



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 798

Date Received

30-APR-2001

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

Reference No.

887073

OWNER INFORMATION (Type or Print)

DALE J DAVIES 689274
 327 FOURTH STREET
 ELYRIA OH 44035

Work Number

Home Number 440-323-3509

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>(Locate at bottom of windshield or driver's side door)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1J4FF68S4XL621195	JEEP	CHEROKEE	1999	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injectio

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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	<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"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	<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	Part Name(s)	Location	Failed Part's
03273000	BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB	<input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement



Vehicle Owner's Questionnaire (VOQ)

DOT Auto Safety Hotline

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

OWNER INFORMATION (Type or Print)

689274

887073

Date Received 30-APR-2001

Od. or
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up. in

FOR AGENCY USE ONLY 798

Do you authorize in the absence of your signature or signature of Owner?

YES NO

provide your name and address to the vehicle manufacturer.

Date 5/11/2001

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 1J4FF6894XL621195

Vehicle Make JEEP

Vehicle Model CHEROKEE

Vehicle Year 1989

Current Odometer Reading 18532

Purchase Date

Dealer's Name NIK ABRAHAM

Engine Size CID/CYL 4.0

Turbo
Diesel
Gas
Fuel Injection

Transmission Type Automatic Manual

Antilock Brakes Yes No

Restraint System 3-Point Belt Motorbelt 2-Point Belt Driver's Side Airbag Passenger's Side Airbag

Cruise Control Yes No

Drive Train Front Rear 4-Wheel

Vehicle Type Car Van Minivan Other Truck Motorcycle Sport Ut. Stationwagon Pick Up Truck Other

Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

Component 02273000

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

Location Front Left Right Rear Faded Part(s) Original Replacement

No of Failures

Date(s) of Failure(s) 31-MAR-2001

Mileage at Failure(s) 8

Vehicle Speed at Failure(s)

Failed Part(s) Available? Yes No
NHTSA Previously Contacted? Yes 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 Yes No

Fire Yes No

Number of Persons Injured

Number of Fatalities

Estimated Property Damage

Reported to Police Yes No

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

ROTORS WENT BAD ONLY 18,000 MILES ON VEHICLE. CONSUMER HAS TAKEN VEHICLE IN FOR ROTORS TWICE. CONTACTED DEALER, AND DEALER WAS NOT WILLING TO DO ANYTHING. AK

CONTROL ON BACK IF NEEDED

The Privacy Act of 1974 (Public Law 93-579) requires that information requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.

**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)**

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