



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 252

Date Received

07-MAR-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

882410

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)<br><small>(Locate at bottom of<br/>windshield or driver's side)</small> |                                                                        | Vehicle Make                                                                                                                         | Vehicle Model                                                          | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                                               |
| 1J4GZ58S7VC735162                                                                                |                                                                        | JEEP                                                                                                                                 | CHEROKEE                                                               | 1997                                                                                                                                         |                                                                                                                                                                                                                        |
| Purchase Date                                                                                    | Dealer's Name _____                                                    |                                                                                                                                      | Engine Size<br>(CID/CC/L _____)                                        | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><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                                                                                                                                                                                                           |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                            | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____                                                                               |
|                                                                                                  |                                                                        | <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Bel                                                           |                                                                        | <input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle                                  | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____ |

### FAILED COMPONENT(S)/PART(S) INFORMATION

|                             |                                                         |                                                                                                                                          |                                                                                             |
|-----------------------------|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>03270000       | Part Name(s)<br>BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure<br>0          | Date(s) of Failure(s)<br>21-FEB-2001                    | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                |
| Mileage 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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Fatalities<br>0 | Estimated Property Damag<br>_____ | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|---------------------------|-----------------------------------|-------------------------------------------------------------------------------------------|

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

WHEN APPLYING BRAKES THERE IS PULSATING AND GRINDING, AND BRAKES ARE WARPED.  
DEALERSHIP IS AWARE OF PROBLEM. \*AK

COPIES OF THIS FORM ARE:

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.

