



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 758

Date Received

29-JUN-2001

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

Reference No.

891657

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		
1J4GW58S2XC591984	JEEP	GRAND CHEROKE	1999			
Purchase Date <input checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input 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	Cruise Control <input checked="" type="checkbox"/> Yes <input 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 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	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-JUN-2000 31000 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 USING CRUISE CONTROL AND DRIVING UPHILL, VEHICLE WILL DOWNSHIFT TO FIRST GEAR, CAUSING DRIVER TO BE THROWN FORWARD. DEALER STATED THIS WAS A KNOWN PROBLEM, AND CHRYSLER DID NOT HAVE A REMEDY. *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.

DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	RECEIVED 01 JUL 23 PM 12:19 29-JUN-2001 OFFICE EFFECTS INVESTIGATION	FOR AGENCY USE ONLY 758 Date Received 29-JUN-2001	Od. or ri_dt _____ od_rt _____ up_itr _____
	OWNER INFORMATION (Type or Print) <div style="background-color: black; width: 100%; height: 20px; margin-bottom: 5px;"></div> 699915		Reference No. 891657 Work Number _____ Home Number _____
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 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner <u>Fred Roberts</u>		Date <u>7/17/01</u>	

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield or driver's door)</small> 1J4GW58S2XC591984	Vehicle Make JEEP	Vehicle Model GRAND CHEROK	Vehicle Year 1999	Current Odometer Reading 33000
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name <u>KUNTZ MOTORS</u> City <u>MARLBORO</u> State <u>PA</u> Zip Code <u>15757</u>	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____		Body Style <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	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 Failures	Date(s) of Failure(s) <u>01-JUN-2000</u> Mileage at Failure(s) <u>31000</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage

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

WHEN USING CRUISE CONTROL AND DRIVING UPHILL, VEHICLE WILL DOWNSHIFT TO FIRST GEAR, CAUSING DRIVER TO BE THROWN FORWARD. DEALER STATED THIS WAS A KNOWN PROBLEM, AND CHRYSLER DID NOT HAVE A REMEDY. *AK

CONTINUE ON BACK IF NEEDED

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