

<p style="text-align: center;">DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 120</p> <p>DATE RECEIVED: 01 OCT -9 PM 3:12 17-SEP-2001 OFFICE OF DEFECTS INVESTIGATION</p> <p>Od_or _____ rt_dt _____ od_rl _____ up_ltr _____</p> <p>Reference No. 896411</p> <p>Work Number _____ Home Number _____</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 715718</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of a signature, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner: [Redacted] Date: 09/30/01

Vehicle Ident. No. (VIN) <u>1J4GX9B81C583459</u>		Vehicle Make <u>JEEP</u>	Vehicle Model <u>CHEROKEE</u>	Vehicle Year <u>2001</u>	Current Odometer Reading <u>14,000</u>
Purchase Date <u>MARCH 2001</u>	Dealer's Name <u>SUNCOAST CHRYSLER</u>		Engine Size <u>300</u>	<input type="checkbox"/> Turbo	<input type="checkbox"/> Diesel
<input checked="" type="checkbox"/> New	City <u>SEMINOLE</u> State <u>FL</u> Zip Code <u>33777</u>	Engine Type <u>Gas</u>	Number of Cylinders <u>6</u>	<input checked="" type="checkbox"/> Fuel Injection	
Transmission Type <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes	Restraint System <input checked="" type="checkbox"/> 3-Point Belt, <input checked="" type="checkbox"/> Driverside Airbag, <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes	Drive Train <input checked="" type="checkbox"/> Rear 4-wheel	Vehicle Type <input checked="" type="checkbox"/> Sport Utility Truck
					Body Style <input checked="" type="checkbox"/> 4-Door Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>02700000</u>	Part Name(s) <u>TIRES</u>	Location <input checked="" type="checkbox"/> Left Front, <input checked="" type="checkbox"/> Right Rear	Failed Part(s) <input checked="" type="checkbox"/> Original, <input type="checkbox"/> Replacement
No of Failures <u>1</u>	Date(s) of Failure(s) <u>11-SEP-2001</u>	Mileage at Failure(s) <u>13000</u>	Vehicle Speed at Failure(s) <u>65</u>
		Failed Part(s) <input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No	NHTSA Previously <input checked="" 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 <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damage <u>\$800.00</u>	Reported to Police <input checked="" type="checkbox"/> Yes, <input checked="" type="checkbox"/> No

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

WHILE DRIVING OUTSIDE WALL OF DRIVER'S SIDE REAR TIRE BLEW OUT, CAUSING DRIVER LOSE CONTROL. *AK*

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974 (Public Law 93-57): 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.