



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 117

Date Received

02-MAR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

881983

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1J4GZ58S3PC107814	JEEP	CHEROKEE	1993			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <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 Util <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 _____

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"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) 01-MAR-2001 36 Mileage at Failure(s) _____	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)



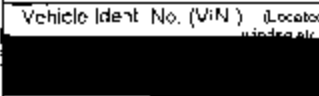
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN OPENING DRIVER'S SIDE DOOR FELL OFF THE HINGES. WAS TRYING TO CLOSE SAME DOOR, AND IT FAILED TO LOCK. *AK

COPIED FROM NHTSA FORM 117

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.

DOT Auto Safety Hotline				FOR AGENCY USE ONLY 117	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		Date Received 02-MAR-2001	
OWNER INFORMATION (Type or Print)				Reference No.	
				881983	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner _____				Date 6-1-00	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield, drivers side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
		JEEP	CHEROKEE	1993	122526
Purchase Date		Dealer's Name		Engine Size (CID/CC/L)	<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 Code _____		No. Cylinders _____	
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
Vehicle Type		Body Style			
<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component	Part Name(s)		Location		Failed Part(s)
13420000	STRUCTURE:DOOR ASSEMBLY:HINGE AND ATTACHMENTS		<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s)		Failed Part(s) Available?		NHTSA Previously Contacted?
	C1-MAR-2001		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s)				
	36				
	Vehicle Speed at Failure(s)				
APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)					
Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0	\$315.24	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
WHEN OPENING DRIVER'S SIDE DOOR FELL OFF THE HINGES. WAS TRYING TO CLOSE SAME DOOR, AND IT FAILED TO LOCK. *AK <i>Driving car Door flung open when turning corner</i> <i>Defect in hinge</i>					
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.					

KING O'ROURKE AUTO GROUP

756 SMITHTOWN BY PASS
SMITHTOWN, NEW YORK 11787

Thank You

FOR BRINGING YOUR CAR
TO US FOR SERVICE

SALES
(631) 724-4700

SERVICE
(631) 724-4700

PARTS
(631) 724-4113

N.Y. STATE REG. REPAIR SHOP NO 703 1912

94001

ALL PARTS ARE NEW UNLESS OTHERWISE NOTED
ANY WARRANTIES ON THE PRODUCTS SOLD HEREBY ARE THOSE MADE BY THE MANUFACTURER. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR ANY LIABILITY IN CONNECTION WITH THE SALE OF SAID PRODUCTS.

THESE REPAIRS ARE COVERED BY A LIMITED WARRANTY: LABOR AND MATERIALS - (6 DAYS OR 400 MILES, WHICHEVER COMES FIRST) WARRANTY REPAIRS TO BE PERFORMED AT SELLER'S PLACE OF BUSINESS

THE FOLLOWING ARE NOT COVERED BY WARRANTY: FRONT END ALIGNMENT - COOLANT AND COOLANT LEAKS - AIR CONDITIONING SEAL LEAKS - ROUGHES - ELECTRICAL WIRING AND SHORTS WHEN NOT RELATED TO ORIGINAL REPAIR - FUEL SYSTEM - WHEN DUE TO CONTAMINATION, TIRES AND BATTERIES WARRANTED AT MANUFACTURER'S OPTION. THIS WARRANTY DOES NOT COVER CONDITIONS RESULTING FROM ABUSE, NEGLIGENCE, ACCIDENT OR ALTERATIONS.

CUSTOMER ACKNOWLEDGES

RECEIPT OF COPY

CUSTOMER NO. 49947	ADVISOR JERRY P. LIA	CARD NO. 365	INVOICE DATE 03/09/01	INVOICE NO. BCEP44604
	LABOR RATE \$9.00	LICENSE NO. BY462P	COLOR BLK	STOCK NO.
	YEAR / MAKE / MODEL 93 / JEEP / CHEROKEE LAREDO	MILEAGE IN 122302	DELIVERY DATE	DELIVERY MILES
	SELLING DEALER NO.		PRODUCTION DATE	
			R.O. DATE 03/09/01	
				MILEAGE OUT NO: 122302

LABOR & PARTS
JOB # 25002
DIAG BODY EXTERIOR HOURS: TECH(S) 153/19 159.00
LT DOOR LATCH HOP AND DOOR DROPPING WHEN OPENING
INSTALL NEW PARTS LISTED AND REPAIR AND REFINISH DOOR FRAME
AT LATCH MOUNTING POINT

PARTS	QTY	FP NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	
JOB # 1	1	55076201AD	55076201 HINGE	14.10	14.10	14.10
JOB # 1	1	55295893AD	55295893 HINGE	45.50	45.50	45.50
JOB # 1	1	4798915AB	4798915A LATCH	71.60	71.60	71.60
JOB # 1 TOTAL PARTS						131.20
JOB # 1 TOTAL LABOR & PARTS						291.20

MISC	CODE	DESCRIPTION	CONTROL NO	
JOB # 1		PN PAINT AND MATERIALS		10.00
TOTAL - MISC:				10.00

ESTIMATE
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING ORIGINAL ESTIMATE OF \$300.00 (TAXES EXCLUDED)

TOTALS	TOTAL LABOR	150.00
	TOTAL PARTS	131.20
	TOTAL SUBLET	0.00
	TOTAL G.O.G.	0.00
	TOTAL MISC CHG.	10.00
	TOTAL MISC DISC	0.00
	TOTAL TAX	24.04
	TOTAL INVOICE \$	315.24