



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 252

Date Received

13-MAR-2002

Ord. or
rt. dt
od. rt
rp. ltr

Reference No.

8005643

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)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
	JEEP	GRAND CHEROKE	1999			
Purchase Date <input type="checkbox"/> New <input checked="" 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 type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input 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 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	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) _____ 01-JAN-2001 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	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	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS IN PARK INSIDE OF A PARKING LOT, CONSUMER GOT OUT OF VEHICLE FOR A FEW MINUTES; LATER, VEHICLE JUMPED OUT OF GEAR, AND HIT A POLE.*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.



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

OFFICE INVESTIGATION

Reference No. 8005643

743339

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of an agent, provide your name and address to the vehicle manufacturer.

Signature of Owner

[Redacted Signature]

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Locates at bottom of windshield on driver's side) 1J4HW8NS6T0W465

Vehicle Make JEEP

Vehicle Model GRAND CHEROKEE

Vehicle Year 1999

Current Odometer Reading 51000

Purchase Date

Dealer's Name Eastwood Chrysler

City Winnipeg State MB Zip Code R3T5V7

Engine Size (CID/LIT) 8 Turbo Diesel Gas Fuel Injector

Transmission Type Automatic Manual

Antilock Brakes Restraint System Cruise Control Drive Type

Vehicle Type Car Van Minivan Other Truck Sport Util. Truck Motorcycle

Body Style 2-Door 4-Door Stationwagon Truck

Failed Part(s) Information

Component 07300000 Part Name(s) POWER TRAN: TRANSMISSION: AUTOMATIC

Location Front Left Rear Right Failed Part(s) Original Replacement

No of Failures Dates of Failures Mileage at Failures Vehicle Speed at Failures

Failed Part(s) Previously NHTSA Reported to Police

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 Failures? Estimated Property Damage? Reported to Police? Yes No

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

VEHICLE WAS IN PARK INSIDE OF A PARKING LOT, CONSUMER GOT OUT OF VEHICLE FOR A FEW MINUTES; LATER, VEHICLE JUMPED OUT OF GEAR, AND HIT A POLE. AK

Was in parking lot got out of car to get ticket out of dispenser got ticket fished around car was gone looked over and it had ended up falling out a electrical post to plug in cars and ended up against a fence before driving

CONTINUE ON BACK IF NEEDED

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