

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 294

Date Received

16-OCT-2000

Ocl_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

873080

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 drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1J4GW5856XC565811	JEEP	GRAND CHEROKEE	1999	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <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 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 <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <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) 16 _____ 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 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)

WHEN BRAKES ARE APPLIED STEERING WHEEL VIBRATES DUE TO ROTORS BEING OUT OF ROUND.
DEALER HAS INSPECTED VEHICLE. *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.



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OWNER INFORMATION (Type or Print)

647029

DATE RECEIVED
16 OCT 2000

OFFICE
SALES INVESTIGATION

Reference No. 873080

Work Num

Home Number

Date Received

Dr. or

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284

FOR AGENCY USE ONLY

Purchase Date Dec. 1999

Dealers Name Harvat - Bayer

City Morris State MN Zip Code

Engine Size H.O.L. (CID/CYL) 4.0L No Cylinders 4

Transmission Type Automatic

Articlock Brakes Yes

Restraint System 3-Point Belt

Vehicle Style 2-Door

Vehicle Identification No. (VIN) 1J4GW5856XC665811

Vehicle Make JEEP Vehicle Model GRAND CHEROK Vehicle Year 1999

Current Odometer Reading 16,480

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

Signature of Owner

Vehicle Information

Failed Component(s)/Part(s) Information

Failed Part(s) Location

Component 03273000

Part Name(s) BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB

Location Front

Failed Part(s) Original Replacement

No of Failures

Date(s) of Failure(s)

Mileage at Failure(s)

Vehicle Speed at Failure(s)

Application Incident Information

Number of Persons Injured

Number of Failures

Crash

Fire

Number of Persons Injured

Number of Failures

Estimated Property Damage

Reported to Police

Crash

Fire

Number of Persons Injured

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

WHEN BRAKES ARE APPLIED STEERING WHEEL VIBRATES DUE TO ROTORS BEING OUT OF ROUND. DEALER HAS INSPECTED VEHICLE. AK

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CONTACT ON BACK IF NEEDED