


DOT Auto Safety Hotline		FOR AGENCY USE ONLY		335	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline		Date Received: <u>14-NOV-2002</u> Office: <u>DEFECTS INVESTIGATION</u>	
OWNER INFORMATION (Type or Print)				Reference No. <u>8022720</u>	
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				Work Number _____	
In the absence of an authorized address to the vehicle manufacturer?				Home Number _____	
Signature of Owner _____				Date <u>11/14/02</u>	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(located on top of windshield on driver's side)</small>		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
<u>1J4FF6854XL642757</u>		<u>JEEP</u>	<u>CHEROKEE</u>	<u>1999</u>	<u>43,486</u>
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injected	
<u>5-26-99</u>	<u>KUHN SPECIAL SERVICE</u>		<u>4.0</u>		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>ST. CLAIR</u> State <u>MI</u> Zip Code _____		No. Cylinders <u>6</u>		
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
				Vehicle Type	
				<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	
				<input checked="" type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	
				Body Style	
				<input type="checkbox"/> 2-Door <input checked="" 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	Part Name(s)		Location		Failed Part(s)
<u>08205000</u>	<u>LIGHTING:LAMP OR SOCKET:TAIL LIGHTS</u>		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear		<input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)		Failed Part(s) Available?		NHTSA Previously
<u>6</u>	<u>23-OCT-2002</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Mileage at Failure(s) <u>30000</u>			
		Vehicle Speed at Failure(s) <u>62-65</u>			
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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>0</u>	<u>0</u>	<u>0</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
WHILE DRIVING THE VEHICLE DASHLIGHTS, TAILLIGHTS, AND SOME OTHER INSTRUMENT LIGHTS MAY GO OUT. NO WARNING. CONSUMER STATES' AFTER FUSE HAS BEEN CHANGED, TWENTY MINUTES LATER LIGHTS ARE OUT AGAIN. CAUSE IS UNKNOWN. PLEASE PROVIDE ANY FURTHER INFORMATION.					
(OVER)					
CONTINUE ON BACK IF NEEDED					
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 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.					

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

The first occurrence was 12-25-01 Dealer found Bad connection at fuse box located on passenger side about 1/2 way in rear fender. However, no problem until May 02, then once in June, July, Oct, & three times in one night in October, only in Nov. It makes no difference what type of road - (paved, gravel, rock or smooth) or dry or damp or. The Mini 20 amp fuse for tail lights & dash lights just blows.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety Administration
<http://www.nhtsa.dot.gov/hotline>