

U.S. Department  
of TransportationNational 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

558

Date Received

12-JUN-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

863438

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
1J4GZ58S0TP293324	JEEP	CHEROKEE	1996	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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	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 checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag	<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 03273000	Part Name(s) BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB	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) 01-JAN-2000	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 70000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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	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)

REAR ROTORS ARE ABOUT TO GO OUT. THEY ARE EXPERIENCING THE SAME PROBLEMS AS INDICATED IN MANUFACTURER'S RECALL 10578 CONCERNING FRONT ROTORS. \*AK

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 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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY</b> 558</p> <p>Date Rec'd: <u>00 JUL 10 PM 2:12</u> <u>12-JUN-2000</u></p> <p>OFFICE EFFECTS INVESTIGATION</p>		<p>Od_or _____</p> <p>od_ct _____</p> <p>od_rt _____</p> <p>up_Nr _____</p> <p>Reference No. <b>863438</b></p>	
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>[Redacted] <b>613917</b></p>				<p>Work Number _____</p> <p>Home Number _____</p>			
<p>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</p> <p>In the absence of an authorized signature, you must provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date <u>1/1</u></p>							
<b>VEHICLE INFORMATION</b>							
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p><b>1J4GZ58S0TP293824</b></p>		<p>Vehicle Make</p> <p><b>JEEP</b></p>	<p>Vehicle Model</p> <p><b>CHEROKEE</b></p>	<p>Vehicle Year</p> <p><b>1996</b></p>	<p>Current Odometer Reading _____</p>		
<p>Purchase Date _____</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>Dealer's Name <u>Schaumburg Jeep</u></p> <p>City <u>Schaumburg</u> State <u>ILL</u> Zip Code _____</p>		<p>Engine Size (CID/CC/L) _____</p> <p>No. Cylinders <u>6</u></p>	<p><input type="checkbox"/> Turbo</p> <p><input type="checkbox"/> Diesel</p> <p><input checked="" type="checkbox"/> Gas</p> <p><input type="checkbox"/> Fuel Injection</p>			
<p>Transmission Type</p> <p><input type="checkbox"/> Manual</p> <p><input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt</p> <p><input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt</p> <p><input checked="" type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front</p> <p><input type="checkbox"/> Rear</p> <p><input checked="" type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car</p> <p><input type="checkbox"/> Van</p> <p><input type="checkbox"/> Minivan</p> <p><input type="checkbox"/> Other _____</p> <p><input checked="" type="checkbox"/> Sport Ut</p> <p><input type="checkbox"/> Truck</p> <p><input type="checkbox"/> Motorcycle</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door</p> <p><input type="checkbox"/> 4-Door</p> <p><input type="checkbox"/> Stationwagon</p> <p><input type="checkbox"/> Pick Up Truck</p> <p><input checked="" type="checkbox"/> Other _____</p>
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>							
<p>Component</p> <p><b>03273000</b></p>	<p>Part Name(s)</p> <p><b>BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB</b></p>		<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p><input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original</p> <p><input type="checkbox"/> Replacement</p>		
<p>No of Failures</p> <p><b>2</b></p>	<p>Date(s) of Failure(s) <u>01-JAN-2000</u></p> <p>Mileage at Failure(s) <u>70000</u></p> <p>Vehicle Speed at Failure(s) _____</p>		<p>Failed Part(s) Available?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>NHTSA Previously Contacted?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<b>APPLICATION INCIDENT INFORMATION</b>							
(Please describe in detail the incident(s), Failure(s), Crash(es) and injury(ies) on the back of this form)							
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured _____</p>	<p>Number of Fatalities _____</p>	<p>Estimated Property Damage _____</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>							
<p><b>REAR ROTORS ARE ABOUT TO GO OUT. THEY ARE EXPERIENCING THE SAME PROBLEMS AS INDICATED IN MANUFACTURER'S RECALL 10578 CONCERNING FRONT ROTORS. *AK</b></p>							
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