



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 §20

Date Received

05-JUL-2001

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

Reference No.

892000

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<br/>door)</small>                                                                                                                                    | Vehicle Make                                                                                                                                                                                             | Vehicle Model                                                                                                                                                                                                | Vehicle Year                                                           | Current Odometer Reading                                                                                                                     |
| 1J4FX78S7VC747910                                                                                                                                                                                                                               | JEEP                                                                                                                                                                                                     | GRAND CHEROKE                                                                                                                                                                                                | 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 checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                           | City _____ State _____ Zip Code _____                                                                                                                                                                    |                                                                                                                                                                                                              | No Cylinders _____                                                     |                                                                                                                                              |
| Transmission Type                                                                                                                                                                                                                               | Antilock Brakes                                                                                                                                                                                          | Restraint System                                                                                                                                                                                             | Cruise Control                                                         | Drive Train                                                                                                                                  |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                                                                                                                                                           | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                   | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          |
| Vehicle Type                                                                                                                                                                                                                                    | Body Style                                                                                                                                                                                               |                                                                                                                                                                                                              |                                                                        |                                                                                                                                              |
| <input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | <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>07301000 | Part Name(s)<br>POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK 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         | Date(s) of Failure(s)<br>23-FEB-1999<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<br>1 | 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)

WHILE VEHICLE WAS IDLING AND IN PARK IT JUMPED OUT OF PARK AND STARTED ROLLING BACKWARDS. CONSUMER WAS ABLE TO STOP VEHICLE BY JUMPING INTO VEHICLE. CONSUMER SUSTAINED SCRAPES AND BRUISES. MANUFACTURER HAS OFFERED NO ASSISTANCE TO CONSUMER. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.\*AK

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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> 820<br>Date Received <u>01 AUG 22</u><br><u>06-JUL-2001</u><br>OFFICE DEFECTS INVESTIGATION<br>Reference No. <u>892000</u><br>Work Number _____<br>Home Number _____                                                                    |                                                                                                                                                                                                                                                                                                                                                  |
| <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;">700570</div>                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                  |
| 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 authorized signature, your name and address to the vehicle manufacturer.<br>Signature of Owner _____ Date <u>8/11/01</u>                                                                                                                                                                                                                                                                        |                                                                                                                     |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                     |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                  |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br><b>1J4FX78S7VC747910</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     | Vehicle Make<br><b>JEEP</b>                                                                                                                                                                                                                                        | Vehicle Model<br><b>GRAND CHEROK</b>                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     | Vehicle Year<br><b>1997</b>                                                                                                                                                                                                                                        | Current Odometer Reading<br><b>50,000</b>                                                                                                                                                                                                                                                                                                        |
| Purchase Date<br><u>6/97</u><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Dealer's Name _____<br>City _____ State _____ Zip Code _____                                                        |                                                                                                                                                                                                                                                                    | Engine Size (CID/CC/L) _____<br>No. Cylinders <u>6</u><br><input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection                                                                                                                                           |
| Transmission Type<br><input checked="" type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                           | Restraint System<br><input checked="" 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 type="checkbox"/> 4-Wheel                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                     | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____                                                                                                           | Body Style<br><input checked="" type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<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 _____ |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                     |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                  |
| Component<br><b>07301009</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Part Name(s)<br><b>POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM</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<br><input type="checkbox"/> Replacement                                                                                                                                                                                                                                           |
| No of Failures<br>-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date(s) of Failure(s) <u>23-FEB-1999</u><br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) <u>0 MPH</u> |                                                                                                                                                                                                                                                                    | Failed Part(s) Available?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>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>1                                                                                                                                                                                                                                     | Number of Fatalities<br>0                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     | Estimated Property Damage<br><b>\$3,200</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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                  |
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| CONTINUE ON BACK IF NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                     |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                  |
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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 1 through Page 6)**









