



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 436

Date Received

28-DEC-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8001189

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) (Location at bottom of windshield and driver's side door)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
NOT AVAILABLE	JEEP	GRAND CHEROKE	2001	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel
Vehicle Type	Body Style			
☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____			

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 01-DEC-2001 Mileage at Failure(s) 10000 Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ 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 ☒ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE VEHICLE WAS INVOLVED IN A HEAD ON COLLISON. CONSUMER HIT DRIVERS DOOR OF OTHER VEHICLE. AIR BAG DIDN'T DEPLOY, GIVING CONSUMER A FRACTUREED COLLAR BONE AND STERNUM DAMAGE. NO CONTACT WAS MADE WITH THE DEALER AND MANUFACTURER. *AK

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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.

DOT Auto Safety Hotline		AGENCY USE ONLY	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) 		DEFECT INVESTIGATION 731400	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of name and address to the vehicle manufacturer. Signature of Owner		28-DEC-2001 Reference No. 8001189	
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) NOT AVAILABLE		Vehicle Make JEEP	
Purchase Date 05-2001		Vehicle Model GRAND CHEROK	
Dealers Name <u>Antwerpen</u> City <u>Ellicott City</u> State <u>Md</u> Zip Code _____		Vehicle Year 2001	
Engine Size _____ ICID/CC/L No Cylinders <u>6</u>		Current Odometer Reading 9800⁺	
Transmission Type ☐ Manual ☒ Automatic		Antilock Brakes ☒ Yes ☐ No	
Restraint System ☐ 3-Point Belt ☒ Driverside Airbag ☒ Passengerside Airbag		Cruise Control ☒ Yes ☐ No	
Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other		Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 12111000		Part Name(s) INTERIOR SYSTEMS-PASSENGER RESTRAINTS-AIR BAG:FRONT	
Location ☐ Left ☒ Front		Failed Part(s) ☒ Original ☐ Replacement	
No of Failures 1		Date(s) of Failure(s) <u>01-DEC-2001</u> Mileage at Failure(s) <u>10000</u> Vehicle Speed at Failure(s) <u>45 M.P.H</u>	
Failed Part(s) ☒ Yes ☐ No		NHTSA Previously ☐ Yes ☐ 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 ☒ Yes ☐ No		Fire ☐ Yes ☒ No	
Number of Persons Injured 1		Number of Fatalities 0	
Estimated Property Damage \$10,000.00		Reported to Police ☒ Yes ☐ No	
NA RATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) THE VEHICLE WAS INVOLVED IN A HEAD ON COLLISON. CONSUMER HIT DRIVERS DOOR OF OTHER VEHICLE. AIR BAG DIDN'T DEPLOY, GIVING CONSUMER A FRACTUREED COLLAR BONE AND STERNUM DAMAGE. NO CONTACT WAS MADE WITH THE DEALER AND MANUFACTURER. *AK			
CONTINUE ON BACK IF NEEDED			
The Privacy Act of 1974-Public Law 93-573 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.			