



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 241

Date Received

16-JAN-2002

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

Reference No.

8002310

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 windshield and driver's side door)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
PLEASE FILL IN	JEEP	CHEROKEE	2001			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
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 type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input 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 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 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
No of Failure	Dates of Failure(s) 12-JAN-2001 Mileage at Failure(s) 500 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA Previously <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE PARKED AND IDLING VEHICLE JUMP OUT OF GEAR INTO REVERSE AND ROED BACKWARD INTO A FENCE. DRIVER SUSTAINED INJURY TO HIS RIGHT KNEE. FEEL FREE TO PROVIDE ANY FURTHER.*AK

CONTINUE ON REVERSE

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 Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 241 Date Rec'd: 12/18/00 Date: JAN-1-2002 DEFECTS OFFICE INVESTIGATION	
U.S. Department of Transportation National Highway Traffic Safety Administration		Odor: _____ rt_dtl: _____ od_rt: _____ up_itr: _____ Reference No.: 8002310	
OWNER INFORMATION (Type or Print)			
[Redacted]		734244	
FALL CHURCH		VA	
Do you authorize NHTSA to conduct a formal recall to the manufacturer of your vehicle? In the absence of an answer, we will use the name and address to the Signature of Owner		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Date: 7/25/02	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom windshield on driver's side) 1J4FF48S21L534133 PLEASE FILL IN		Vehicle Make: JEEP Vehicle Model: CHEROKEE Vehicle Year: 2001 Current Odometer Reading: 21,400	
Purchase Date: 12/18/2000 <input checked="" type="checkbox"/> New <input type="checkbox"/> Used		Dealer's Name: TYSON'S EAGLE City: VIENNA State: VA Zip Code: _____	
Engine Size (CID/CC/L): _____ No. Cylinders: _____ <input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas Fuel Injection		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 Belt <input type="checkbox"/> Passengerside Airbag Cruise Control: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Drive Train: <input type="checkbox"/> Front 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 Truck <input type="checkbox"/> Motorcycle		Body Style: <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component: 07301000 Part Name(s): POWER TRAIN: TRANSMISSION: AUTOMATIC: INTERLOCK SYSTEM Location: <input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear <input type="checkbox"/> Original Replacement		Failed Part(s): _____	
No. of Failures: _____ Date(s) of Failure(s): 12-JAN-2001 Mileage at Failure(s): 500 Vehicle Speed at Failure(s): _____		Failed Part(s): _____ NHTSA Previously: <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fire: <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Persons Injured: 1 Number of Fatalities: _____ Estimated Property Damage: _____ Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE PARKED AND IDLING VEHICLE JUMP OUT OF GEAR INTO REVERSE AND ROED BACKWARD INTO A FENCE. DRIVER SUSTAINED INJURY TO HIS RIGHT KNEE. FEEL FREE TO PROVIDE ANY FURTHER.*AK			
ECRTWIDE ON BACK IF NEEDED			
(The Privacy Act of 1974-Public Law 93-502) 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.			

