



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

27-NOV-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

899461

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 1996	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 checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed 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 type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AFTER PUTTING VEHICLE IN PARK AND OPENING DOOR, STEPPED OUT OF VEHICLE AND IT STARTED TRAVELING BACKWARDS. CONSUMER GOT STUCK UNDER VEHICLE WHILE HOLDING ON TO STEERING WHEEL. CONSUMER WAS DRAGGED 20 FEET DOWN HILL, HITTING A POST. 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.

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 231</p> <p>Date Received: FEB 11 4 55 PM '01</p> <p>NOV-2001</p> <p>Reference No.: 899461</p> <p>Work Number: _____</p> <p>Home Number: _____</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>Vehicle Ident. No. (VIN): 727468</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? Yes No

In the absence of an authorized signature, this report is the property of the vehicle manufacturer.

Signature of Owner: _____ Date: **12-18-01**

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side): 1J4FX5850TC389888	Vehicle Make: JEEP	Vehicle Model: CHEROKEE	Vehicle Year: 1996	Current Odometer Reading: 97,889
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Purchase Date: 8/97	Dealer's Name: Southern Chrysler	Engine Size (CID/CC/E): _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City: Lutkin State: Tx Zip Code: 75901	No Cylinders: _____	

Transmission Type: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual	Antilock Brakes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System: <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <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 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 checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck
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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 checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement

No of Failures: Multiple only 1 accident	Date(s) of Failure(s): 4/98 Mileage at Failure(s): 82,000 Vehicle Speed at Failure(s): Accelerator Not Used	Failed Part(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 type="checkbox"/> No	Number of Persons Injured: 1	Number of Fatalities: 0	Estimated Property Damage: Hospital / Doctor \$60,000	Reported to Police: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AFTER PUTTING VEHICLE IN PARK AND OPENING DOOR, STEPPED OUT OF VEHICLE AND IT STARTED TRAVELING BACKWARDS. CONSUMER GOT STUCK UNDER VEHICLE WHILE HOLDING ON TO STEERING WHEEL. CONSUMER WAS DRAGGED 20 FEET DOWN HILL, HITTING A POST. PLEASE PROVIDE FURTHER INFORMATION.*AK

CONTINUE ON BACK IF NEEDED

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

P	O	T	no longer have same tires	MANUFACTURER/TIRE NAME	SIZE
				Michelin Michelin	

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

After stepping one foot out of car, the vehicle began to move sucking me under car. Car stopped because my left foot got stuck under front passenger side tire. This stopped the vehicle for a few minutes. Then the car began to rev back and forth - car then began to travel in reverse. After 25 ft. I was thrown in air and car continued to move finally going into a neighbor's yard where it was stopped by a post. After hitting the post, the car traveled forward. This was all witnessed by several neighbors. I was in hospital for 30 days - 3 surgeries and could not walk for 2 months - returned to work on walker the following June. Had a wound for 1 year + several months still healing. Hired lawyer. Could not substantiate the park to reverse failure until now. Have all legal docs and witness affidavits.

U.S. G.P.O.: 1992 - 523-987 / 80098

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400 Seventh St., S.W.
Washington, D.C. 20590

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Penalty for Private Use \$300



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IF MAILED
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POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

