



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

14-AUG-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

894323

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) (Locate at bottom of windshield or driver's side door)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1J4FX78S1VC778117		JEEP	GRAND CHEROKE	1997	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other
		☐ Motorbelt ☐ 2-Point Bel			☐ Sport Util ☐ Truck ☐ Motorcycle ☐ Other
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07301000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 01-JUL-2001 46600 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 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

GEAR SHIFT JUMPED INTO REVERSE WHEN CONSUMER HAD JUST PUT LEVER INTO PARK. VEHICLE WAS UNABLE TO MAKE ANY MOVEMENT BECAUSE CONSUMER APPLIED BRAKES. DEALERSHIP DID NOT EXAMINE VEHICLE. 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.

FOR AGENCY USE ONLY 920		DATE RECEIVED 14-AUG-2001 REFLECTS INVESTIGATION 894323		WORD NUMBER 707838		OWNER INFORMATION (Type or Print) DOT Auto Safety Hotline 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		U.S. Department of Transportation National Highway Traffic Safety Administration	
Vehicle Owner's Questionnaire (VOQ)						Do you authorize NHTSA to provide a copy or report to the manufacturer of your vehicle? ☒ YES ☐ NO			
VEHICLE INFORMATION						Signature of Owner [Redacted] Date 8/20/01			
Vehicle Ident. No. (VIN) (Local at bottom of windshield on driver's side) 1J4FX7B81VC778117						Vehicle Make JEEP		Vehicle Model GRAND CHEROK	
Purchase Date 1J4FX7B81VC778117						Dealers Name City State Zip Code		Engine Size (CID/CC) No Cylinders Fuel Injection Turbo	
Transmission Type Automatic Manual Antilock Brakes 3-Point Belt 2-Point Belt Motorbelt Driver's Side Airbag Passenger's Side Airbag						Cruise Control Yes No		Drive Train Front Rear 4-Wheel Other	
Vehicle Type Car Van Truck Motorcycle Other						Body Style 2-Door 4-Door Station Wagon Pick Up Truck		Failed Component Location Front Left Right Rear	
FAILED COMPONENT(S)/PART(S) INFORMATION						Part Name(s) POWER TRAIN: TRANSMISSION: AUTOMATIC: INTERLOCK SYSTEM			
No of Failures 1						Date(s) of Failure(s) 01-JUL-2001 Mileage at Failure(s) 46600 Vehicle Speed at Failure(s) IDLING			
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 0	
Estimated Property Damage \$						Reported to Police Yes ☒ No ☐		NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)	
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CONTINUE ON BACK IF NEEDED