



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 125

Date Received

13-AUG-2001

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

Reference No.

894209

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		
1J4GW58S6XC519718	JEEP	GRAND CHEROKE	1999			
Purchase Date <input type="checkbox"/> New <input checked="" 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 03270000	Part Name(s) BRAKES:HYDRAULIC:SHOE:DISC BRAKE 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) _____ 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 APPYING BRAKES EXTREME VIBRATIONS OCCURS WITHIN FRONT WHEELS DUE TO PADS / ROTORS AND CALIPERS PREMATURELY WEARING OUT, CAUSE UNKNOWN. PLEASE GIVE ANY FURTHERN 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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 125</p> <p>Date Received: SEP - 5 AM 10:10 AUG-2001 OFFICE DEFECTS INVESTIGATION</p>			
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 707170</p>				<p>Od_or _____ rt_dt _____ od_rt _____ up_ltr _____</p> <p>Reference No. 894209</p>			
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner: [Redacted] Date: 08/29/01</p>				<p>Work Number _____ Home Number _____</p>			
<p>VEHICLE INFORMATION</p>							
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side): 1J4GW58S6XC519718</p>		<p>Vehicle Make: JEEP</p>	<p>Vehicle Model: GRAND CHEROK</p>	<p>Vehicle Year: 1999</p>	<p>Current Odometer Reading: 50,000 MILES</p>		
<p>Purchase Date: 22 SEPT 98</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>Dealer's Name: MARUONE CHRYSLER JEEP 4850 N. STATE ROAD 7 City: COCONA CREEK State: FL Zip Code: 33073</p>		<p>Engine Size (CID/CYL): 4.0L No. Cylinders: 6 POWER TECH</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio</p>		
<p>Transmission Type: <input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System: <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type: <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>	<p>Body Style: <input type="checkbox"/> 2 Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Station wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p>
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>							
<p>Component: 03270000</p>	<p>Part Name(s): BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM</p>		<p>Location: ALL <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>		<p>Failed Part(s): <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement</p>		
<p>No of Failures: 5</p>	<p>Date(s) of Failure(s): 7 AUG 01 / 9 JAN 01 / 8 NOV 00 / 2 MAR 00 Mileage at Failure(s): 50317 / 40913 / 35543 / 21468 Vehicle Speed at Failure(s): _____</p>		<p>Failed Part(s): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously: 1ST TIME <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</p>							
<p>Crash: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured: 0</p>	<p>Number of Fatalities: 0</p>	<p>Estimated Property Damage: 0</p>	<p>Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> <p>WHEN APPYLING BRAKES EXTREME VIBRATIONS OCCURS WITHIN FRONT WHEELS DUE TO PADS / ROTORS AND CALIPERS PREMATURELY WEARING OUT, CAUSE UNKNOWN. PLEASE GIVE ANY FURTHERN DETAILS.*AK</p> <p>I HAVE HAD NOTHING BUT PROBLEMS WITH THESE BRAKES. I LIKE THE JEEP, BUT, IT IS WORTH NOTHING IF YOU GET WHITE KNUCKLES EVERY TIME YOU PUT THE BRAKES ON. I HAVE TALKED TO OTHER JEEP OWNERS AND, THEY DONT HAVE THIS BRAKE PROBLEM. I WANT THEM TO FIX IT OR TELL ME IT CANNOT BE FIXED. PLEASE THANK YOU VERY MUCH.</p>							
<p>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 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.</p>							

OVER



NO POSTAGE
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U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

U.S. Department
of Transportation
National Highway
Traffic Safety
Administration
400 Seventh St., S.W.
Washington, D.C. 20590
Official Business
Penalty for Private Use \$300

U.S. G.P.O. FORM 3825-100 (1987)

END TIME

THANK YOU FOR YOUR TIME + TROUBLE. PLEASE HELP

I WAS TOLD THAT THE BRAKES ARE WARRANTED FOR 120,000 MILES

I CANNOT AFFORD TO TRADE EVERY 5 TO 10 THOUSAND MILES

PLEASE SEE IF YOU CAN HELP ME GET THE BRAKES FIXED

IS PARKED IN A GARAGE.

I GUESS THE ONLY PLACE THIS JEEP IS ANY GOOD

TRAILS WHILE DRIVING ON FLAT HIGHWAYS.

A JOB HERE. WE LIVE IN SOUTH FLORIDA AND HAD

I AM IN YELLOWSTONE NATIONAL PARK AS MY WIFE GOT

THE MILEAGE IS WHEN I CAN TAKE THE JEEP TO A

GRAGE, I HATE TO DRIVE. IT LIKE IT IS FOR A WHILE

NARRATIVE DESCRIPTION (CONTINUED)										
The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.										
DOT		MANUFACTURER/TIRE NAME		SIZE						
THE IDENTIFICATION NO.										
INFORMATION ON TIRE FAILURES (IF APPLICABLE)										
Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail										

**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)**

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