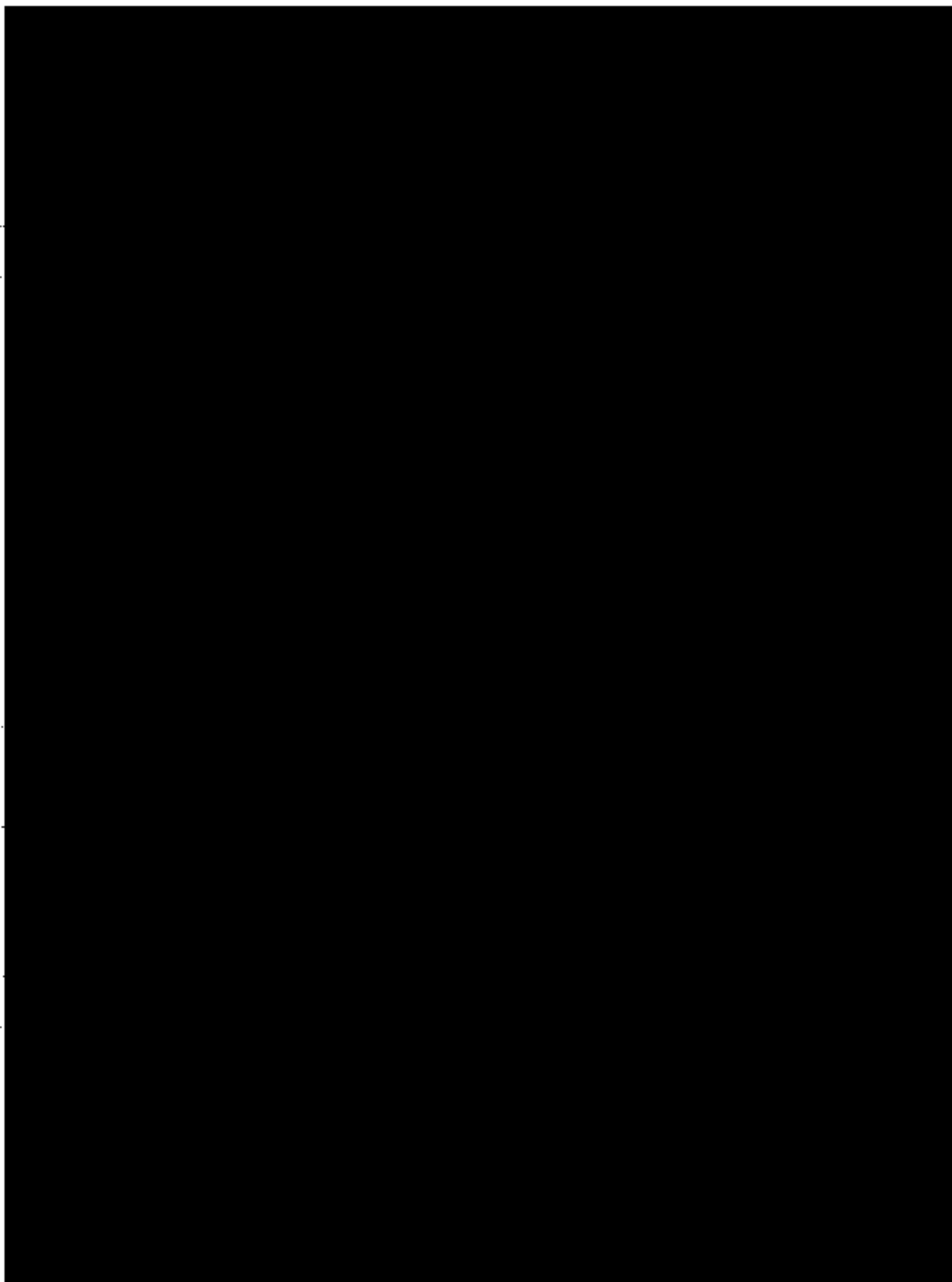
|                                                                                                                                                                                                                                  |                                                                                                                 |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div style="text-align: center;"> <b>DOT Auto Safety Hotline</b><br/> <b>Vehicle Owner's Questionnaire (VOQ)</b><br/> <b>NATIONWIDE 1-888-DASH-2-DOT</b><br/> <b>1-888-327-4236</b><br/> <b>www.nhtsa.dot.gov/hotline</b> </div> |                                                                                                                 | <b>FOR AGENCY USE ONLY</b> 252                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                  |                                                                                                                 | Date Received <b>07-MAR-2001</b><br>OFFICE OF THE ASSISTANT SECRETARY                                                                                                                                                                                   | Od_or<br>ft_dt<br>od_rt<br>up_itr                                                                                                                                                                                                                                         |
| <b>OWNER INFORMATION (Type or Print)</b><br><div style="background-color: black; width: 400px; height: 40px; margin-bottom: 5px;"></div> <div style="float: right; text-align: right;">678999</div>                              |                                                                                                                 | Reference No.<br><div style="text-align: right;">882410</div>                                                                                                                                                                                           |                                                                                                                                                                                                                                                                           |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of an authorized signature, please print name and address to the vehicle manufacturer.                                 |                                                                                                                 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                     |                                                                                                                                                                                                                                                                           |
| Signature of Owner <div style="background-color: black; width: 200px; height: 20px; display: inline-block;"></div>                                                                                                               |                                                                                                                 | Date <b>3/10/01</b>                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                           |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                       |                                                                                                                 |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                           |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br><div style="background-color: black; width: 200px; height: 20px; display: inline-block;"></div>                                                   | Vehicle Make<br><b>JEEP</b>                                                                                     | Vehicle Model<br><b>CHEROKEE</b>                                                                                                                                                                                                                        | Vehicle Year<br><b>1997</b>                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                  |                                                                                                                 | Current Odometer Reading<br><b>40,100</b>                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                           |
| Purchase Date<br><b>10-2000</b><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                         | Dealer's Name _____<br>City _____ State _____ Zip Code _____                                                    |                                                                                                                                                                                                                                                         | Engine Size (CID/CC/L) _____<br>No Cylinders <b>6</b><br><input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection                                                          |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                                                                                                                            | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                       | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                  |
