

 U.S. Department of Transportation National 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 197	
	Date Received 28-DEC-2000		Od_or _____ rt_dt _____ od_rt _____ up_itr _____
OWNER INFORMATION (Type or Print)		Reference No. 877150	
[Redacted]		663538	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> 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 on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
	JEEP	GRAND CHEROKE	1999			
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"/> Manual	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 3-Point Belt	<input type="checkbox"/> Gas			
<input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Motorbel	<input type="checkbox"/> Fuel Injectio			
<input type="checkbox"/> Driverside Airbag	<input type="checkbox"/> 2-Point Bel	<input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Cruise Control	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Front	<input type="checkbox"/> Rear	<input type="checkbox"/> 4-Wheel	Drive Train			
<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 _____	Vehicle Type			
<input type="checkbox"/> 2-Door	<input type="checkbox"/> 4-Door	<input type="checkbox"/> Stationwagon	Body Style			
<input type="checkbox"/> Pick Up	<input checked="" type="checkbox"/> Truck					

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
No. of Failures 3	Date(s) of Failure(s) 28-DEC-2000 Mileage at Failure(s) 20000 Vehicle Speed at Failure(s) 0	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
WHILE DRIVING COULD STEP ON BRAKE PEDAL AND STEERING WHEEL WILL SHAKE. BRAKE ROTORS HAD TO BE REPLACED THREE TIMES ALREADY. *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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CONTROL ON BACK IS NEEDED

DEALER REPLACED ROTORS AT NO CHARGE
 3 TIMES. VERY HELPFUL.
 ALL SHOCKS WERE REPLACED AT 23,000 MILES.
 WHILE DRIVING COULD STEP ON BRAKE PEDAL AND STEERING WHEEL WILL SHAKE. BRAKE ROTORS HAD TO BE REPLACED THREE TIMES ALREADY. *AK

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

Crash	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	0	Number of Fatalities	0	Estimated Property Damage		Reported to Police	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

APPLICATION INCIDENT INFORMATION

No of Failures	3	Date(s) of Failure(s)	28-DEC-2000	Vehicle Speed at Failure(s)	0	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
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component	03273006	Part Name(s)	BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB	Location	<input type="checkbox"/> Front <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s)	<input checked="" type="checkbox"/> Original Replacement
Transmission Type	<input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual	Antilock Brakes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag	Cruise Control	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	<input checked="" type="checkbox"/> 4-Wheel <input type="checkbox"/> Front <input type="checkbox"/> Rear	Vehicle Type	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style	<input checked="" type="checkbox"/> Sport UT <input type="checkbox"/> Truck <input type="checkbox"/> Motorcyle <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other		

Purchase Date	2/99	Dealer's Name	TOWNSHOCK AUTO	City	TURK	State	PA	Zip Code	
Vehicle ID# (VIN)	1J4GWB54X632017	Vehicle Make	JEEP	Vehicle Model	GRAND CHEROK	Vehicle Year	1998	Current Odometer Reading	23,570
Engine Size (CID/CCL)	4.0	No Cylinders	6	Fuel Injection	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Turbo				

VEHICLE INFORMATION

Signature of Owner _____ Date _____
 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.

OWNER INFORMATION (Type or Print)	683538	Work Number		Home Number	
U.S. Department of Transportation National Highway Traffic Safety Administration www.nhtsa.dot.gov/hotline 1-888-327-4236 NATIONWIDE 1-888-DASH-2-DOT	Vehicle Owner's Questionnaire (VOQ)	Date Received	28-DEC-2000	Reference No.	877150
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