



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 151

Data Received 18-JAN-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 855027	

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>(located at front of windshield or drivers side)</small>	Vehicle Make JEEP	Vehicle Model GRAND CHEROKEE	Vehicle Year 1999	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

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

Component 06420000	Part Name(s) FUEL:THROTTLE LINKAGES:ACCELERATOR:RGID	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
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 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
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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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE SWITCHING THE VEHICLE FROM NEUTRAL TO DRIVE OWNER PUT FOOT ON GAS PEDAL AND THE VEHICLE TOOK OFF. OWNER APPLIED BRAKES AND VEHICLE KEPT GOING UNTIL STOPPING ON ITS OWN WILL. ENGINE STILL REVVED WHILE BEING STOPPED WITH THE BRAKES. DEALER SAID THERE WAS NO PROBLEM. *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.


 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 151

Date Received: 00 FEB -8 PM 12:02
 18 JAN 2000
 OFFICE DEFECTS INVESTIGATION

Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No. 855027

Work Number _____
 Home Number _____

OWNER INFORMATION (Type or Print)

[Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorized NHTSA only, NHTSA will not provide your name and address to the vehicle manufacturer.
 Signature of Owner: [Redacted] Date: 1/30/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1J4B25855KC757197	Vehicle Make JEEP	Vehicle Model GRAND CHEROK	Vehicle Year 1999	Current Odometer Reading 6500
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Purchase Date July/99 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name Bob Moore Autoplex City OKC State OK Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders 4 <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
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Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport UK <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 type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06420000	Part Name(s) FUEL:THROTTLE LINKAGES:ACCELERATOR:RIGID Acceleration	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
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No of Failures 1	Date(s) of Failure(s) JAN 4 / 2000 Mileage at Failure(s) 6500 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage 2,861.85	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE SWITCHING THE VEHICLE FROM NEUTRAL TO DRIVE OWNER PUT FOOT ON GAS PEDAL AND THE VEHICLE TOOK OFF. OWNER APPLIED BRAKES AND VEHICLE KEPT GOING UNTIL STOPPING ON ITS OWN WILL. ENGINE STILL REVVED WHILE BEING STOPPED WITH THE BRAKES. DEALER SAID THERE WAS NO PROBLEM. *AK

CONTINUE ON BACK IF NEEDED

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