|                                                                                                                                                                                                                                  |                                                                                                                 | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel                                                                                                                           | Vehicle Type<br><input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ |
|                                                                                                                                                                                                                                  |                                                                                                                 | Body Style<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4 Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____                       |                                                                                                                                                                                                                                                                           |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                   |                                                                                                                 |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                           |
| Component<br><b>03270000</b>                                                                                                                                                                                                     | Part Name(s)<br><b>BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM</b><br><b>Rotors</b>                                 | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear                                                                                                     | Failed Part(s)<br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement<br><b>Both.</b>                                                                                                                                                       |
| No of Failures<br><b>0</b>                                                                                                                                                                                                       | Date(s) of Failure(s) <b>21-FEB-2001</b><br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) <b>0</b> | Failed Part(s) Available?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                        | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                        |
| <b>APPLICATION INCIDENT INFORMATION</b>                                                                                                                                                                                          |                                                                                                                 |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                           |
| (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)                                                                                                                     |                                                                                                                 |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                           |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                     | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                     | Number of Persons Injured<br><b>0</b>                                                                                                                                                                                                                   | Number of Fatalities<br><b>0</b>                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                  |                                                                                                                 | Estimated Property Damage<br><b>0</b>                                                                                                                                                                                                                   | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                 |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                             |                                                                                                                 |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                           |
| WHEN APPLYING BRAKES THERE IS PULSATING AND GRINDING, AND BRAKES ARE WARPED.<br>DEALERSHIP IS AWARE OF PROBLEM. *AK<br><b>Rotors were replaced twice (recall)</b>                                                                |                                                                                                                 |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                           |

