



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 231

Date Received

18-APR-2002

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

8007933

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 door)</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 type="checkbox"/> Other _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03200000	Part Name(s) BRAKES:HYDRAULIC SYSTEM	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 1	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____ 45	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 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
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATES THAT AT 45 MPH AND HIGHER WHEN ACCELERATING AND DECELERATING THERE IS SHIMMING AND VIBRATION IN THE STEERING WHEEL THE DEALER HAS REPLACED THE ROTORS TWICE AND CHANGED THE PADS TWICE AND THE PROBLEM HAS REOCCURRED. NLM

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.

<p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;"><b>FOR AGENCY USE ONLY</b> 231</p> <p>Date Received: <u>MAY 27 2002</u></p> <p style="text-align: center;"><b>18-APR-2002</b></p> <p style="text-align: center;"><b>DEFECTS OFFICE INVESTIGATION</b></p>
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<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>749097</p>	<p>Od_or _____</p> <p>rt_dt _____</p> <p>od_rt _____</p> <p>up_itr _____</p> <p>Reference No. <b>8007933</b></p> <p>Work Number _____</p> <p>Home Nu _____</p>
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Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO

In the absence of \_\_\_\_\_ your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 5/1/02

<p>Vehicle Ident. No. (VIN) (located in bottom of windshield on driver's side)</p> <p><b>1J4GW68NXC599282</b></p>	<p>Vehicle Make</p> <p><b>JEEP</b></p>	<p>Vehicle Model</p> <p><b>GRAND CHEROKE</b></p>	<p>Vehicle Year</p> <p><b>1999</b></p>	<p>Current Odometer Reading</p> <p><b>49675</b></p>
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<p>Purchase Date</p> <p><b>1/24/2000</b></p>	<p>Dealer's Name <b>Mike Shind</b></p>	<p>Engine Size (CID/CC/L)</p> <p>No Cylinders <b>8</b></p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio</p>
<p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>City <b>Jacksonville</b> State <b>FL</b> Zip Code <b>32210-1693</b></p>		

<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p>
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FAILED COMPONENT(S)/PART(S) INFORMATION			
<p>Component</p> <p><b>03200000</b></p>	<p>Part Name(s)</p> <p><b>BRAKES:HYDRAULIC SYSTEM</b></p>	<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</p>	<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No of Failures</p> <p><b>3</b></p>	<p>Date(s) of Failure(s) <b>1st time prior owner 5/9/01 3rd 12/10/01</b></p> <p>Mileage at Failure(s) <b>125,000 2nd 35,000 59,467.65</b></p> <p>Vehicle Speed at Failure(s) <b>45 + when applying brakes</b></p>	<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

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

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

**CONSUMER STATES THAT AT 45 MPH AND HIGHER WHEN ACCELERATING AND DECELERATING THERE IS SHIMMING AND VIBRATION IN THE STEERING WHEEL THE DEALER HAS REPLACED THE ROTORS TWICE AND CHANGED THE PADS ~~THREE~~ AND THE PROBLEM HAS REOCCURRED. NLM**

*once and replaced the rotors this last time saying the old rotors were too thin to turn anymore. These were only for the front brakes.*