTED]

VIN: 1C4RJFAG4FC [REDACTED]

Dear [REDACTED]

This is in regard to the inspection that was performed on your 2015 Jeep Grand Cherokee.

Naturally, we were sorry to learn of this incident. We appreciate the opportunity to look into this for you.

The inspection revealed that there was no evidence of a malfunction which would cause the vehicle to move by itself. The transmission, linkage, parking pawl, parking brake, and all other related systems were checked very carefully.

As stated in your owner's manual:

Unintended movement of a vehicle could injure those in or near the vehicle. As with all vehicles, you should never exit a vehicle while the engine is running. Before exiting a vehicle, always apply the parking brake, shift the transmission into PARK, turn the engine OFF, and remove the key fob. When the ignition is in the OFF position, the transmission is locked in PARK, securing the vehicle against unwanted movement.

The PARK feature is only a supplement to the parking brake. Never use the PARK position as a substitute for the parking brake. Always apply the parking brake fully when parked to guard against vehicle movement and possible injury or damage.

We can only suggest that you refer any damages that may have occurred to your insurance carrier. Should they feel a manufacturing responsibility exists, they have full subrogation rights under the terms of your policy.

Thank you for allowing us the opportunity in reviewing this matter with you.

Sincerely,

Mr. Kon

Mr. Kon
Special Investigations
586-274-8162

TK/sk



**KENTUCKY UNIFORM POLICE
TRAFFIC COLLISION REPORT**

MASTER FILE #

INVESTIGATING AGENCY **CARTER COUNTY SHERIFF DEPT.** AGENCY ORI NUMBER **0220000** LOCAL CODE **051916405**

ROADWAY NAME **US60** PARKING LOT: **N** INTERSECTION WITH: **N** BETWEEN STREETS: **N**

ROADWAY # US0060	DISTANCE FROM MILEPOINT	MILEPOINT # 6.564	INJURED	KILLED	# UNITS INVOLVED 2	HIT & RUN NO	ONE WAY NO	SPEED LIMIT 055 MPH
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IN CITY LIMITS? YES	LATITUDE DEG: 38 MIN: 17.387	COLLISION DATE AND TIME 05/19/2016 11:10
MILES FROM CITY	LONGITUDE DEG: 83 MIN: 13.124	

CITY/TOWN: 02207 - GLOBE	RAMP: NO	DIR: DIR:
COUNTY: 022 - CARTER	FROM:	
SECONDARY COLLISION: NO	MEDIAN CROSSOVER: NO	

MANNER OF COLLISION 01 - ANGLE	LOCATION 1ST EVENT 03 - ON ROADWAY	TRAFFIC CONTROL 02 - CENTER LINE
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ROADWAY TYPE 02 - FEDERAL	TOTAL LANES 2	ROADWAY CHARACTER 04 - STRAIGHT & GRADE	ROADWAY SURFACE 01 - ASPHALT	ROADWAY CONDITION 01 - DRY
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WEATHER 02 - CLEAR	LIGHT CONDITION 02 - DAYLIGHT	LAND USE 01 - BUSINESS	SCHOOL BUS RELATED 03 - NOT APPLICABLE
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FIRST AID AT SCENE **NO** FIRST AID GIVEN BY

INJURED REMOVED TO

EMS AGENCY AND RUN #	EMS AGENCY AND RUN #	EMS AGENCY AND RUN #
NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL
NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL
NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL

INJURED OR DECEASED REMOVED BY

1 PROPERTY DAMAGE - OTHER THAN VEHICLES	PROPERTY
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OWNER/ADDRESS

2 PROPERTY DAMAGE - OTHER THAN VEHICLES	PROPERTY
---	----------

OWNER/ADDRESS

3 PROPERTY DAMAGE - OTHER THAN VEHICLES	PROPERTY
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OWNER/ADDRESS

INV. COMPLETE YES	PHOTOS NO	PHOTOGRAPHER UNIT NO.
INVESTIGATOR CARVER J	ID NUMBER 405	BEAT OR POST NO. PATROL
	TIME NOTIFIED 11:10	TIME ARRIVED 11:20
		RDWY OPENED 11:55