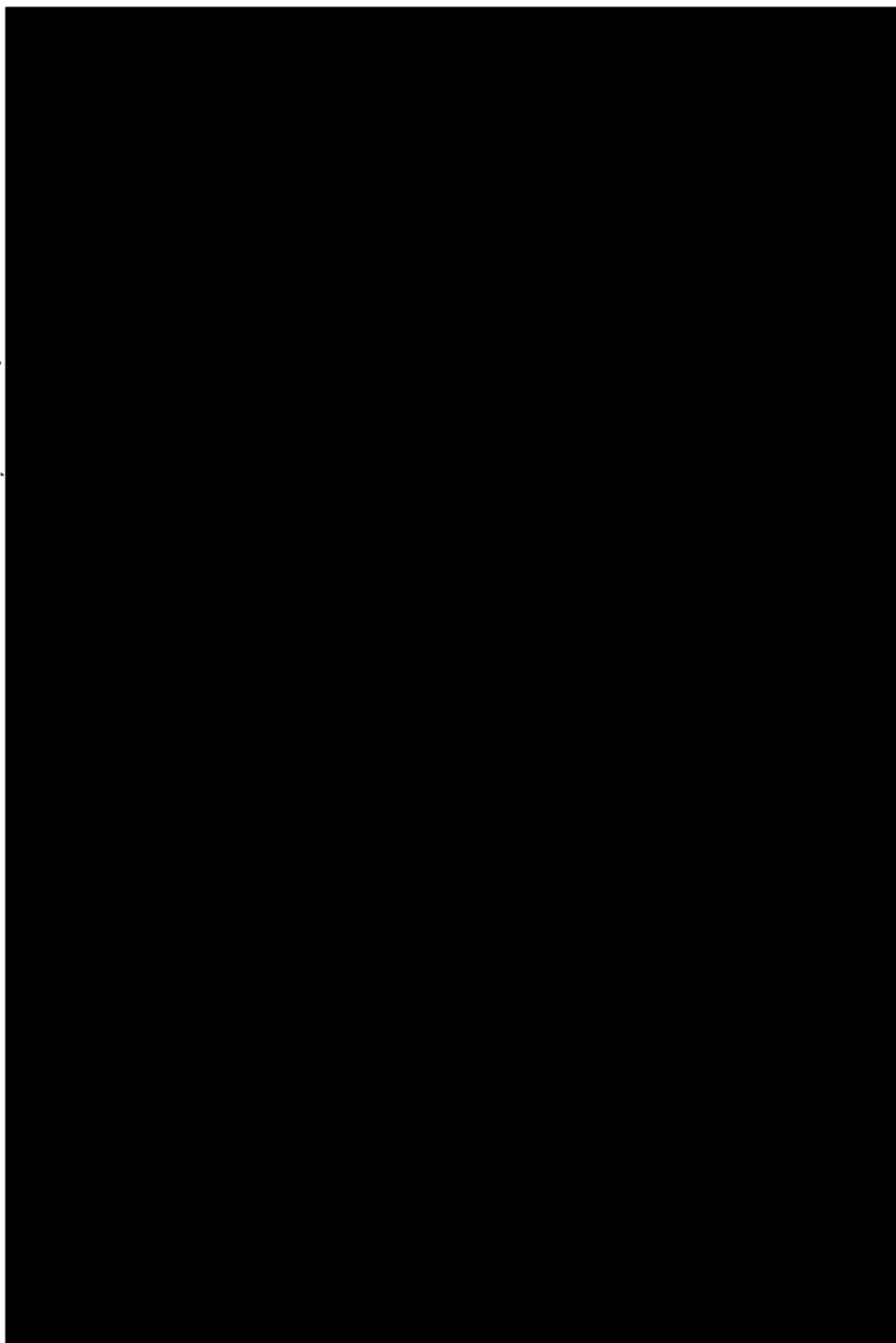
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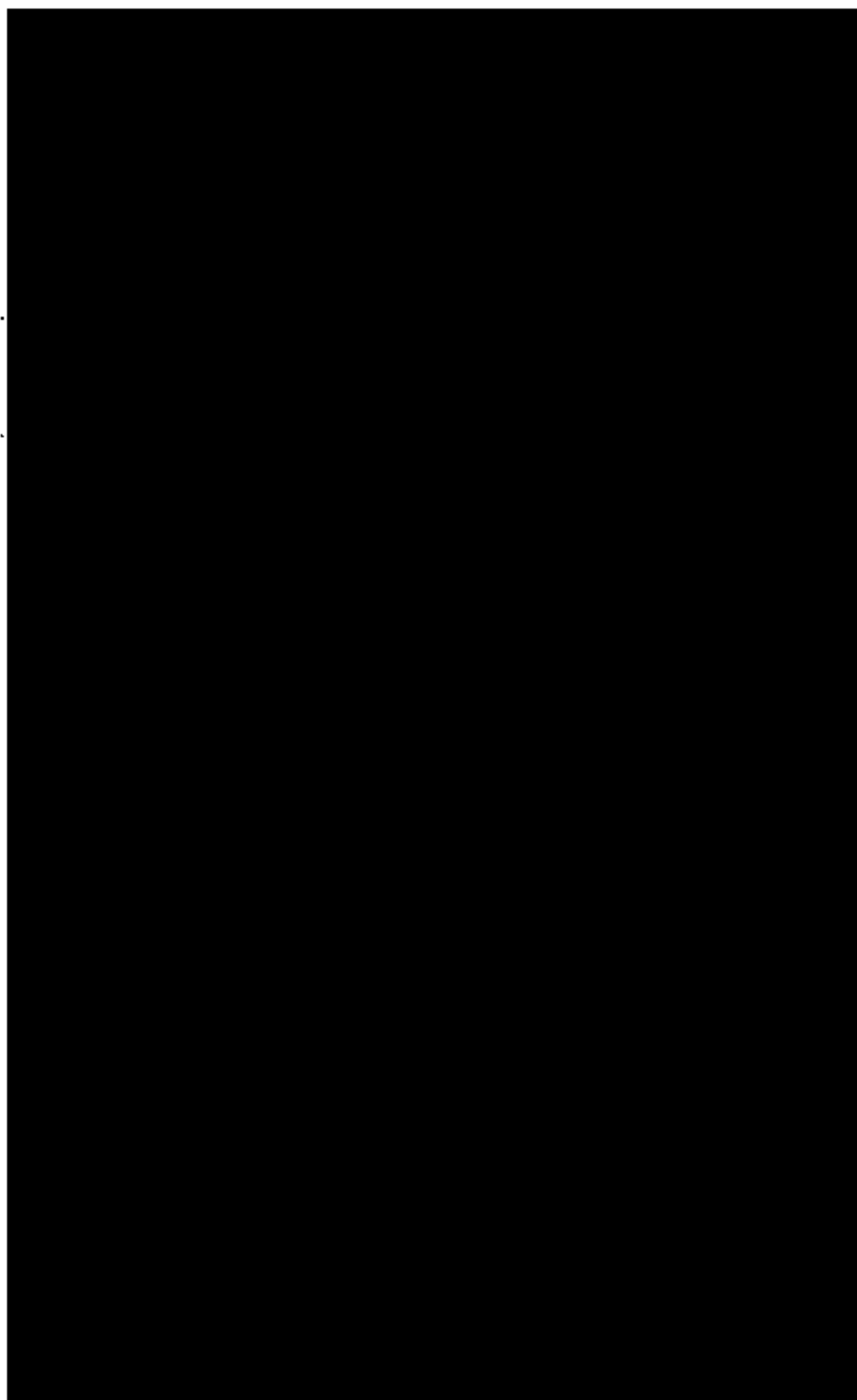
