



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 231

Date Received

17-AUG-2001

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

Reference No.

894641

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 JEEP	Vehicle Model CHEROKEE	Vehicle Year 1993	Current Odometer Reading		
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 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) _____ Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA 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	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)

WHILE VEHICLE WAS PARKED ON A SLIGHT INCLINE AND RUNNING WITHOUT ANY PASSENGERS, VEHICLE JUMPED OUT OF GEAR, AND ROLLED DOWN INTO A TREE. PLEASE PROVIDE FURTHER INFORMATION.*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.

VIN-15495897206648655

Kim Merritt is Attorney of owner

The Privacy Act of 1974 (Public Law 93-502) gives you the right to know what 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.

Kim Merritt (owner)
 PO Box 8622
 Tucker, GA 30082
 Phone 1-530-582-1735

WHILE VEHICLE WAS PARKED ON A SLIGHT INCLINE AND RUNNING WITHOUT ANY PASSENGERS, VEHICLE JUMPED OUT OF GEAR, AND ROLLED DOWN INTO A TREE. PLEASE PROVIDE FURTHER INFORMATION: AK

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

Crash	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	0	Number of Failures	0	Estimated Property Damage	1600	Reported to Police	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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(Please describe in detail the incident(s), failure(s), and injury(ies) on the back of this form.)

APPLICATION INCIDENT INFORMATION

No of Failures	Date(s) of Failure(s) 7/01	Mileage at Failure(s) 120K	Vehicle Speed at Failure(s)	Failed Parts (NHTSA) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Previously	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component	07301000	Part Name(s)	POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM	Location	Left <input type="checkbox"/> Right <input type="checkbox"/>	Failed Part(s)	Original <input type="checkbox"/> Replacement <input type="checkbox"/>
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Transmission Type	Automatic <input checked="" type="checkbox"/> Manual <input type="checkbox"/>	Anti Lock Brakes	Restraint System	Motorcycle	3-Point Belt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/>	Driver Side Airbag	Passenger Side Airbag <input checked="" type="checkbox"/>	Crash Control	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Drive Train	Front <input type="checkbox"/> Rear <input type="checkbox"/>	Vehicle Type	Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/>	Body Style	2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck <input checked="" type="checkbox"/>
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VEHICLE INFORMATION

Vehicle Ident. No. (VIN)	1549Z5897206648655	Vehicle Make	JEEP	Vehicle Model	CHEROKEE	Vehicle Year	1993	Engine Size (CID/CCL)	6	Engine Type	Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injected <input type="checkbox"/>	Dealers Name	Carson Jeep	State	GA	Zip Code	30082	Purchase Date	6-26-93	New <input type="checkbox"/> Used <input checked="" type="checkbox"/>
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Signature of Owner

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
 YES NO

Date: 8/28/01

OWNER INFORMATION (Type or Print)

708902

Home Number

Work Number

Home Name

Address No. 894641

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

Vehicle Owner's Questionnaire (VOQ)

NAT:ONWIDE 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

DOT Auto Safety Hotline

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Date Received: 01 SEP - 6 PM
 Office: AU-2001
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