

COPIED

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

OWNER INFORMATION (Type or Print)

[Redacted]

FOR AGENCY USE ONLY

Date Received **01 JUL 31 PM 4:13**

QC'd

OFFICE DEFECTS INVESTIGATION

Reference No. **562295**

Daytime Telephone Number ()

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an answer, NHTSA will forward a copy of this report to the vehicle manufacturer.

Signature of Owner [Redacted] Date **7-24-01**

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (Located at bottom of windshield on driver's side) **1J4GZ58S2TC319904** Make **Jeep** Model **Grand Cherokee** Year **1996**

Purchased Date **1996** Dealer's Name **Pierson Jeep** Engine Size (CID/CC/L) **4.0** ☐ Turbo ☐ Diesel ☒ Gas
☒ New ☐ Used Dealer's City **GADSDEN** State **AL** Zip Code **36033** No. Cylinders **1-6** ☐ Fuel Injection

Manufacture Date (on driver's door or pillar) **3/30/96** Transmission Type ☐ Manual ☒ Automatic Restraint System ☒ Driverside Air Bag ☐ Motorbelt ☐ Passengerside Air Bag ☐ 2-Point Belt ☐ 3-Point Belt Cruise Control ☒ Yes ☐ No Drivetrain ☐ Front ☐ Rear ☒ 4-Wheel Vehicle Type ☐ Car ☒ Sport Utility ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other Body Style ☐ 2-Door ☒ 4-Door ☐ Station Wagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) **Brakes Rotors** Location ☐ Left ☒ Right ☐ Front ☐ Rear Failed Part(s) ☐ Original ☒ Replacement Handicap Adaptive Equip ☐ Yes ☒ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand _____ Tire Name _____ Complete Tire Size _____

No. of Failures _____ Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____

Failed Part(s) Available? ☐ Yes ☐ No NHTSA Previously Contacted? ☐ Yes ☐ No

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured _____	Number of Fatalities _____	Reported to Manufacturer ☐ Yes ☐ No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

I HAVE TO HAVE THE BRAKES & ROTORS TURNED OR REPLACED EVERY 3-TO 6 MONTHS

Continue on back.