Form Approved: OMB No. 2127-0001

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: 01-JUL-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 8013041

[redacted]

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.)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1J4FX58F3VC752011	JEEP	GRAND CHEROKE	1997	

Purchase Dat: ☐ New ☒ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L ____
No Cylinders ____
☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
07301000	POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	24-MAY-2002	☐ Yes ☐ No	☐ Yes ☐ No

Mileage at Failure(s) 75000
Vehicle Speed at Failure(s) _____

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 Fatalitie	Estimated Property Damag	Reported to Polic
☒ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

VEHICLE WAS IN A IDLING POSITION OF PARK AND SLIPPED INTO REVERSE, SLAMMING INTO MULTIPLE VEHICLES. VEHICLE WAS AT DEALERSHIP BEING SERVICED; CONSUMER WAS OUTSIDE VEHICLE, AND SERVICE TECHNICIAN WAS OPERATING VEHICLE AT THE TIME. PLEASE PROVIDE MORE INFORMATION.*AK

CONTINUE OTHER SIDE IF NEEDED

Form Approved O.M.B No. 2127-0008

U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 436

Date Received 01-JUL-2002

Od_or
rt_dt
od_rt
up_ltr

Reference No. 8013041

OFFICE OF DEFECTS INVESTIGATION

OWNER INFORMATION (Type or Print)

[redacted] [redacted] 761800

SAN DEIGO Diego CA [redacted]

Work Number [redacted]
Home Number [redacted]

Do you authoriz[redacted]our vehicle? ☒ YES ☐ NO
In the absence o[redacted] address to the vehicle manufacturer.
Signature of Ow[redacted] Date 8/12/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
1J4FX58F3VC752011	JEEP	GRAND CHEROKE	1997	

Purchase Date
☐ New ☒ Used

Dealer's Name
City State Zip Code

Engine Siz (CID/CC/L
No Cylinders
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Antilock Brakes: ☒ Yes ☐ No

Restraint System: ☐ 3-Point Bell ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag

Cruise Contro: ☒ Yes ☐ No

Drive Trai: ☒ Front ☐ Rear ☐ 4-Wheel

Vehicle Type: ☐ Car ☐ Sport Uti ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other

Body Style: ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

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07301000	POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures

Date(s) of Failure(s) 24-MAY-2002
Mileage at Failure(s) 75000
Vehicle Speed at Failure(s)

Failed Part(s) ☒ Yes ☐ No

NHTSA Previously ☐ Yes ☒ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	Ø		☒ Yes ☐ No

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CONTINUE ON BACK IF NEEDED

THE FOLLOWING PAGES ARE WITHHELD TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)

(Page 1 through Page 94)

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