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FEB 19 2002

POSTED



Vehicle Owner's Questionnaire
Office of Defects Investigation

I VOQ Submitted

~~COPIED~~

VOQ Status: In Process

ODI Number: 752826

We appreciate the report you have provided. Reports from motorists are a very important source of information for our investigations. Each report is analyzed and compiled into a computerized data system to assist us in identifying potential recall inadequacies and safety defects to determine whether an investigation is warranted. The information you have provided will be reviewed and entered into our data system. It will be used with other reports to identify recall inadequacies and safety-defect trends which require our attention.

Enter Another VOQ



Send mail to the Web Master

Multi-Purpose

*11:04 AM
00 FEB -6 PM 1:14
DEFECTS*



Vehicle Owner's Questionnaire

Office of Defects Investigation

VOQ Confirmation

[Please proceed to the end of this page, after confirming your input, and select the "Submit VOQ to NHTSA" button. NHTSA will not receive a record of your complaint unless this button is selected.]

Owner Information

FirstName: 
 LastName: 
 MI: 
 Organization: 
 Address 1: 
 Address 2: 
 City: 
 State: 
 Zip: 

Would you like to receive a mailed signature card authorizing release of your vehicle information to manufacturers? Yes

Vehicle Information

Vehicle Identification Number (VIN): 1J4GW58S6XC501297

Vehicle Make: Jeep	Vehicle Model: Grand Cherokee Laredo
Vehicle Year: 1999	Current Odometer Reading: 38631
Purchase Date: 06/99	New or Used: New
Engine Size: 4.0L	Antilock Brakes: Yes
No. Cylinders: 6	Driverside Airbag: Yes
Fuel Injection: Yes	Passengerside Airbag: Yes
Turbo: No	Side Airbag - Driver: No
Fuel Type: Gas	Side Airbag - Passenger: No
Drivetrain: 4 Wheel	3-Point Belt: Yes
Cruise Control: Yes	Motor Belt: No

Body Style: SUV **2-point Belt:** No

Dealer Information

Name: Moore Chrysler Plymouth Jeep
Address: 8600 West Bell Road
City: Phoenix
State: AZ
Zip: NA
Phone: (623) 972-6004

Failed Component/Part Information

Major Assembly	Description	Location Left-Right	Location Front-Rear	Part Type	Num. Failures	Failure Date	Failure Mileage	Failure Speed	Mfg Contacted
	Crash	Fire	Driver Airbag Deployed	Driver Sidebag Deployed	Passenger Airbag Deployed	Passenger Sidebag Deployed	Num. Injured	Num. Fatalities	Est. Damage
POWER TRAIN: TRANSMISSION: AUTOMATIC	NA	NA	NA	Original	1	09/20/2001	38631	5	No
	Yes	No	No	NA	No	NA	1	0	\$2,000

Information on Tire Failure

DOT Number: NA
Manufacturer: NA
Tire Name: NA
Complete Tire Size: NA

Comments: I stopped the car near a dumpster and put the shift lever in park. I opened the driver door and exited the vehicle. The engine was running and the parking brake was not engaged. I began to walk toward the rear of the vehicle and it began to back up. I attempted to jump back in through the open door but the door jamb caught me and threw me to the ground partially under the car. The door caught the dumpster and was bent back to the front fender and the left front tire rolled over my left foot and right lower leg. A person nearby jumped in the car and stopped it a few feet from a brick wall. I was taken to an emergency room for x-rays and there were no broken bones. I had deep bruises on my left foot, both arms, my right shin and on the back of my right upper thigh. My left knee and my left hamstring were both strained. I am still having difficulty walking without pain in my left leg.