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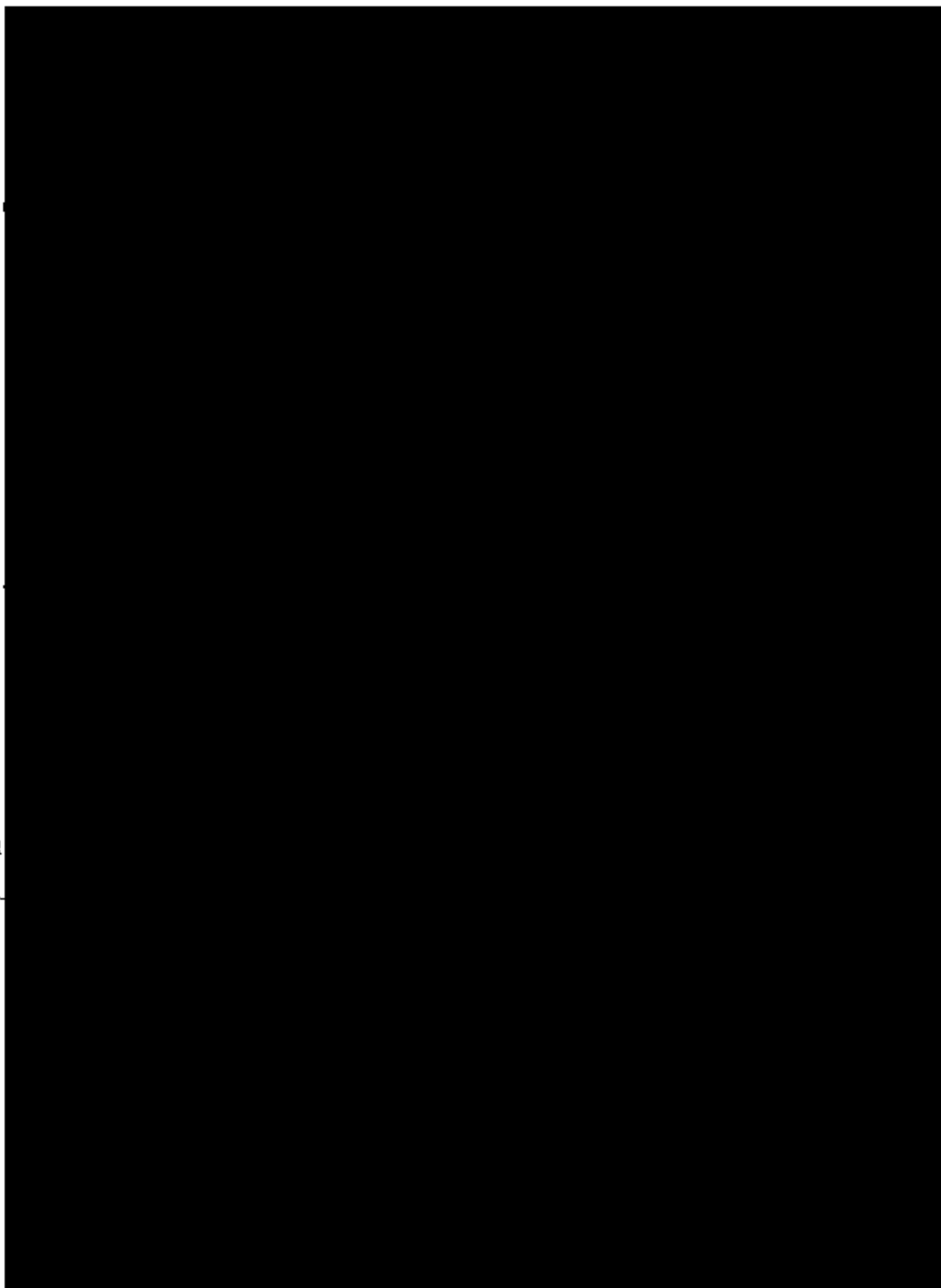
THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page   4   through Page  11 )

