



U.S. Department of Transportation

National Highway Traffic Safety Administration

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

FOR AGENCY USE ONLY 100148

Vehicle Owner's Questionnaire
 To Report Vehicle Safety Defects
 1-888-DASH-2-DOT
 (1-888-327-4236)
 INTERNET: www.nhtsa.dot.gov/hotline

Date Received	Repository <input type="checkbox"/>
29-JUN-2016	Reference No. 10881409
OCT - 5 2016	

OWNER INFORMATION (Type or Print)

Name	[REDACTED]		
Address	[REDACTED]		
City	State	Zip Code	
PATCHOGUE	NY	[REDACTED]	

Daytime Telephone Number	E-mail Address
[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 1C4RJFAG2FC [REDACTED]	Make JEEP	Model GRAND CHEROKEE	Model Year 2015
Date Purchased 02/20/2015	Dealer's Name and Telephone Number Bosum's (631) 289-8500	Engine: No: Cylinders 6	Fuel Type: reg
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:
			Incident Date(s) 03-FEB-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
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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	Number of Deaths	Reported to Police N
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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* TAKATA RECALL. THE CONTACT OWNS A 2015 JEEP GRAND CHEROKEE. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 16V240000 (AIR BAGS); HOWEVER, THE PART FOR THE RECALL REPAIR WAS NOT AVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE MANUFACTURER WAS NOT NOTIFIED OF THE ISSUE. THE CONTACT HAD NOT EXPERIENCED A FAILURE. PARTS DISTRIBUTION DISCONNECT.

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)

Multiple horizontal lines for writing the narrative description.

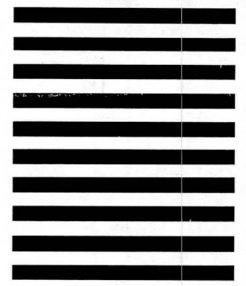
ATTACH ADDITIONAL SHEETS IF NECESSARY



MID-ISLAND
NY 117
23 SEP '16
PM 1 L



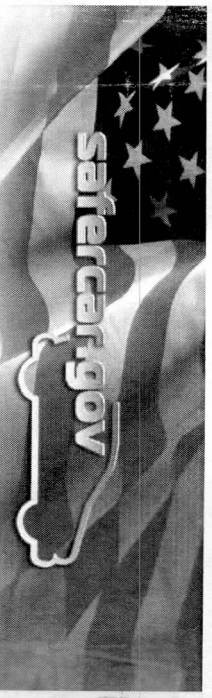
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



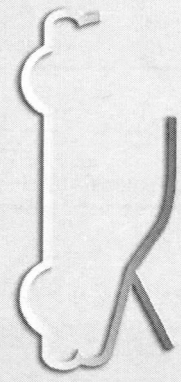
BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

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



CUSTOMER #:

WORKORDER

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483 Route 112 · Patchogue, NY 11772
 Phone: (631) 289-8500 · Fax: (631) 475-1478
 www.browns112.com
 NYS REPAIR SHOP R 152-0090

EAST PATCHOGUE, NY

HOME: [REDACTED] CONT: [REDACTED]
 BUS: [REDACTED] CELL: [REDACTED]

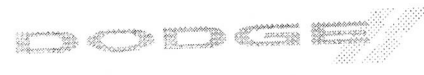
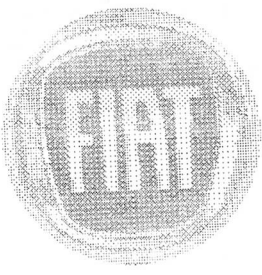
SERVICE ADVISOR: 24 BRESKO, DAWN M

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG			
	15	JEEP GRAND CHEROKEE	1C4RJFAG2FC		28092/	T796			
BK	DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE	
	20FEB15 DD			16:30 15JUL16		0.00	CASH		
R.O. OPENED	READY	OPTIONS: SOLD-STK: [REDACTED]							
15JUL2016 07:58		ENG:ERB_3.6L_V6_24V_VVT_Engine TRN:AUTO 9)							

LINE	OP CODE	TECH...	TYPE	DESCRIPTIONS/INSTRUCTIONS
# E	16P		ISP	16P Multipoint inspection (according to maintenance interval)

F 13 W (13 Recall / CSN 1 S27 SAFETY RECALL S27 TRANSMISSION ELECTRONIC SHIFT LEVER)

COMPANY NAME ZURICH SERV CONTRACT
 COMPANY PHONE
 POLICY NUMBER TBD
 POLICY TERM 84
 EFFECTIVE DATE 20 FEB 2015
 DEDUCTIBLE 100.00
 MILEAGE LIMIT
 BEGIN MILES 4
 END MILES 75000
 COMPONENTS



AUTHORIZATION FOR REPAIRS I hereby authorize the repair work therein set forth to be done by you, together with the furnishing by you of the necessary parts and other materials for such repair, and agree: that you are not responsible for any delays caused by unavailability or delayed availability of parts or materials for any reason; that you neither assume or authorize any other person to assume for you any liability in connection with such repair; that you shall not be responsible for loss or damage to the above vehicle, or articles left therein, in case of fire, theft or other cause beyond your control; that an express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of repairs thereto; that your employees may operate the above vehicle on streets, highways or elsewhere for the purpose of testing and/or inspecting such vehicle.	THESE REPAIRS ARE COVERED BY A LIMITED WARRANTY. LABOR AND PARTS FOR 12 MONTHS OR 12,000 MILES ON ALL ORIGINAL EQUIPMENT MANUFACTURED PARTS. ALL OTHERS 90 DAYS OR 4,000 MILES, WHICHEVER COMES FIRST. WARRANTY REPAIRS TO BE PERFORMED AT SELLER'S PLACE OF BUSINESS.	PRELIMINARY ESTIMATE \$ _____			
	ANY WARRANTIES ON THE PRODUCTS SOLD HEREBY ARE THOSE MADE BY THE MANUFACTURER. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF SAID PRODUCTS.	AUTHORIZED BY X			
	ALL PARTS ARE NEW/REMANUFACTURED UNLESS INDICATED REPLACED PARTS WILL BE DISCARDED UNLESS SPECIFIED	REVISSED ESTIMATE (1)	DATE	TIME	BY
	SAVE REPLACED PARTS YES <input type="checkbox"/> NO <input type="checkbox"/> INITIALS	REVISSED ESTIMATE (2)			
	A DAILY STORAGE FEE WILL BE CHARGED IF THE VEHICLE IS NOT PICKED UP WITHIN 24 HOURS AFTER YOU HAVE BEEN NOTIFIED WORK HAS BEEN COMPLETED.	DAILY STORAGE CHARGE \$10.00	REVISSED ESTIMATE (3)		

I HEREBY ACKNOWLEDGE THAT I WAS NOTIFIED & GAVE ORAL APPROV OF THE ABOVE REVISED ESTIMATES:

X _____
 CUSTOMER SIGNATURE

CUSTOMER COPY