



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

05-MAR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8005039

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 |
| 1J4G268S6XC633526 | JEEP | GRAND CHEROKE | 1999 | |
| Purchase Date | Dealer's Name | Engine Size (CID/CC/L) | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio | |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____ | | |
| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train |
| <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <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 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <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 01000000 03273000 | Part Name(s) STEERING BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB | 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) 22-MAY-2001 | Failed Part(s) | NHTSA Previously |
| | Mileage at Failure(s) 25000 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---------------------------|----------------------|--------------------------|--|

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

STEERING PROBLEM WOULD OCCUR WHEN BRAKES WEERE APPLIED. VEHICLE TAKEN TO DEALER, AND INFORMED CONSUMER OF FRONT BRAKE ROTORS FAILURE. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION. *AK

GOVERNMENT USE ONLY

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) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline | FOR AGENCY USE ONLY 241 Date Received: <u>02 APR -2 PM 12:00</u> 05-MAR-2002 OFFICE DEFECTS INVESTIGATION Od_or _____ rt_dt _____ od_n _____ up_ltr _____ Reference No. 8005039 Work Number _____ Home Number _____ |
| OWNER INFORMATION (To be filled in by owner) [Redacted] 741839 | Signature of Owner: [Redacted] Date: <u>3/13/02</u> |

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorized address to the vehicle manufacturer.
 Signature of Owner: [Redacted] Date: 3/13/02

| VEHICLE INFORMATION | | | | | |
|--|--|---|---|---|---|
| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1J4G268S6XC633526 | Vehicle Mak JEEP | Vehicle Model GRAND CHEROKE | Vehicle Year 1999 | Current Odometer Reading 30,000 | |
| Purchase Date Feb 1999 | Dealer's Name Massey-Yardley | | Engine Siz (CID/CC/L) 4 L | <input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas Fuel Injectio | |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used <i>3 yr lease</i> | City Plantation State FL Zip Code _____ | | No Cylinders 6 | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport Utl Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <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 <input checked="" type="checkbox"/> Truck | | | | | |

| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
|---|--|--|--|
| Component 01000000 03273000 | Part Name(s) STEERING BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB | Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s) <input checked="" type="checkbox"/> Original Replacement |

| | | | |
|----------------|--|---|---|
| No of Failures | Date(s) of Failure(s) 22-MAY-2001 Mileage at Failure(s) 25000 Vehicle Speed at Failure(s) 30 MPH | Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured 0 | 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)

STEERING PROBLEM WOULD OCCUR WHEN BRAKES WEERE APPLIED. VEHICLE TAKEN TO DEALER, AND INFORMED CONSUMER OF FRONT BRAKE ROTORS FAILURE. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION. *AK
Copies of the repair invoice and the letter to Chrysler is enclosed. Chrysler's response, in summary, was "get lost".

**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

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