



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 117**

Date Received

21-SEP-2001

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

Reference No.

896666

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
1J4GW68N9XC696926	JEEP	GRAND CHEROKE	1999	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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 03273000	Part Name(s) BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB	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 Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**BRAKE ROTORS ARE WARPED. THIS EFFECTS STEERING EVERY 5,000-8,000 MILES WHEN USED. CAN MAINTAIN CONTROL WHEN BRAKES APPLIED. WOULD NEED TO CHANGE ROTORS EVERY 5,000 MILES. STEERING WOULD VIBRATE WHEN THIS HAPPENS. SPEED NOT A FACTOR. TOOK VEHICLE TO DEALER NEARLY A DOZEN TIMES OR MORE, BUT NOTHING RESOLVED.'AK**

COPIED FROM NHTSA FORM 117

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 <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline		<b>FOR AGENCY USE ONLY</b> 117 Date Received: <u>1 OCT 23 PM 12:30</u> 11 SEP 2001 DEFECTS INVESTIGATION	
U.S. Department of Transportation National Highway Traffic Safety Administration		Od. or rt_dt _____ od_rt _____ up_itr _____ Reference No. <b>896666</b>	
OWNER INFORMATION (Type or Print) [Redacted] <b>716399</b>		Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized representative, NHTSA will use your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date <u>10/04/01</u>	
<b>VEHICLE INFORMATION</b>			
Vehicle Ident. No. (VIN) (Located in bottom left corner of windshield on driver's side) <b>1J4GW68NBXC696926</b>	Vehicle Make <b>JEEP</b>	Vehicle Model <b>GRAND CHEROK</b>	Vehicle Year <b>1999</b>
Current Odometer Reading <b>55432</b>		Purchase Date <b>MAR 1999</b>	
Dealer's Name <b>OAK HARBOR MOTORS</b> City <b>OAK HARBOR</b> State <b>WA</b> Zip Code <b>98277</b>		Engine Size (CID/CC) <b>4.8L</b> No. Cylinders <b>8</b>	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		<input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Utility Truck <input checked="" type="checkbox"/> Motorcycle	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"/> Truck
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Component <b>03273000</b>	Part Name(s) <b>BRAKES: HYDRAULIC: DISC: ROTOR: DISC HUB</b>	Location <input checked="" type="checkbox"/> Left Front <input checked="" type="checkbox"/> Right Front <input type="checkbox"/> Left Rear <input type="checkbox"/> Right Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures <b>8+</b>	Date(s) of Failure(s) <u>24-AUG-2001</u> Mileage at Failure(s) <u>5000</u> Vehicle Speed at Failure(s) <u>N/A</u>	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>20390+0001 APPLICATION FOR A SAFETY DEFECT INVESTIGATION</b> (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 Damage _____		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>			
<p><b>BRAKE ROTORS ARE WARPED. THIS EFFECTS STEERING EVERY 5 000-10,000 MILES WHEN USED. CAN MAINTAIN CONTROL WHEN BRAKES APPLIED. WOULD NEED TO CHANGE ROTORS EVERY 5,000 MILES. STEERING WOULD VIBRATE WHEN THIS HAPPENS. SIGHT NOT A FACTOR. TOOK VEHICLE TO DEALER NEARLY A DOZEN TIMES OR MORE, BUT NOTHING RESOLVED.*AK</b></p>			
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.			