



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

08-AUG-2001

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

Reference No.

893845

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>(Locate at bottom of and/or driver's door sill)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1J3BT56E6HC204235	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 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 07301000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM	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) 04-APR-2000 28 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	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)

WHILE IDLING IN PARK VEHICLE JUMPED INTO DRIVE, CAUSING A COLLISION WHICH RESULTED IN MINOR INJURIES TO OWNER. PLEASE PROVIDE ADDITIONAL INFORMATION.\*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.



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** 284

Date Received: 08-AUG-2001  
Office: DEFECTS INVESTIGATION  
Reference No.: 893845

**OWNER INFORMATION (Type or Print)**

Vehicle Identification Number: 706422

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, your name and address to the vehicle manufacturer.  
Signature of Owner: \_\_\_\_\_ Date: 9/6/01

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN): (located at bottom of windshield on driver's side) 1J4GW58S7XC658947  
1J4BT56E0H0204236  
Vehicle Make: JEEP  
Vehicle Model: GRAND CHEROK  
Vehicle Year: 1999  
Current Odometer Reading: 41,100

Purchase Date: 7-20-99  
Dealer's Name: Madden Motors  
City: El Dorado State: KS Zip Code: 67042  
 New  Used  
Engine Size (CID/GC/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 Belt  Passengerside Airbag  
Cruise Control:  Yes  No  
Drive Train:  Front  Rear  4-Wheel  
Vehicle Type:  Car  Van  Minivan  Other  Sport Utl  Truck  Motorcycle  
Body Style:  2-Door  4-Door  Stationwagon  Pick Up  Truck

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

Component: 07301000  
Part Name(s): POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTE  
Location:  Left  Right  Front  Rear  
Failed Part(s):  Original  Replacement

No. of Failures: \_\_\_\_\_  
Date(s) of Failure(s): 04-APR-2000  
Mileage at Failure(s): 28  
Vehicle Speed at Failure(s): idle  
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: 1  
Number of Fatalities: \_\_\_\_\_  
Estimated Property Damage: \_\_\_\_\_  
Reported to Police:  Yes  No

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

**WHILE IDLING IN PARK VEHICLE JUMPED INTO DRIVE, CAUSING A COLLISION WHICH RESULTED IN MINOR INJURIES TO OWNER. PLEASE PROVIDE ADDITIONAL INFORMATION.\*AK**

CONTINUE ON BACK IF NEEDED

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