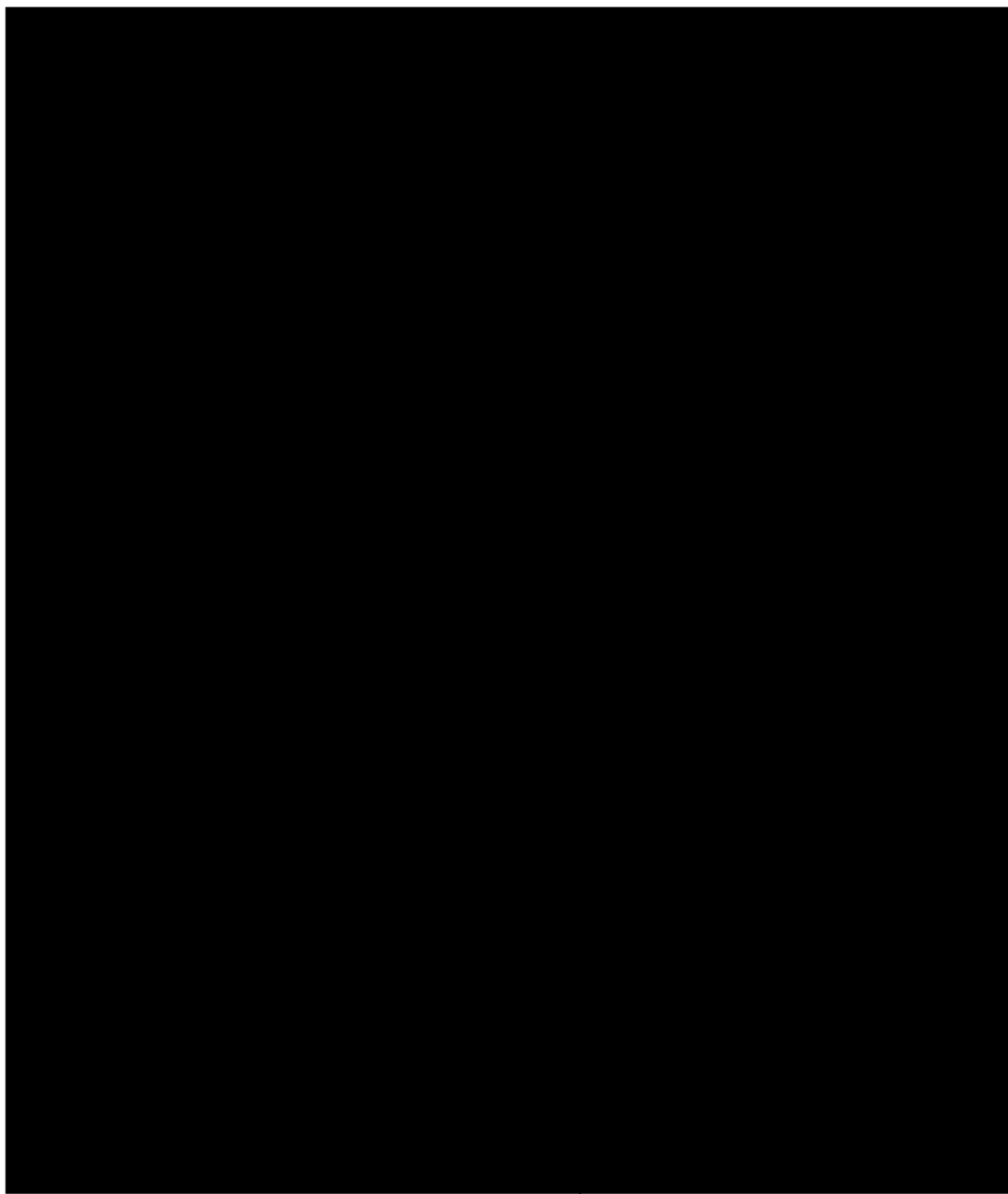








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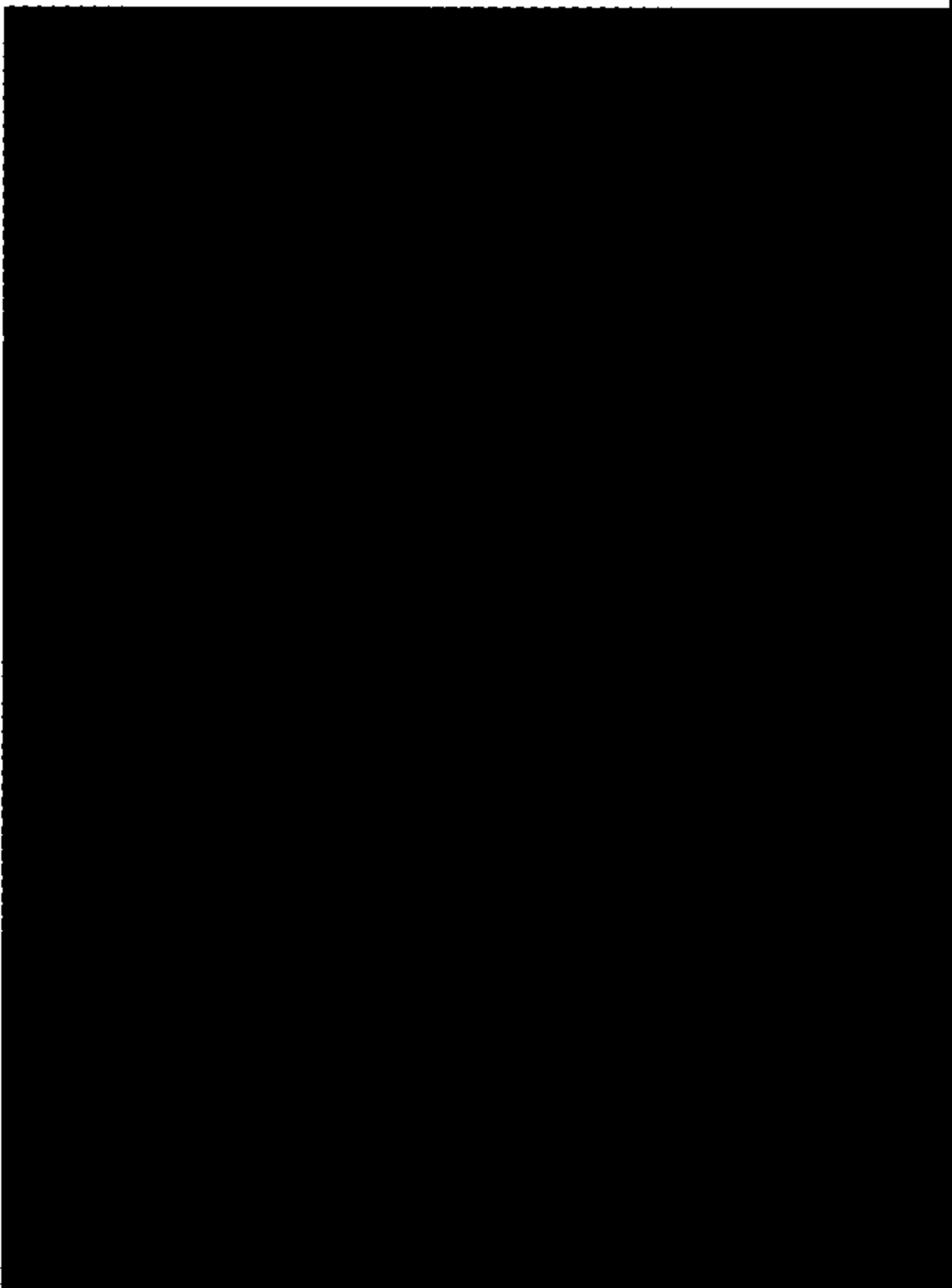
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Thank you. We appreciate your interest.

*Thank you. We appreciate your business!*



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