REVIEWED BY **J. CARVER** PAGE **1 OF 4**

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - NARRATIVE

KSP 74 Revised 1/2000

INVESTIGATING AGENCY		CARTER COUNTY SHERIFF DEPT.		AGENCY ORI NUMBER	0220000	LOCAL CODE	051916405
				MASTER FILE #			

Unit 1 was being parked by [REDACTED] in the parking lot of the globe funeral home. [REDACTED] thought that he had put the vehicle in park. When he got out of the car he went in the funeral home. Unit 1 rolled across the parking lot and into the road. Unit 1 was struck by unit 2 causing severe damage to unit 1. Unit 1 was left in reverse and running to enable it to be in motion.

We do not agree with the underlined statement. The policeman who did the report was told that the vehicle was turned off in park position. He only assumed it was the only way it could have happened. He was as were we of a problem with the vehicle being ^{even} ~~not~~ able to come out of the park position.

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT

MASTER FILE #

INVESTIGATING AGENCY **CARTER COUNTY SHERIFF DEPT.** AGENCY ORI NUMBER **0220000** LOCAL CODE **051916405**

UNIT # 1	TOWED? YES - BONDS TOWING	TOWED DUE TO DISABLED? YES	# OCCUPANTS 0	PEDESTRIAN FACTORS
OPERATOR'S LIC. NO.	STATE	LIC. CLASS	ENDORSEMENT	OPERATORS LICENSE RESTRICTIONS
CDL	CO. RESIDENT	OWNER		
OPERATOR NAME (LN, FN, MI)				
DATE OF BIRTH	ADDRESS			
				COMPLIANT

A. PRE-COLLISION VEHICLE ACTION **97 - OTHER** B. UNIT TYPE **08-LT TRUCK(VAN/SPORTS UTILITY/PICKUP)** C. FIRE NO **NO** D. OVERTURNED NO **NO**

E. HUMAN FACTORS **97 - OTHER**

F-H. EVENT COLLISION
1ST: 05 - OTHER MOTOR VEHICLE

I. VEHICULAR FACTORS **99 - NONE DETECTED** J. ENVIRONMENTAL FACTORS **99 - NONE DETECTED**

K. UNDERRIDE/OVERRIDE **01 - NO UNDERRIDE/OVERRIDE**

INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP	DOB/DOD	14	15	16	17	18	19	20	21	22	23
MALE [REDACTED] OIVEL HILL, KY	DOB: [REDACTED]	08	NO								

VEH YEAR **2015** MAKE **JEEP** MODEL **GRAND CHEROKEE** TYPE **LL** STATE **KY** REGISTRATION NUMBER [REDACTED] YEAR **2017**

VEHICLE ID NUMBER **1C4RJFAG4FC** VEHICLE INSURED **YES** NAME OF INSURANCE CO. **LIBERTY MUTUAL INS** INSURANCE POLICY # [REDACTED] COLOR OF VEH **GREY**

1ST AREA OF CONTACT **04 - RIGHT BACK BUMPER** 1ST AREA CONTACT - COMBINATION VEHICLE **SEVERE** EXTENT OF DAMAGE **SEVERE** AIR BAG SWITCH **NOT PRESENT** TRAVEL DIRECTION **NORTH**

ESTIMATED TRAVEL SPEED MOST HARMFUL EVENT

COMMERCIAL VEH. **NO** LARGE TRUCK OR BUS **NO** PLACARD PRESENT HAZ. CARGO HAZ. SPILL HAZ. MAT. # TYPE CARGO/COMMODITY NAS SAFETY REPORT #

HM CLASS CARRIER TYPE

SINGLE/COMBINATION/BOBTAIL NO. AXLES NO. TRAILERS US DOT # ICC MC # CRASH AVOIDANCE (Fatal Only)

