



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 1220

Date Received

15-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8007643

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		
1J4FY49S5RP450904	JEEP	WRANGLER	1994			
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 checked="" 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 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 checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08110000	Part Name(s) FUEL:FUEL TANK ASSEMBLY	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) _____ Mileage at Failure(s) _____ 79000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA 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 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 DRIVING IT LEAKS FUEL. TOOK VEHICLE TO DEALER, PROBLEM WAS NOT REMEDIED. HOWEVER, THERE IS A RECALL 94V106000 ON THE THIS ISSUE. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUED ON REVERSE

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.

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CONTINUE ON BACK IF NEEDED

INFORMATION, AK
HOWEVER, THERE IS A RECALL #4V10600 ON THE THIS ISSUE, PLEASE PROVIDE ANY FURTHER
WHILE DRIVING IT LEAKS FUEL. TOOK VEHICLE TO DEALER, PROBLEM WAS NOT REMEDIED.

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

Crash	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Persons Injured		Number of Fatalities		Estimated Property Damage		Reported to Police	Yes <input type="checkbox"/> No <input type="checkbox"/>
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(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

APPLICATION INCIDENT INFORMATION

No of Failures		Date(s) of Failure(s)		Mileage at Failure(s)	79000	Vehicle Speed at Failure(s)		Failed Part(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>	NHTSA Previously	Yes <input type="checkbox"/> No <input type="checkbox"/>
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component	08-110000	Part Name(s)	FUEL:FUEL TANK ASSEMBLY	Location	Left <input type="checkbox"/> Right <input type="checkbox"/>	Failed Part(s)	Original <input type="checkbox"/> Replacement <input type="checkbox"/>
Transmission Type	Automatic <input type="checkbox"/> Manual <input checked="" type="checkbox"/>	Restraint System	3-Point Belt <input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> Driver's Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger's Airbag <input type="checkbox"/>	Cruiase Control	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Drive Trail	Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel <input checked="" type="checkbox"/>
Vehicle Type	Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/>	Motorcycle	Sport Utl <input checked="" type="checkbox"/> Truck <input type="checkbox"/>	Body Style	2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/>	Pick Up <input type="checkbox"/> Stationwagon <input type="checkbox"/> Truck <input type="checkbox"/>	

Purchase Date		Dealers Name		City		State		Zip Code		Engine Siz	4.7	ICID/COL		No Cylinders		Fuel Injectio	Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio <input checked="" type="checkbox"/>
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Vehicle Ident. No. (VIN)	1J4FY49S5RP450904	Vehicle Make	JEEP	Vehicle Model	WRANGLER	Vehicle Year	1994	Current Odometer Reading	
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VEHICLE INFORMATION

Signature of Owner: *[Signature]* Date: 5/11/02

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

In the absence of an authorized signature, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Work Number: 209-574-6284 Home Number: [Redacted]

CHARLIE SWANSON (4651) 2901 BLOSSOMWOOD COURT MODESTO CA 95355