



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** 1038

Date Received

08-AUG-2001

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

Reference No.

893822

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		
1J4FA49S11P303312	JEEP	WRANGLER	2001			
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 type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 02240000	Part Name(s) SUSPENSION:I-BEAM:SOLID:FRONT SHOCK ABSORBER	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-AUG-2001 20 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 Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**WHEN ATTEMPTING TO MAKE A SHARP TURN IN EITHER DIRECTION VEHICLE SHAKES AND WOBBLERS UNTIL IT CORRECTS ITSELF TIRES ON VEHICLE ARE COUPLING BECAUSE OF THE SHOCKS. DEALER HAS BEEN CONTACTED. PLEASE PROVIDE FURTHER DETAILS. \*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.



U.S. Department of Transportation  
National Highway Traffic Safety Administration

DOT Auto Safety Hotline  
**Vehicle Owner's Questionnaire (VOQ)**

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

**FOR AGENCY USE ONLY** 1038

Date Received: **08-AUG-2001**  
Office REFLECTS INVESTIGATION

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
ob\_rt \_\_\_\_\_  
up\_itr \_\_\_\_\_

Reference No.  
**893822**

**OWNER INFORMATION (Type or Print)**

**706331**

Work Number \_\_\_\_\_  
Home Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized signature, provide your name and address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date **8/21/01**

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) **1J4FA49S11P303312** Vehicle Mak **JEEP** Vehicle Model **WRANGLER** Vehicle Year **2001** Current Odometer Reading **22,514**

Purchase Date \_\_\_\_\_ Dealer's Name **Casa on the West Side** Engine Size (CID/CCIL) **4.0L** Turbo Diesel Gas Fuel Injectio \_\_\_\_\_  
 New  Used City **Albuquerque** State **N.M.** Zip Code \_\_\_\_\_ No Cylinders **6**

Transmission Type  Manua  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  Van  Minivan  Other  Sport Ult  Truck  Motorcycle Body Style  2-Door  4-Door  Stationwagon  Pick Up  Truck

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component **02240000** Part Name(s) **SUSPENSION-1-BEAM:SOLID:FRONT SHOCK ABSORBER** Location  Left  Right  Front  Rear Failed Part(s)  Original  Replacement

No of Failures \_\_\_\_\_ Date(s) of Failure(s) **01-AUG-2001** Mileage at Failure(s) **20** Vehicle Speed 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 Fatalitie \_\_\_\_\_ Estimated Property Damag \_\_\_\_\_ Reported to Polic  Yes  No

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

**WHEN ATTEMPTING TO MAKE A SHARP TURN IN EITHER DIRECTION VEHICLE SHAKES AND WOBBLER UNTIL IT CORRECTS ITSELF TIRES ON VEHICLE ARE COUPLING BECAUSE OF THE SHOCKS. DEALER HAS BEEN CONTACTED. PLEASE PROVIDE FURTHER DETAILS. \*AK**

*Coupling (Treads wear uneven) "level" due to tires jumping off highway as far as moving at normal highway speed*

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