

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 125</p>			
<p>OWNER INFORMATION (Type or Print)</p>		<p>Date Received</p> <p>09-JAN-2001</p>		<p>Od_or _____ rt_rt _____ od_rt _____ up_tr _____</p>			
<p>665732</p>		<p>Reference No.</p> <p>877765</p>		<p>Work Number _____</p> <p>Home Number _____</p>			
<p>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.</p>							
<p>Signature of Owner _____ Date ____/____/____</p>							
<p align="center">VEHICLE INFORMATION</p>							
<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)</p>		<p>Vehicle Mkr</p> <p>JEEP</p>	<p>Vehicle Make</p> <p>CHEROKEE</p>	<p>Vehicle Year</p> <p>1993</p>	<p>Current Odometer Reading</p>		
<p>Purchase Date</p>	<p>Dealers Name _____</p>		<p>Engine Siz (CID/CC/L) _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectic</p>	<p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		
<p>City _____ State _____ Zip Code _____</p>	<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p> <p><input type="checkbox"/> Motorbolt <input type="checkbox"/> 2-Point Bel</p>	<p>Cruise Control</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>		
<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____</p>	<p>Sport Ut Truck Motorcycle</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck</p>					
<p align="center">FAILED COMPONENT(S)/PART(S) INFORMATION</p>							
<p>Component</p> <p>12250000</p>	<p>Part Name(s)</p> <p>INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES</p>		<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part/s</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>		
<p>No of Failures</p>	<p>Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p align="center">APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>							
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Fatalities</p>	<p>Estimated Property Damag</p>	<p>Reported to Polic</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p align="center">NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>							
<p>BUCKLE ON DRIVER'S LAP AND SHOULDER BELT DOES NOT LOCK INTO LATCH MECHANISM,CAUSING SEAT BELT TO BECOME INOPERABLE. PLEASE GIVE ANY FURTHER DETAILS.*AK</p>							
<p align="right">CONTINUE ON BACK IF NEEDED</p>							
<p>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 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>							