



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 258

Date Received

15-MAR-2002

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

759380

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1J4GW58N0XC695870	JEEP	GRAND CHEROKE	1999	

Purchase Date 01-MAR-1999	Dealer's Name _____	Engine Size (CID/CC/L) 4.5	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<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 checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	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 Util <input type="checkbox"/> 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
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01200000 07300000 07460000	Part Name(s) STEERING:GEAR BOX POWER TRAIN:TRANSMISSION:AUTOMATIC POWER TRAIN:AXLE ASSEMBLY	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 3	Date(s) of Failure(s) 01-JUL-1998	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) 7418		
	Vehicle Speed at Failure(s) 30		

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	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)

DAIMLER CHRYSLER HAS BEEN AWARE OF THESE PROBLEMS, BEEN ON TSB SOFTWARE , BUT NO RECALL BUT I HAVE BEEN CONTINUED TO BE MISLEAD AND NOW, I WILL PROCEED WITH EITHER THE LEMON LAW OR ARBITRATION AT THIS POINT. FOR A VEHICLE THAT COST \$33,000 YOU WOULD NOT OF EXPECTED THESE TYPES OF PROBLEMS, AND WHEN THEY OCCUR CHRYSLER SHOULD OWN UP TO ITS RESPONSIBILITIES AND FIX THE ISSUES, CUSTOMERS HAVE BEEN MISLEARD IN THINKING THERE GETTING A RELIABLE AND DEPENDABLE VEHICLE AND WITH THIS LAST PROBLEM I HAVE ENCOUNTER , THERE NEEDS TO BE SOME JUSTICE AND COMPENSATION FOR WHAT I HAVE TO PAY OUT , BUT YET I CONTINUE TO PAY MY MONTHLY PAYMENTS .NO SAFETY DEFECT MENTIONE DIN SUMMARY. *AK

COPIED FROM NHTSA FORM 37

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.



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OWNER INFORMATION (Type or Print)

CHARMAINE JOHNSON 743908
2126 MINK DRIVE
BEAR DE 19701

Work Number

Home Number 302 834 6693

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FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part's
01200000 07300000 07460000	STEERING:GEAR BOX POWER TRAIN:TRANSMISSION:AUTOMATIC POWER TRAIN:AXLE ASSEMBLY	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 3	Date(s) of Failure(s) 01-JUL-1998 Mileage at Failure(s) 7418 Vehicle Speed at Failure(s) 30	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

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COPIED FROM NHTSA FORM 375-101

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