



U.S. Department of Transportation  
National Highway Traffic Safety Administration

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: ●

### FDR AGENCY USE ONLY

Date Received <u>7/24/01</u>	Order _____
Reference No.	rt-# _____
	od-# _____
	ip-#r _____

### OWNER INFORMATION (Type or Print)

### DAYTIME TELEPHONE NUMBER

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side) <u>1J4FF685XKL658770</u>	VEHICLE MAKE <u>Jeep</u>	VEHICLE MODEL <u>Cherokee</u>	MANUFACTURE DATE <u>05-99</u>	MODEL YEAR <u>1999</u>
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VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Daimler/Chrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW	(1) (1) (1) (1) (2) (2) (2) (2) (3) (3) (3) (3) (4) (4) (4) (4) (5) (5) (5) (5) (6) (6) (6) (6) (7) (7) (7) (7) (8) (8) (8) (8)
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PURCHASE DATE <input type="checkbox"/> New <input type="checkbox"/> Used	DEALER'S NAME <u>Herb Jones Jeep</u>	CITY <u>Radeliff</u>	STATE <u>KY</u>	ZIP CODE
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ENGINE SIZE <u>4.0</u>	FUEL SYSTEM <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Fuel Injector	FUEL TYPE <input type="checkbox"/> Gas <input type="checkbox"/> Other _____	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"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 3-Point Belt	CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(9) (9) (9) (9) (0) (0) (0) (0) (1) (1) (1) (1) (2) (2) (2) (2) (3) (3) (3) (3) (4) (4) (4) (4) (5) (5) (5) (5) (6) (6) (6) (6)
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DRIVETRAIN <input type="checkbox"/> Front <input checked="" type="checkbox"/> 4-Wheel <input type="checkbox"/> Rear	VEHICLE TYPE <input type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other _____ <input type="checkbox"/> Van <input checked="" type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle	DOORS <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door	BODY STYLE <input checked="" type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Stationwagon
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### FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System Exhaust <input type="checkbox"/> Heater Defrost Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input checked="" type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input checked="" type="checkbox"/> Other <u>Power windows</u> <u>Body Paint</u>	NO. OF FAILURES <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table>	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	0	1	2	3	4	5	6	7	8	9													
	0	1	2	3	4	5	6	7	8	9													
	INCIDENT DATE	TIRE NAME	COMPLETE TIRE SIZE																				
MILEAGE AT INCIDENT <u>12,000</u>	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Key Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other _____																						
VEHICLE SPEED AT INCIDENT	FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement																						
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No																					

### APPLICABLE 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	NUMBER OF PERSONS INJURED <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table>	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	CAUSE OF INCIDENT <input checked="" type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Noisy <input type="checkbox"/> Weak/Poor Ft./Loose <input type="checkbox"/> Leaks <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Spot <input type="checkbox"/> Disconnect/Fall Off <input checked="" type="checkbox"/> Locks/Sticks/Grabs <input type="checkbox"/> Erratic/Poor Performance <input checked="" type="checkbox"/> Stability/Vibration <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Broken	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Accelerator
	0	1	2	3	4	5	6	7	8	9														
0	1	2	3	4	5	6	7	8	9															
FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table>	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9			
0	1	2	3	4	5	6	7	8	9															
0	1	2	3	4	5	6	7	8	9															

PLEASE DO NOT WRITE IN THIS AREA



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