



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 284**

Date Received

14-MAY-2001

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

Reference No.

888177

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>(Location at bottom of<br/>windshield and driver's side)</small> |                                                                        | Vehicle Make                                                                                                                                                                                                       | Vehicle Model                                                          | Vehicle Year                                                                                                                                                                                             | Current Odometer Reading                                                                                                                                                                                                                                |
| 154G25857XC728672                                                                                   |                                                                        | JEEP                                                                                                                                                                                                               | CHEROKEE                                                               | 1999                                                                                                                                                                                                     |                                                                                                                                                                                                                                                         |
| 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 checked="" type="checkbox"/> New <input 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<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Bel | <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 _____<br><input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle |
|                                                                                                     |                                                                        |                                                                                                                                                                                                                    |                                                                        | Body Style                                                                                                                                                                                               |                                                                                                                                                                                                                                                         |
|                                                                                                     |                                                                        |                                                                                                                                                                                                                    |                                                                        | <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>05150000 | Part Name(s)<br>ENGINE:OTHER PARTS                                        | 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         | Date(s) of Failure(s)<br>09-MAY-2001<br>41<br>Mileage at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><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<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 | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|

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

**WHILE DRIVING VEHICLE STALLED OUT AND DIED WITHOUT WARNING. DEALER HAS REPLACED CRANK AND CRAM SENSOR. \*AK**

COPIES OF REPORTS ARE KEPT

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.

|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline |                                                                                                                  | <b>FOR AGENCY USE ONLY</b> 284                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                  | Date Received <b>01 JUL -3 AM 11:14</b><br><b>14-MAY-2001</b><br><b>OFFICE</b><br><b>DEFECTS INVESTIGATION</b>                                                                                                                                                                                                                                                                                                                                             |                                                                                                    |
| <b>OWNER INFORMATION (Type or Print)</b><br><div style="background-color: black; width: 400px; height: 40px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 400px; height: 40px; margin-bottom: 5px;"></div> 591908                                                                                        |                                                                                                                  | Od. or <input type="checkbox"/><br>Id. <input type="checkbox"/><br>od_rt <input type="checkbox"/><br>up_ltr <input type="checkbox"/><br>Reference No. <b>888177</b>                                                                                                                                                                                                                                                                                        |                                                                                                    |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.                                                        |                                                                                                                  | Work Number <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div><br>Home Number <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div>                                                                                                                                                                                                                                 |                                                                                                    |
| Signature of Owner <div style="background-color: black; width: 200px; height: 20px; display: inline-block;"></div> Date <b>6/25/01</b>                                                                                                                                                                                              |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                          |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |
| Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)<br><b>154G26857XC728672</b>                                                                                                                                                                                                                             |                                                                                                                  | Vehicle Make<br><b>JEEP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                | Vehicle Model<br><b>CHEROKEE</b>                                                                   |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                  | Vehicle Year<br><b>1999</b>                                                                                                                                                                                                                                                                                                                                                                                                                                | Current Odometer Reading<br><b>43117</b>                                                           |
| Purchase Date _____                                                                                                                                                                                                                                                                                                                 |                                                                                                                  | Dealer's Name <b>Danet Motors</b><br>City <b>St. Martineville</b> State <b>LA</b> Zip Code <b>70562</b>                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                                                                                                               |                                                                                                                  | Engine Size (CID/CC/L) _____<br>No Cylinders <b>10</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |
| Transmission Type<br><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                  |                                                                                                                  | Antilock Brakes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |
| Restraint System<br><input type="checkbox"/> 3-Point Bel: <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag                                                                                        |                                                                                                                  | Cruise Control<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    |
| Drive Train<br><input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel                                                                                                                                                                                                             |                                                                                                                  | Vehicle Type<br><input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport Ult <input type="checkbox"/> 2-Door<br><input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> 4-Door<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Other <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other |                                                                                                    |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                      |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |
| Component:<br><b>05160000</b>                                                                                                                                                                                                                                                                                                       | Part Name(s)<br><b>ENGINE: OTHER PARTS</b>                                                                       | 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 <input type="checkbox"/> Replacement           |
| No of Failures _____                                                                                                                                                                                                                                                                                                                | Date(s) of Failure(s) <b>09-MAY-2001</b><br>Mileage at Failure(s) <b>41</b><br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>APPLICATION INCIDENT INFORMATION</b><br>(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>                                                                                                                                                                                                                                                                |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |
| <b>WHILE DRIVING VEHICLE STALLED OUT AND DIED WITHOUT WARNING. DEALER HAS REPLACED CRANK AND CRAM SENSOR. *AK</b>                                                                                                                                                                                                                   |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |

CONTINUE ON BACK IF NEEDED

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