



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 1039

Date Received

19-FEB-2002

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

8004167

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 JEOP	Vehicle Model GRAND CHEROKE	Vehicle Year 1996	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____ Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07301000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 01-FEB-2002 Mileage at Failure(s) 88 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	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE IN PARK VEHICLE JUMPED INTO REVERSE, HITTING CONSUMER. PLEASE ADD VIN # . HAD NOT CONTACTED DEALER.*AK

COPIES OF THIS FORM ARE:

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.



U.S. Department
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National Highway
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Administration

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

1039

Date Received

02 APR - 2 PM 3:19-FEB-2002
OFFICE
DEFECTS INVESTIGATION

Od_or
rt_d
Sqr
up_ltr

Reference No.

8004167

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Work Number

Home

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.) (Located at bottom of windshield on driver's side)		Vehicle Mkt	Vehicle Model	Vehicle Year	Current Odometer Reading
1J4G258XTC301069		JEEP	GRAND CHEROKE	1986	89,300
Purchase Date	Dealer's Name		Engine Siz (CID/CC/L)	☐ Turbo	
3/1996	Bider			☐ Diesel	
☐ New ☒ Used	City	State	No Cylinders	☒ Fuel Injectio	
Philisburg	PA		6		
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag		☒ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel
Vehicle Type		Body Style			
☐ Car ☒ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other		☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck			

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
07301000	POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
	01-FEB-2002		
	Mileage at Failure(s)	☐ Yes ☐ No	☐ Yes ☐ No
	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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

WHILE IN PARK VEHICLE JUMPED INTO REVERSE, HITTING CONSUMER. PLEASE ADD VIN #. HAD NOT CONTACTED DEALER.*AK

CONTINUE ON BACK IF NEEDED

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