



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 294

Date Received

27-SEP-1999

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

848756

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>(Listed at front of windshield or drivers side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1J4EV78Y5TC102406 | JEEP | CHEROKEE | 1996 | |

| | | | |
|---|---------------------------------------|------------------------------|--|
| Purchase Date | Dealer's Name _____ | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____ | |

| | | | | | | |
|---|--|---|--|---|---|--|
| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train | Vehicle Type | Body Style |
| <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle | <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 01230000 | Part Name(s) STEERING:UNKNOWN TYPE:GEAR BOX | 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 Failures | Date(s) of Failure(s) _____ Mileage at Failure(s) <u>79</u> Vehicle Speed at Failure(s) _____ | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <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 checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|---------------------------|---|

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

THE STEERING GEAR BOX SHAFT WOBBLER, CAUSING THE VEHICLE TO WONDER WHILE DRIVING. THE DEALER AND MANUFACTURER HAVE BEEN NOTIFIED. *AK

CONTINUED ON BACK PLEASE

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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Od_or _____
rt_dt _____
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up_ltr _____

Reference No.

848756

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>(Listed at front of windshield or drivers side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1J4EV78Y5TC102406 | JEEP | CHEROKEE | 1996 | |

| | | | |
|---|---------------------------------------|------------------------------|--|
| Purchase Date | Dealer's Name _____ | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____ | |

| | | | | | | |
|--|---|---|--|--|--|--|
| Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag | Cruise Control <input type="checkbox"/> Yes <input checked="" 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 Ult <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 01230000 | Part Name(s) STEERING:UNKNOWN TYPE:GEAR BOX | 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 Failures | Date(s) of Failure(s) _____ Mileage at Failure(s) <u>79</u> Vehicle Speed at Failure(s) _____ | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <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 checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|---------------------------|---|

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

THE STEERING GEAR BOX SHAFT WOBBLER, CAUSING THE VEHICLE TO WONDER WHILE DRIVING. THE DEALER AND MANUFACTURER HAVE BEEN NOTIFIED. *AK

CONTINUED ON BACK (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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Date Received

Od_or _____
ri_dt _____
od_rt _____
up_itr _____

OFFICE INVESTIGATION

Reference No.

848756

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an e-mail address, please provide name and address to the vehicle manufacturer.

YES NO

Signature of Owner

[Redacted Signature]

Date 11800 → 1/18/2000

VEHICLE INFORMATION

| | | | | |
|---|-----------------------------|----------------------------------|-----------------------------|---|
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1J4EV78Y5TC102406 | Vehicle Make JEEP | Vehicle Model CHEROKEE | Vehicle Year 1996 | Current Odometer Reading 79,521 |
|---|-----------------------------|----------------------------------|-----------------------------|---|

| | | | |
|---|--|---|--|
| Purchase Date <u>6/98</u> | Dealer's Name <u>MOSS MOTOR COMPANY</u> | Engine Size (CID/CC/L) <u>318CID</u> | <input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City <u>DIVULY</u> State <u>VA</u> Zip Code <u>23936</u> | No Cylinders <u>8</u> | |

| | | | | | | |
|--|---|--|--|---|--|---|
| Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Restraint System <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 | Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Wheel | Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport Utility <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 checked="" 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 01230000 | Part Name(s) STEERING:UNKNOWN TYPE:GEAR BOX | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
|------------------------------|---|--|---|

| | | | |
|----------------|--|--|--|
| No of Failures | Date(s) of Failure(s) <u>SINCE OWNED</u> Mileage at Failure(s) <u>79,521</u> Vehicle Speed at Failure(s) <u>ALL SPEEDS</u> | Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|---------------------------|---|

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

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