Form Approved: OMB No. 2127-0042

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 ____ ____
op_ltr ____ ____

Reference No.: 8004167

[redacted]

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
	JEEP	GRAND CHEROKE	1996	

Purchase Dat		Engine Size	
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L ____ No Cylinders ____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____

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 Failure	Dates of Failure(s) 01-FEB-2002	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s 88	☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☒ 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

CONTINUED ON REVERSE

Form Approved: O.M.B. No. 2127-0006

U.S. Department of Transportation
National Highway Traffic Safety 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: 19-FEB-2002
02 APR -2 PM 3:
OFFICE OF DEFECTS INVESTIGATION

Od_or
rt_dt
Sdzrt
up_ltr

Reference No.: 8004167

[redacted]

Work Number
Home [redacted]

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 Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
1JHG25?8XTC 30 1069	JEEP	GRAND CHEROKE	1986	89,300

Purchase Date: 3/1996 ☐ New ☒ Used
Dealer's Name: Rider
City: Philipsburg State: Pa Zip Code:
Engine Siz (CID/CC/L: ____ No Cylinders: 6
☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☑ Automatic	☑ Yes ☐ No	☐ 3-Point Bell ☐ Motorbelt ☑ Driverside Airbag ☐ 2-Point Bel ☑ Passengerside Airbag	☑ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☑ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☑ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck

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Component	Part Name(s	Location	Failed Part(s
07301000	POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures		Failed Part(s)	NHTSA Previously
	Date(s) of Failure(s): 01-FEB-2002 Mileage at Failure(s): 86 Vehicle Speed at Failure(s):	☐ Yes ☐ No	☐ 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	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