



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 436**

Date Received

21-MAY-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8010261

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)<br><small>(Location at bottom of<br/>and/or above windshield)</small>        | Vehicle Make  | Vehicle Model  | Vehicle Year   | Current Odometer Reading   |   |  |
| NOT AVAILABLE   | JEEP  | GRAND CHEROKE  | 1999   |  |   |  |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                | Dealer's Name _____<br>City _____ State _____ Zip Code _____                              |  | Engine Size<br>(CID/CC/L) _____<br>No Cylinders _____                                    | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injectio |   |  |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                     | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____ |

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

|                       |   |  |  |
|-----------------------|---|--|--|
| Component<br>03250000 | Part Name(s)<br>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM   | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Dates of Failure(s) _____<br>Mileage at Failure(s) _____ 32000<br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Polic<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---------------------------|----------------------|--------------------------|---|

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

**WHEN APPLYING BRAKES VEHICLE ROLLS FIRST AND THEN BRAKES CATCH AND RELEASE.PROBLEM HAS PROGRESSED TO WHEN DRIVING AT HIGHWAY SPEEDS VEHICLE CHATTERS WHEN BRAKING. DEALER WAS NOTIFIED. PLEASE PROVIDE MORE INFORMATION.\*AK**

COPIED FROM NHTSA FORM 37

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   |  | FOR AGENCY USE ONLY 435  |  |
|---|--|--|--|
|  U.S. Department of Transportation<br>National Highway Traffic Safety Administration   |  | <b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline   |  |
| OWNER INFORMATION (Type or Print)   |  | Date Received: <u>21-MAY-2002</u><br>OFFICE OF DEFECTS INVESTIGATION   |  |
| [Redacted] 754931<br>RENO NV [Redacted]   |  | Reference No. 8010261<br>Work Number [Redacted]<br>Home Number [Redacted]  |  |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.  |  |  |  |
| Signature of [Redacted]   |  | Date <u>6/10/02</u>  |  |
| Vehicle Identification Number<br><u>1J4GW38S2XC627314</u><br><del>NOT AVAILABLE</del>   | Vehicle's Year<br><u>1999</u>  | Current Odometer Reading<br><u>132,000</u>   |  |
| Purchase Date<br><u>Jan 2000</u>  | Dealer's Name<br><u>Reno Jeep</u>  | Engine Size (CID/CC/L)<br><u>6</u>   | <input type="checkbox"/> Turbo Diesel Gas<br><input checked="" type="checkbox"/> Fuel Injectio   |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used   | City <u>Reno</u> State <u>NV</u> Zip Code _____  | No Cylinders <u>6</u>  |  |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic   | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Bel | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No   |
|   | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other   | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up<br><input checked="" type="checkbox"/> Truck |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>  |  |  |  |
| Component<br><u>03250000</u>  | Part Name(s)<br><u>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</u>   | Location<br><input type="checkbox"/> Left<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear  | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input checked="" type="checkbox"/> Replacement  |
| No of Failures<br><u>2</u>  | Date(s) of Failure(s)<br>Mileage at Failure(s) <u>32000</u><br>Vehicle Speed at Failure(s) <u>N/A</u>                                    | Failed Part(s)<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | NHTSA Previously<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| <b>APPLICATION INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)   |  |  |  |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Number of Persons Injured  | Number of Fatalities   |
| Estimated Property Damage   |  | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>  |  |  |  |
| WHEN APPLYING BRAKES VEHICLE ROLLS FIRST AND THEN BRAKES CATCH AND RELEASE. PROBLEM HAS PROGRESSED TO WHEN DRIVING AT HIGHWAY SPEEDS VEHICLE CHATTERS WHEN BRAKING. DEALER WAS NOTIFIED. PLEASE PROVIDE MORE INFORMATION. *AK<br><u>Rotors must be machined or replaced every six months under normal wear. "Design" problem according to service dept, but not covered under warranty.</u>   |  |  |  |
| CONTINUE ON BACK IF NECESSARY   |  |  |  |
| 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. |  |  |  |