

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

130

Date Received

23-JUN-2000

Od\_or

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od\_rt

up\_ltr

Reference No.

864384

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.) (located at front of windshield or driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1J4EZ58SXTC108458                                                           | JEEP         | GRAND CHEROK  | 1996         |                          |

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

|                                                                                                       |                                                                                           |                                                                                                                                                                                                                                         |                                                                                          |                                                                                                                    |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other<br><input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                       |                                                      |                                                                                                                                                |                                                                                             |
|-----------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>07300000 | Part Name(s)<br>POWER TRAIN: TRANSMISSION: AUTOMATIC | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|-----------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

|                 |                                                                                                  |                                         |                                           |
|-----------------|--------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| No. of Failures | Dates of Failure(s) _____<br>Mileage at Failure(s) 20 _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br>  Yes   No | NHTSA Previously Contacted?<br>  Yes   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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

TRANSMISSION KEEPS SLIPPING OUT OF GEAR INTO LOWER GEAR, CAUSING VEHICLE TO SLOWDOWN UNEXPECTEDLY. CONSUMER MUST PULL OVER AND CHANGE GEAR. DEALER CANNOT DULPICATE THE DEFECT.\*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.



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OFFICE  
DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 160

Data Received

Ord or \_\_\_\_\_  
rt dt \_\_\_\_\_  
od rt \_\_\_\_\_  
up ltr \_\_\_\_\_

Reference No.

864384

## OWNER INFORMATION (Type or Print)

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

☒ YES☐ NO

In the absence of an owner's signature, please print name and address to the vehicle manufacturer.

Signature of Owner

Date 7/18/2000

## VEHICLE INFORMATION

|                                                                                                                                    |                                                                        |                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                    |                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Vehicle Ident. No. (VIN)<br>(Located at bottom of windshield or driver's side)                                                     | Vehicle Make                                                           | Vehicle Model                                                                                                                                                                                                                                                                                                                | Vehicle Year                                                                                                                                                       | Current Odometer Reading                                                                                       |
| 1J4EZ58SXTC108458                                                                                                                  | JEEP                                                                   | GRAND CHEROK                                                                                                                                                                                                                                                                                                                 | 1996                                                                                                                                                               | 71,000                                                                                                         |
| Purchase Date                                                                                                                      | Dealer's Name                                                          | Engine Size (CID/CC/L)                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection |                                                                                                                |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                              | City SEASIDE State CA Zip Code 94955                                   | No Cylinders 6                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                    |                                                                                                                |
| Transmission Type                                                                                                                  | Antilock Brakes                                                        | Restraint System                                                                                                                                                                                                                                                                                                             | Cruise Control                                                                                                                                                     | Drive Train                                                                                                    |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                                                   | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input checked="" type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> 2-Point Belt                                                                         | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                             | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel |
| Vehicle Type                                                                                                                       |                                                                        | Body Style                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                    |                                                                                                                |
| <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other |                                                                        | <input checked="" type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other |                                                                                                                                                                    |                                                                                                                |

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

|                       |                                                                                                           |                                                                                                                                                |                                                                                                        |
|-----------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Component<br>07300000 | Part Name(s)<br>POWER TRAIN: TRANSMISSION: AUTOMATIC                                                      | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Right<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures        | Date(s) of Failure(s) SPURIOUS SINCE NEW<br>Mileage at Failure(s) 20<br>Vehicle Speed at Failure(s) 40MPH | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                          | NHTSA Previously Contacted?<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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THIS HAS BEEN HAPPENING SINCE CAR WAS UNDER WARRANTY.  
DEALERSHIP INCAPABLE OF REPAIR.

CONTINUE ON BACK IF NEEDED

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