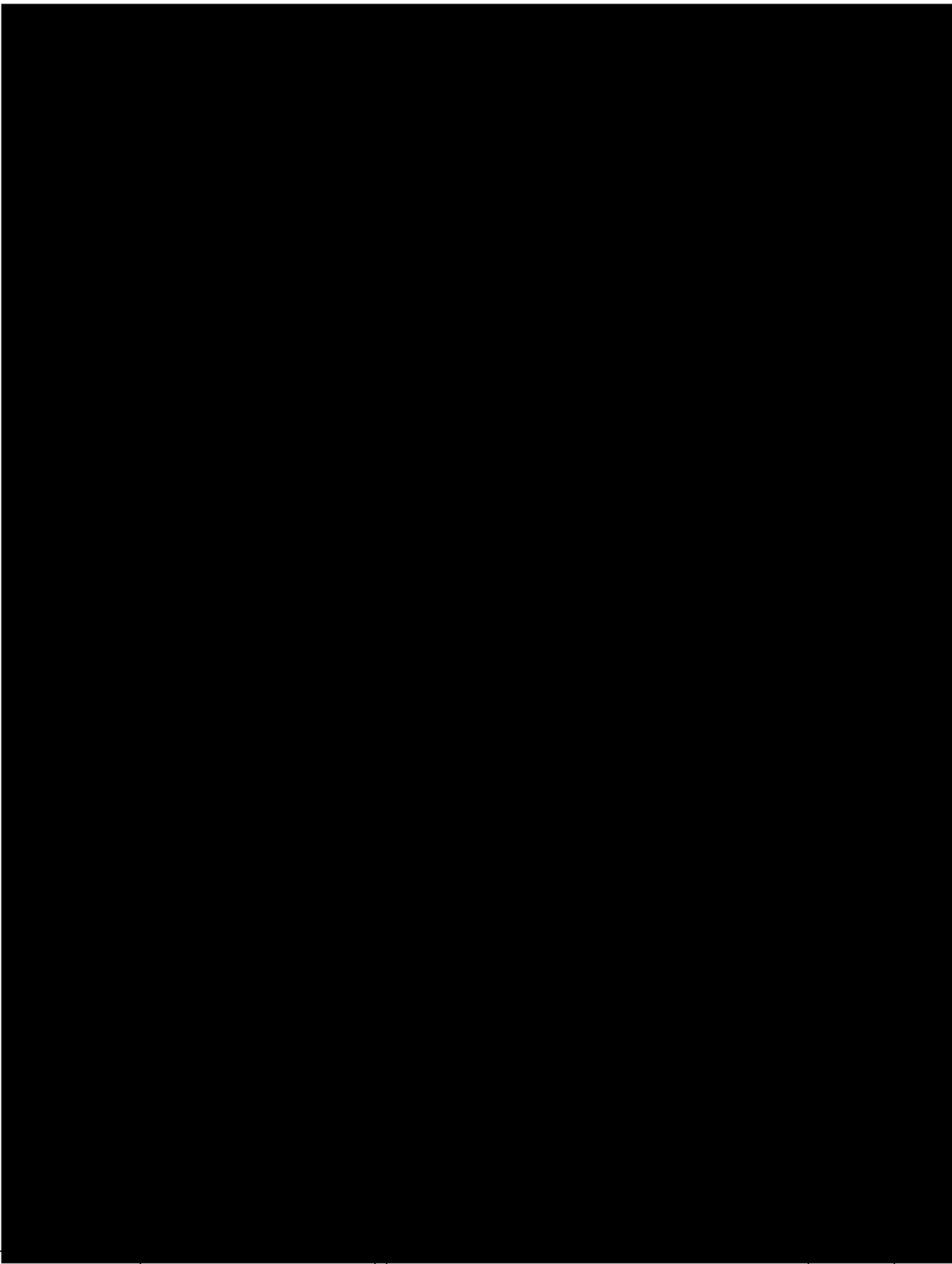
Submit VOQ to NHTSA

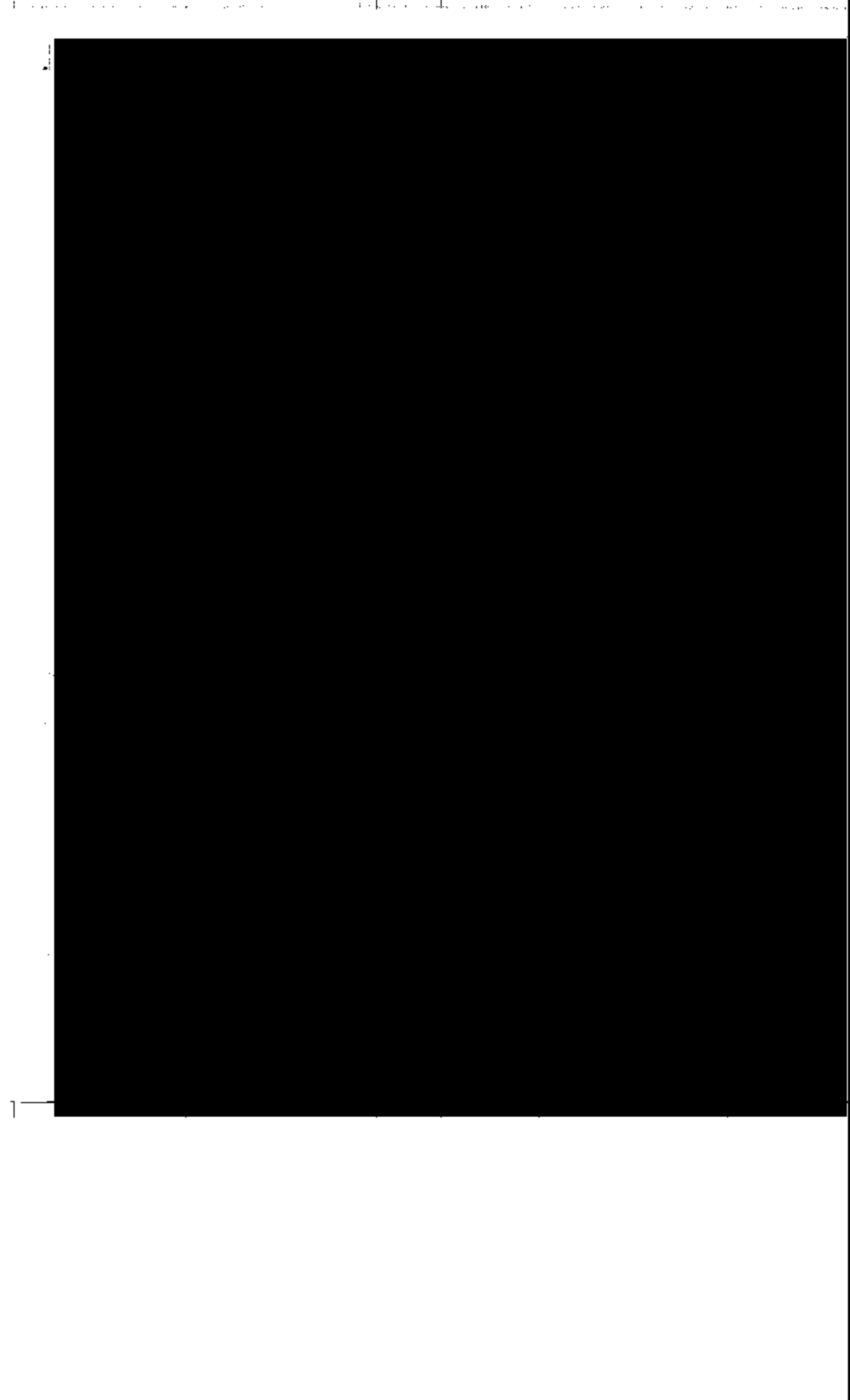


Send mail to the Web Master

THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page 1 through Page 0)







U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY 1058

Date Received

06-FEB-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

752826

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>(Locate at bottom of windshield or driver's side door)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1J4GW58S6XC501297	JEEP	GRAND CHEROKE	1999	

Purchase Date 01-JUN-1999	Dealer's Name _____	Engine Size (CID/CC/L 6 CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	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"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07301000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM	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
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No of Failure 1	Date(s) of Failure(s) 20-SEP-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 38631		
	Vehicle Speed at Failure(s)		

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 1	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATED THAT WHILE ENGINE WAS RUNNING, HE PUT THE SHIFT LEVER IN PARK AND EXITED THE VEHICLE, AND THE BRAKE WAS NOT ENGAGED, THEN BEGAN TO WALK TOWARD THE REAR OF THE VEHICLE AND IT BEGAN TO BACK UP, HE ATTEMPTED TO JUMP IN THROUGH THE OPEN DOOR BUT THE DOOR JAMB CAUGHT CONSUMER AND THREW HIM TO THE GROUND PARTIALLY UNDER THE CAR AND THE FRONT TIRE ROLLED OVER HIS BODY WHICH CAUSED INJURIES AND DAMAGE TO THE VEHICLE TOO.

*YD

COPIED FROM NHTSA FORM 1058

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.