


DOT Auto Safety Hotline		FOR AGENCY USE ONLY 255	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>		RECEIVED JUN 16 AM 10:4 31-MAY-2000 OFFICE DEFECTS INVESTIGATION	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature of Owner _____ Date <u>6/11/2000</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
<u>1J4G-W58N9XC707921</u>	<u>JEEP</u>	<u>GRAND CHEROK</u>	<u>1999</u>
Current Odometer Reading	Purchase Date		Dealers Name
<u>13000</u>	<u>Apr. 1999</u>		<u>Kelly Jap</u>
	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City/County	State
		<u>Weymouth</u>	<u>MA</u>
		Zip Code	Engine Size (CID/CO/L)
		<u>01970</u>	<u>4.7L</u>
			No Cylinders <u>8</u>
			<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Drive Train
			<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
			Vehicle Type
			<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
			<input checked="" type="checkbox"/> Sport Ute <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
			Body Style
			<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input checked="" 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>95100000</u>	<u>ENGINE</u>	<u>STALL AT A STOP OR IN PARKING LOT MANUEVR</u>	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear
No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
<u>5-10</u>	<u>SINCE NEW</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Mileage at Failure(s)		
	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 Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Estimated Property Damage	Reported to Police
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHENEVER VEHICLE COMES TO A STOP IT STALLS WHEN PULLING OFF TO MAKE A TURN. DEALER HAS BEEN CONTACTED. *AK <u>STALLS 5-10 TIMES SINCE I BOUGHT IT. Throttle body replaced twice. engine/transmission software updated. Dealer said Jeep is aware of the problem. But never correct the problem.</u>			
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.			



U.S. Department of Transportation
 National Highway Traffic Safety Administration
 Information Management Staff NSA-10.01
 400 7th Street, SW
 Washington, DC 20590

POSTAGE WILL BE PAID BY MAIL HWY TRAFFIC SAFETY ADMIN.

BUSINESS REPLY MAIL
 FIRST CLASS PERMIT NO. 79173 WASHINGTON, D.C.

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

NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES



★ U.S. G.P.O. 1992-129-8071-60086

It is very dangerous to make a left turn at a busy intersection. ~~Make~~ The engine stalled once at the middle of an intersection and I was almost hit!

NARRATIVE DESCRIPTION (CONTINUED) * The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.										
THE IDENTIFICATION NO. *										
MANUFACTURER/TIRE NAME		SIZE								
INFORMATION ON THE FAILURE(S) (IF APPLICABLE) Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail										

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

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www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

255

Date Received

31-MAY-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

862746

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 bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	JEEP	GRAND CHEROK	1999	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertial <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000	Part Name(s) ENGINE	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes 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	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				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHENEVER VEHICLE COMES TO A STOP IT STALLS WHEN PULLING OFF TO MAKE A TURN. DEALER HAS BEEN CONTACTED. *AK

CONTINUE ON BACK IF NEEDED

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