



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 758

Date Received

12-OCT-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

897671

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 | | | |
| 1J4GW58F9XC771902 | 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 checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Other | <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) 05-OCT-2001 44000 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured 0 | Number of Fatalities | Estimated Property Damag | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|--------------------------------|----------------------|--------------------------|---|

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

VEHICLE WAS PARKED WITH ENGINE RUNNING, PARK BRAKE NOT ENGAGED WHEN VEHICLE SUDDENLY STARTED GOING BACKWARD, AND STOPPED AFTER HITTING A FENCE. \$ 2300.00 DAMAGE, NO INJURIES.
*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.

| | | | |
|--|---|--|---|
|  U.S. Department of Transportation National Highway Traffic Safety Administration | 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 758 | |
| | Date Received 12-OCT-2001 | | Od_or _____ rt_dt _____ od_rt _____ up_ltr _____ |
| OWNER INFORMATION (Type or Print) [Redacted] | | Reference No. 897671 | |
| Signature of Owner [Redacted] | | Work Number _____ Home Number _____ | |

Do you authorize NHTSA to provide a copy of a report to the manufacturer of your vehicle? YES NO
 In the absence of a signature, provide your name and address to the vehicle manufacturer.
 Signature of Owner: [Redacted] Date: 10/22/01

| | | | | |
|---|--|--|---|--|
| VEHICLE INFORMATION | | | | |
| Vehicle Ident. No. (VIN) 1J4GW58F9XC771902 | Vehicle Make JEEP | Vehicle Model GRAND CHEROK | Vehicle Year 1999 | Current Odometer Reading |
| Purchase Date 9/99 | Dealer's Name Champion | | Engine Size (CID/CCK) 6 | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City Independence | State MO | Zip Code | No. Cylinders |
| Transmission Type <input checked="" type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes | 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 checked="" type="checkbox"/> Yes | Drive Train <input checked="" type="checkbox"/> 4-Wheel |
| | | | | Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport UT <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 checked="" type="checkbox"/> Pick Up <input type="checkbox"/> Truck |

| | | | |
|--|---|--|---|
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
| Component 07301000 | Part Name(s) POWER TRAIN: (TRANSMISSION;AUTOMATIC;INTERLOCK SYSTE | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacemen |
| No. of Failures | Date(s) of Failure(s) 05-OCT-2001 | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | Mileage at Failure(s) 44000 |
| | Vehicle Speed at Failure(s) PARKED | | 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured 0 | Number of Fatalities | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

VEHICLE WAS PARKED WITH ENGINE RUNNING, PARK BRAKE NOT ENGAGED WHEN VEHICLE SUDDENLY STARTED GOING BACKWARD, AND STOPPED AFTER HITTING A FENCE. \$ 2300.00 DAMAGE, NO INJURIES. *AK

CONTINUE ON BACK OF FORM

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.