



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 436

Date Received

21-AUG-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

894794

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) (Location at bottom of windshield and driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1J4GW58N31C585953		JEEP	GRAND CHEROKE	2001	
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 ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000 08300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC ELECTRICAL SYSTEM:WIRING	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 21-AUG-2001 5800 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	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE MOTOR WAS STILL RUNNING CONSUMER GOT OUT AND OPENED GATE. VEHICLE STARTED MOVING IN REVERSE WHILE IN PARK. CONSUMER SHIFTED TO DRIVE AND VEHICLE WAS STILL MOVING IN REVERSE. THEN, SHIFTED VEHICLE INTO PARK WITH FOOT ON BRAKE, CUT VEHICLE OFF TWICE, AND IT KEPT GOING IN REVERSE. SECOND TIME, UPON STARTING VEHICLE, IT WOULDN'T START UP. HAD TO BE TOWED TO DEALER. TOW TRUCK DRIVER POINTED OUT THAT ELECTRICAL WIRES WERE BURNED, AND PLUG BENEATH WHEN IT WAS TOWED FIRST TIME, WAS GONE. VEHICLE AT DEALERSHIP.*AK

COPIES OF REPORTS - FREE -

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.

 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 436 Date Received <u>01 SEP 19 PM 12:10</u> <u>21-AUG-2001</u> OFFICE DEFECTS INVESTIGATION Reference No. <u>894794</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) <u>709363</u>			
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 <u>8/21/01</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <u>1J4GW58N31C585953</u> (located on front windshield on driver's side)		Vehicle Make <u>JEEP</u> Vehicle Model <u>GRAND CHEROK</u> Vehicle Year <u>2001</u> Current Odometer Reading _____	
Purchase Date _____ ☒ New ☐ Used		Dealer's Name _____ City _____ State _____ Zip Code _____ Engine Size (CID/CC/L) _____ No. Cylinders _____ ☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection	
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	Cruise Control ☒ Yes ☐ No
Drive Train ☐ Front ☐ Rear ☒ 4-Wheel		Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Util. ☐ Truck ☐ Motorcycle ☒ Station wagon ☐ Pick Up ☐ Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>07300000</u> <u>08300000</u>	Part Name(s) <u>POWER TRAIN:TRANSMISSION:AUTOMATIC</u> <u>ELECTRICAL SYSTEM:WIRING</u>		Location ☐ Left ☐ Front ☐ Right ☐ Rear Failed Part(s) ☐ Original ☐ Replacement
No. of Failures _____ Date(s) of Failure(s) <u>21-AUG-2001</u> Mileage at Failure(s) <u>5800</u> 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 Fatalities _____
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

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