VEHICLE CONFIGURATION CARGO BODY TYPE BUS USE

GVWR TOTAL MOTOR CARRIER NAME CARRIER NAME SOURCE

MOTOR CARRIER ADDRESS

VIOLATION CODES CITATION NUMBER CASE NUMBER SUSPECTED DRINKING DRIVER METHOD OF DETERMINATION

TAKEN BY

TEST OFFERED CHEMICAL TEST TESTED FOR SENT TO RESULTS PAGE

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT

MASTER FILE #

INVESTIGATING AGENCY **CARTER COUNTY SHERIFF DEPT.**

AGENCY ORI NUMBER **0220000**

LOCAL CODE **051916405**

UNIT # 2	TOWED? NO	TOWED DUE TO DISABLED? NO	# OCCUPANTS 2	PEDESTRIAN FACTORS
OPERATOR'S LIC. NO.		STATE WV	LIC. CLASS A	ENDORSEMENT
CDL YES	CO. RESIDENT NO	OWNER NO		
OPERATOR NAME (LN, FN, MI)				OPERATORS LICENSE RESTRICTIONS
DATE OF BIRTH ADDRESS				COMPLIANT YES

A. PRE-COLLISION VEHICLE ACTION 05 - GOING STRAIGHT AHEAD	B. UNIT TYPE 21-TRUCK & TRAILER	C. FIRE NO	D. OVERTURNED NO
E. HUMAN FACTORS 99 - NONE DETECTED			

F-H. EVENT COLLISION
1ST: 05 - OTHER MOTOR VEHICLE

I. VEHICULAR FACTORS 99 - NONE DETECTED	J. ENVIRONMENTAL FACTORS 99 - NONE DETECTED
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K. UNDERRIDE/OVERRIDE **01 - NO UNDERRIDE/OVERRIDE**

INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP	DOB/DOD	14	15	16	17	18	19	20	21	22	23
MALE DOB: [REDACTED] FORT GAY, WV [REDACTED]	[REDACTED]	01	NO	01	05		01	01	01	01	01
FEMALE DOB: [REDACTED] FORT GAY, WV [REDACTED]	[REDACTED]	02	NO	03	05		01	01	01	01	01
KLC, INC FORT GAY FORT GAY, WV 25514		08	NO								

VEH YEAR 2003	MAKE KENWORTH	MODEL 900	TYPE TR	STATE KY	REGISTRATION NUMBER [REDACTED]	YEAR 2016
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VEHICLE ID NUMBER 1XKWDB0X33	VEHICLE INSURED YES	NAME OF INSURANCE CO. PENNSYLVANIA LUMBERMENS INS	INSURANCE POLICY #	COLOR OF VEH BLUE
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1ST AREA OF CONTACT	1ST AREA CONTACT - COMBINATION VEHICLE 03 - RIGHT SLEEPER BERTH	EXTENT OF DAMAGE MINOR/MOD	AIR BAG SWITCH NOT PRESENT	TRAVEL DIRECTION EAST
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ESTIMATED TRAVEL SPEED	MOST HARMFUL EVENT
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COMMERCIAL VEH. NO	LARGE TRUCK OR BUS YES	PLACARD PRESENT NO	HAZ. CARGO NO	HAZ. SPILL NO	HAZ. MAT. #	TYPE CARGO/COMMODITY WOOD	NAS SAFETY REPORT #
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HM CLASS	CARRIER TYPE NOT IN COMMERCE-GOVERNMENT				
SINGLE/COMBINATION/BOBTAIL COMBINATION	NO. AXLES 6	NO. TRAILERS 1	US DOT #	ICC MC #	CRASH AVOIDANCE (Fatal Only)

VEHICLE CONFIGURATION TRACTOR/SEMI-TRAILER	CARGO BODY TYPE LOGGING	BUS USE NOT A BUS
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GVWR TOTAL MORE THAN 26,000 POUNDS	MOTOR CARRIER NAME KLC	CARRIER NAME SOURCE SIDE OF VEHICLE
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MOTOR CARRIER ADDRESS **WEST VIRGINIA FORT GAY, WV 25514**

VIOLATION CODES	CITATION NUMBER	CASE NUMBER	SUSPECTED DRINKING DRIVER NO	METHOD OF DETERMINATION 02 - OBSERVATION
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TAKEN BY	TEST OFFERED NO	CHEMICAL TEST	TESTED FOR	SENT TO	RESULTS	PAGE
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