



DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

| | |
|----------------------------------|--------------|
| Data Received 26-SEP-2000 | Od_or _____ |
| | rt_dt _____ |
| | od_rt _____ |
| | up_ltr _____ |
| Reference No. 732571 | |

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

| | | | | |
|--|-----------------------------|--|-----------------------------|--------------------------|
| Vehicle Ident. No. (VIN) _____ <small>(Listed at front of windshield or drivers side)</small> | Vehicle Make JEEP | Vehicle Model GRAND CHEROKEE | Vehicle Year 1999 | Current Odometer Reading |
|--|-----------------------------|--|-----------------------------|--------------------------|

| | | | |
|---|---------------------------------------|---------------------------------|---|
| Purchase Date 01-JUN-1999 | Dealer's Name _____ | Engine Size (CID/CYL) V8 | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____ | |

| | | | | | | |
|--|---|--|--|---|---|--|
| Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> 2-Point Belt | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle | Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____ |
|--|---|--|--|---|---|--|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|------------------------------|---|--|---|
| Component 07300000 | Par. Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
|------------------------------|---|--|---|

| | | | | | |
|-----------------------------|--|-----------------------------------|---------------------------------------|---|---|
| No. of Failures 5 | Date(s) of Failure(s) 01-FEB-2000 | Mileage at Failure(s) 5000 | Vehicle Speed at Failure(s) 45 | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------|--|-----------------------------------|---------------------------------------|---|---|

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

| | | | | | |
|---|---|---------------------------------------|----------------------------------|---------------------------|---|
| Crash <input type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured 0 | Number of Fatalities 0 | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|---------------------------------------|----------------------------------|---------------------------|---|

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE VEHICLE HAS NOW HAD FOUR (4) REAR RING GEAR AND PINIONS, FOUR(4) SETS OF REAR BEARINGS, ONE REAR YOKE, TWO (2) SETS OF FRONT RING GEAR AND PINIONS, TWO(2) SETS OF BEARINGS, ONE FRONT YOKE, ONE FRONT DRIVE SHAFT REPLACED SINCE IT CAME FROM THE FACTORY. IT HAS NEVER BEEN IN FOUR WHEEL DRIVE OR DRIVEN OFF ROAD. IT HAS HAD ONE TIRE REPLACED DUE TO VIBRATION THAT WOULD NOT BALANCE (R.FRONT), THE ELECTRIC WINDOWS HAVE BEEN REPAIRED TWO (2) TIMES AND THE TRANSMISSION WILL NOT ENGAGE IF THE VEHICLE SITS FOR 3 DAYS OR LONGER (HAS NOT BEEN REPAIRED). THE DEALER HAS BEEN VERY GOOD ABOUT DOING ALL REPAIRS (CAN NOT DUPLICATE TRANSMISSION PROBLEM). WE ARE CONCERNED ABOUT THE NUMBER OF TIMES THE RING GEAR AND PINIONS AND ALL BEARINGS HAVE BEEN REPLACED AND THE F

CONTINUED ON BACK PLEASE

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.