



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 798

Date Received

08-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8006984

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>(Leave blank for identification purposes)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
N/A	JEEP	WRANGLER	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 type="checkbox"/> Automatic	Antilock Brakes <input 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 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 type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400000	Part Name(s) FUEL: THROTTLE LINKAGES AND CONTROL	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) 05-APR-2002 Mileage at Failure(s) 9000 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)

WHILE GETTING OUT OF THE VEHICLE AND LEAVING IT IN IDLE POSITION VEHICLE STARTED TO ROLL BACK, AND TO ACCELERATE, RUNNING OVER SOME CURBS AND SMALL HILLS BEFORE HITTING A TREE. THEN, GOING FORWARD INTO A FENCE BEFORE STOPPING. CONTACTED DEALER, DEALER WAS NOT WILLING TO DO ANYTHING.*AK

COPIED FROM NHTSA FILE # 01-00000000

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 of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 NATIONWIDE 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

Vehicle Owner's Questionnaire (VOQ)

DATE RECEIVED: APR 20 PM 3:15
 OFFICE: 08-APR-2002
 REFERENCE NO.: 8006984
 WORK NUMBER: 746919

OWNER INFORMATION (Type or Print)

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 front of windshield on driver's side)	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR	Current Odometer Reading
N/A	JEEP	WRANGLER	2001	9800
Purchase Date	Dealer's Name	City, State, Zip Code	Engine Size (CID/KW)	Fuel System
Used <input checked="" type="checkbox"/> New <input type="checkbox"/>	Kohns Sales & Service	St Clair MI 48079	4.0L	Turbo Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio <input type="checkbox"/>
Transmission Type	Antilock Brakes	Rearrest System	Cruise Control	Drive Train
Automatic <input checked="" type="checkbox"/> Manual <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	3-Point Belt <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Wheel <input type="checkbox"/> Other <input type="checkbox"/>
Body Style	Vehicle Type	Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcyde <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/>	Location	Failed Parts
Truck	Truck	Report Util	Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/>	Original <input checked="" type="checkbox"/> Replacement <input type="checkbox"/>

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Parts
06400000	FUEL THROTTLE LINKAGES AND CONTROL	Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/>	Original <input checked="" type="checkbox"/> Replacement <input type="checkbox"/>
No of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)
1	05-APR-2002	9000	

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	0	\$600.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

WHILE GETTING OUT OF THE VEHICLE AND LEAVING IT IN IDLE POSITION VEHICLE STARTED TO ROLL BACK, AND TO ACCELERATE, RUNNING OVER SOME CURBS AND SMALL HILLS BEFORE HITTING A TREE, THEN, GOING FORWARD INTO A FENCE BEFORE STOPPING. CONTACTED DEALER, DEALER WAS NOT WILLING TO DO ANYTHING. *AK

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CONTINUE ON BACK IF NEEDED