



**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 231**

Data Received  <b>15-SEP-2000</b>	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. <b>870596</b>	

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>(Listed at front of windshield or driver's side)</small> <b>1J4FT27S7PL646370</b>	Vehicle Make <b>JEEP</b>	Vehicle Model <b>CHEROKEE</b>	Vehicle Year <b>1993</b>	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 checked="" type="checkbox"/> Yes <input 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 <b>07300000</b> <b>03250000</b>	Part Name(s) <b>POWER TRAIN:TRANSMISSION:AUTOMATIC</b> <b>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <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 checked="" type="checkbox"/> Yes <input 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)**

**WHEN SHIFTING INTO DRIVE VEHICLE DROVE OUT OF CONTROL. CONSUMER PRESSED BRAKE PEDAL TO FLOOR BOARD AND VEHICLE STILL TRAVELED, CAUSING CONSUMER TO RUN INTO A TREE. MANUFACTURER HAS BEEN NOTIFIED. PLEASE PROVIDE FURTHER INFORMATION. \*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.

CHRYSLER FILE 7694339

Form Approved: O.M.B. No. 2127-0008



U.S. Department of Transportation  
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

### Vehicle Owner's Questionnaire (VOQ)

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FOR AGENCY USE ONLY 231

Date Received  
**15-SEP-2000**

Od or  
rt\_dl  
od\_rt  
up\_hr

OFFICE  
DEFECTS INVESTIGATION

Reference No.  
**870596**

#### OWNER INFORMATION (Type or Print)

638893

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 authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 1/1

#### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <b>1J4FT27S7PL846370</b>	Vehicle Make <b>JEEP</b>	Vehicle Model <b>CHEROKEE</b>	Vehicle Year <b>1993</b>	Current Odometer Reading <b>NOT POSITIVE AROUND 117000</b>
Purchase Date	Dealer's Name <b>CHRYSLER FILE NO. 7694339</b>	Engine Size (CID/G/L) <b>4.0</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders <b>6</b>		

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes	Drive Train <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input checked="" type="checkbox"/> Minivan <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other <b>JEEP CHEROKEE</b>	Body Style <input checked="" type="checkbox"/> 2-Door <input 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 <b>07300000 03250000</b>	Part Name(s) <b>POWER TRAIN:TRANSMISSION:AUTOMATIC BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</b>	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
No of Failures <b>ONE</b>	Date(s) of Failure(s) Mileage at Failure(s) <b>ABOUT 117000</b> Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>ONE</b>	Number of Fatalities <b>NONE</b>	Estimated Property Damage <b>TOTALLED FRONT END AND TOP OF VEHICLE KINKED</b>	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)

WHEN SHIFTING INTO DRIVE VEHICLE DROVE OUT OF CONTROL. CONSUMER PRESSED BRAKE PEDAL ~~TO~~ **TO** ~~THE~~ **THE** ~~DRIVE~~ **DRIVE** BOARD AND VEHICLE STILL TRAVELED, CAUSING CONSUMER TO RUN INTO A TREE. MANUFACTURER HAS BEEN NOTIFIED. PLEASE PROVIDE FURTHER INFORMATION. \*AK  
BRAKES WERE WORKING PERFECTLY WITH A NORMAL HIGH PEDAL FEEL, BUT ENGINE WAS AT FULL THROTTLE AND OVER POWERED REAR BRAKES. WHEELS PROPELLED JEEP FORWARD AT A FAST SPEED EVEN THOUGH FRONT WHEELS LOCKED UP.  
(OVER)

CONTINUE ON BACK IF NEEDED

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

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POSTAGE WILL BE PAID BY NATE HWY TRAFFIC SAFETY ADMIN.

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO. 2713 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. 1992-024-071/02484

THIS STATEMENT IS BY  
VINCENT J. BARBARA - (DRIVER)  
203 ALEXANDRE ST  
FOLSOM, LA. 70437

AT NO TIME DID I USE THROTTLE. HERE IS THE SEQUENCE  
OF THE ACCIDENT: ENTERED JEEP, PUT ON SEATBELT, PRESSED  
BRAKE PEDAL AND HELD IT DOWN WITH RIGHT FOOT.  
TURNED IGNITION ON AND STARTED ENGINE. PRESSED  
CONSOLE RELEASE BUTTON ON GEAR SELECTOR AND PULLED  
LEVER BACK TO (D). ENGINE IMMEDIATELY WENT TO 100% FULL  
THROTTLE. JEEP SHOT FORWARD, REAR WHEELS SPINNING  
AT TOP SPEED AND FRONT WHEELS SLIDING. RIGHT  
FOOT WAS PRESSED DOWN ON BRAKE PEDAL BUT IT DID  
NOT SLOW JEEP DOWN. THE SEAT BELT SAVED MY  
LIFE WHEN I PLOWED INTO A LARGE PINE TREE. THIS  
WAS A MAJOR ACCIDENT. THIS VEHICLE WAS BOUGHT  
NEW BY MY SON KEITH M. BARBARA. PLEASE CHECK  
WITH CHRYSLER REGARDING THIS PROBLEM. I SPENT 4 HOURS  
IN EMERGENCY ROOM.

INFORMATION ON THE FAILURE(S) (IF APPLICABLE)									
* 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.									
NARRATIVE DESCRIPTION (CONTINUED)									
D O T									
MANUFACTURER/TIRE NAME									
SIZE									
THE IDENTIFICATION NO. *									

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail