



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 119

Date Received

16-JUL-2001

Ord. or

rt. dt

pd. rt

rp. ltr

Reference No.

892822

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) (Location at bottom of windshield and driver's side) 1J4GZ58S7VC543059	Vehicle Make JEEP	Vehicle Model CHEROKEE	Vehicle Year 1997	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000 06400000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC FUEL:THROTTLE LINKAGES AND CONTROL	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part's ☐ Original ☐ Replacement
No. of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING ON HIGHWAY AT 60 MPH VEHICLE SLIPPED OUT OF GEAR FROM DRIVE INTO NEUTRAL, AND RPMS WERE RACING FROM 2-3. ALSO, TRANSMISSION FLUID WAS LEAKING AND VEHICLE WAS JERKING, VEHICLE WAS PULLED TO SIDE OF ROAD. CONSUMER TOOK VEHICLE TO THE DEALER, WHO LATER DETERMINED THAT TRANSMISSION HAD FAILED, AND NEEDED REPLACING. PLEASE PROVIDE ANY FURTHER DETAILS.*AK

CONTINUE ON REVERSE

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) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 119 Date Received <u>16-JUL-2007</u> RECEIVED DEFECTS INVESTIGATION Office Reference No. <u>892822</u> Work Number <u>[REDACTED]</u> Home Number <u>[REDACTED]</u>	
OWNER INFORMATION (Type or Print) 702602			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of an authorized representative, your name and address to the vehicle manufacturer. Signature of Owner <u>[REDACTED]</u> Date <u>08/07/07</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1J4GZ58S7VC543059		Vehicle Make JEEP	Vehicle Model CHEROKEE
		Vehicle Year 1997	Current Odometer Reading
Purchase Date <u>5-99</u> ☐ New ☒ Used	Dealer's Name <u>Erwin Jeep</u> City <u>Tray</u> State <u>Ch</u> Zip Code _____		Engine Size (CID/CC/L) _____ ☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection No Cylinders _____
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
Drive Train ☐ Front ☐ Rear ☒ 4-Wheel		Vehicle Type ☐ Car ☒ Sport Ut ☐ 2-Door ☐ Van ☐ Truck ☐ 4-Door ☐ Minivan ☐ Motorcycle ☐ Stationwagon ☐ Other ☒ Pick Up Truck ☐ Other	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 07300000 06400000	Part Name(s) POWER TRAIN: TRANSMISSION: AUTOMATIC FUEL: THROTTLE LINKAGES AND CONTROL		Location ☒ Left ☐ Right ☒ Front ☐ Rear
Failed Part(s) ☒ Original ☐ Replacement		No of Failures _____ Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 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(IES)			
WHILE DRIVING ON HIGHWAY AT 60 MPH VEHICLE SLIPPED OUT OF GEAR FROM DRIVE INTO NEUTRAL, AND RPM'S WERE RACING FROM 2-3. ALSO, TRANSMISSION FLUID WAS LEAKING AND VEHICLE WAS JERKING, VEHICLE WAS PULLED TO SIDE OF ROAD. CONSUMER TOOK VEHICLE TO THE DEALER, WHO LATER DETERMINED THAT TRANSMISSION HAD FAILED, AND NEEDED REPLACING. PLEASE PROVIDE ANY FURTHER DETAILS. *AK <i>took it to Hendricks Auto Transmission & had fixed 1600.00</i> <i>I no longer own this vehicle</i>			

CONTINUE ON BACK IF NEEDED

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