

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 125

Date Received

23-JUN-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

864400

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 on vehicle)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1J4FJ78S8PL180542	JEEP	CHEROKEE	1996	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator Bell <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 Utility 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 checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13420000	Part Name(s) STRUCTURE:DOOR ASSEMBLY:HINGE AND ATTACHMENTS	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <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? 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 <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)

THE PIN WITHIN THE DOOR HINGE ASSEMBLY BROKE, CAUSING DRIVER'S DOOR TO SEPARATE FROM THE HINGE. PLEASE GIVE ANY FURTHER DETAILS.

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 style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	FOR AGENCY USE ONLY 125
	<p>Date Received RECEIVED 23 JUN 2000</p> <p>OFFICE INVESTIGATION</p> <p>Reference No. 864400</p> <p>Work Number _____</p> <p>Home Number _____</p>

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorized signature, please print your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ~~10-29-00~~ **10-14-00**

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) 1J4FJ78S8/L180542	Vehicle Make JEEP	Vehicle Model CHEROKEE	Vehicle Year 1996	Current Odometer Reading 37,000
Purchase Date Nov. 1996	Dealer's Name Miller Mitsubishi		Engine Size (CID/CC/L) No Cylinders 6	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City/State/Zip Weymouth MA 22030		Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Antilock Brakes
Restraint System SEAT BELT		Cruise Control <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Sport Ut
<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag				Body Style <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other Cherokee Country Squire

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 13420006	Part Name(s) STRUCTURE:DOOR ASSEMBLY:HINGE AND ATTACHMENTS	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" 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) Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" 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)

THE PIN WITHIN THE DOOR HINGE ASSEMBLY BROKE, CAUSING DRIVER'S DOOR TO SEPARATE FROM THE HINGE. PLEASE GIVE ANY FURTHER DETAILS.

The Hinge was replaced (same door) Nov. 1998 as a repair (under warranty) that repair held. This time the pin within the hinge broke resulting in a repair bill. This is a safety hazard in that if door fell off you would fall out and get hurt.

The Privacy Act of 1974 (Public Law 93-579) has 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.

DAMAGE REPORT
11/06/98 at 13:03
FAX (540)636-7576

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MOTOR CO.
D.R. 20165-0005203
Est: J. DADISMAN

ROYAL AUTO WORKS INC.
"YOUR QUALITY AUTOBODY REPAIR SHOP"
706 NORTH ROYAL AVE.
FRONT ROYAL, VA 22630-
(540) 636-3188

Owner: MARLOW MOTOR CO.
Address: 707 COMMERCE AVE
FRONT ROYAL VA 22630

Day Phone: [REDACTED]
Other Ph: [REDACTED]
Deductible: \$ N/A

Insurance Co.: Phone:
Claim No.: Adj.:

96 JEEP CHEROKEE 4X4 COUNTRY 4D UTV GREEN 6-4.0L-FI
Vin: 1J4FJ78S8TL180542 License: VA Prod Date: 0/ 0 Odometer: 0

- Power steering
- Body side moldings
- Driver airbag
- Recline/lounge seats
- Clear coat paint
- Power brakes
- Dual mirrors
- Luggage/roof rack
- Hiback bucket seats
- Tinted glass
- Rear window wiper
- Cloth seats
- Aluminum wheels

NO.	OP.	DESCRIPTION OF DAMAGE	QTY	PART COST	LABOR	PAINT	MISC
1		FENDER					
2		LT R&I fender assy	1		1.6		
3		FRONT DOOR					
4		LT R&I door assy w/power units	1		1.2		
5	Repl	LT Door check	1	13.25	0.3		
6*	Repr	REWELD UPPER & LOWER HINGES	1		3.0	1.5	
		Hazardous Waste Removal Fee	1				X 2.00
Subtotals ==>				13.25	6.1	1.5	2.00

*Previous trouble with same door -
under warranty*

