



Auto Safety hotline

Vehicle Owner's Questionnaire

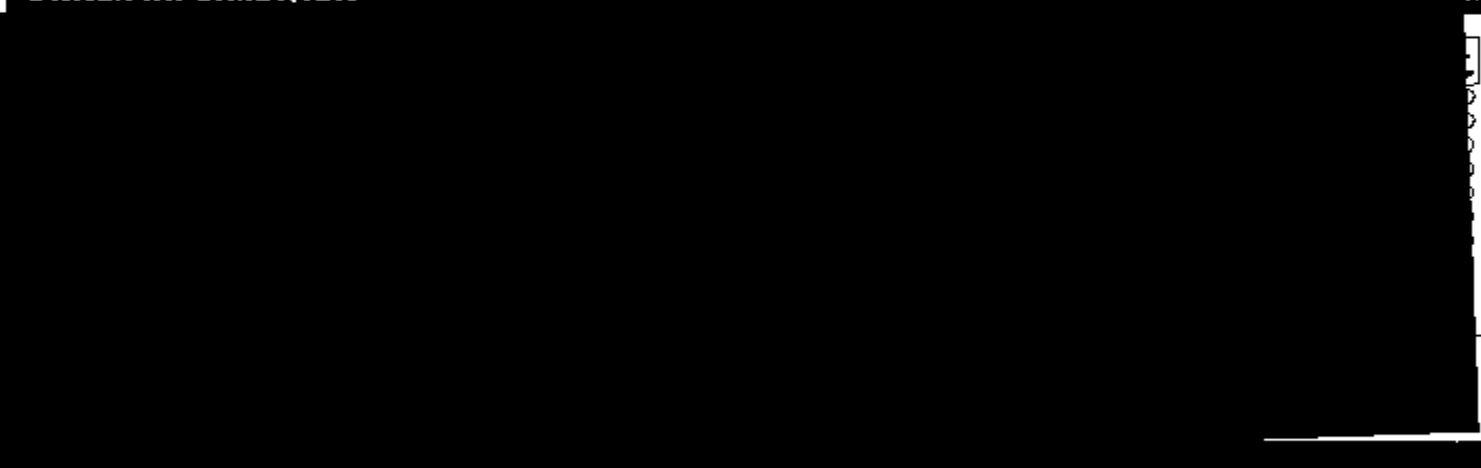
NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received 7/5/01	City _____
Reference No. _____	State _____
	Zip _____

OWNER INFORMATION (Type or Print)



VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
1J4FJ7BLXL21085B	Jeep	Cherokee (Can't Make Out The Month.)	1990	1990

VEHICLE MANUFACTURER
<input type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other <input checked="" type="radio"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Isuzu <input type="radio"/> Toyota <input type="radio"/> VW

PURCHASE DATE	DEALER'S NAME	CITY	STATE	ZIP CODE
12-10-92	Urka Auto Center	Ludington	Mi.	49431

ENGINE SIZE	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM	CRUISE CONTROL
(CID/CC) 4L	<input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	<input type="radio"/> Diesel <input checked="" type="radio"/> Gas	<input type="radio"/> Manual <input checked="" type="radio"/> Automatic	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input type="radio"/> Passengerside Airbag <input type="radio"/> Motorbell <input checked="" type="radio"/> 3-Point Belt	<input checked="" type="radio"/> Yes <input type="radio"/> No

DRIVETRAIN	VEHICLE TYPE	DOORS	BODY STYLE
<input type="radio"/> Front <input checked="" type="radio"/> 4-Wheel <input type="radio"/> Rear	<input type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other <input type="radio"/> Van <input checked="" type="radio"/> Sport Utility <input type="radio"/> Motorcycle	<input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	<input type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input checked="" type="radio"/> Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
<input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Inter./cr <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input checked="" type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other ABS Brake System	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <i>(Don't know, some were punctures)</i>	<input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other	
INCIDENT DATE: Started in 1995 MILEAGE AT INCIDENT: Started @ mileage: 38,144 miles, had trouble ever since. VEHICLE SPEED AT INCIDENT: all speeds.	TIRE NAME: _____ COMPLETE TIRE SIZE: _____		
FAILED PART(S): <input checked="" type="radio"/> Original <input type="radio"/> Replacement	HANDICAPPED ADAPTIVE: <input type="radio"/> Yes <input checked="" type="radio"/> No FAILED PART(S) AVAILABLE?: <input type="radio"/> Yes <input checked="" type="radio"/> No NHTSA PREVIOUSLY CONTACTED?: <input checked="" type="radio"/> Yes <input type="radio"/> No (6-26-01)		

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.	CRASH	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT (ABS Brakes)	RESULT OF INCIDENT (ABS Brakes)
	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20	<input type="radio"/> Wear/Corroded/Rust <input type="radio"/> Wash/Poor Fit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnected/Fell Off <input checked="" type="radio"/> Erratic/Poor Performance (ABS) <input checked="" type="radio"/> Excessive Effort (ABS)	<input type="radio"/> Explosion/Fire <input checked="" type="radio"/> Loss of Control (Brakes) <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	FIRE: <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES: <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20	<input type="radio"/> Noisy (ABS) <input type="radio"/> Leaks (ABS) <input type="radio"/> Short (ABS) <input type="radio"/> Links/Sticks/Grabs <input type="radio"/> Stability/Vibration <input type="radio"/> Brake	

PLEASE DO NOT WRITE IN THIS AREA



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THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page 2 through Page)

Hamistee, Mi. 49660