



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>

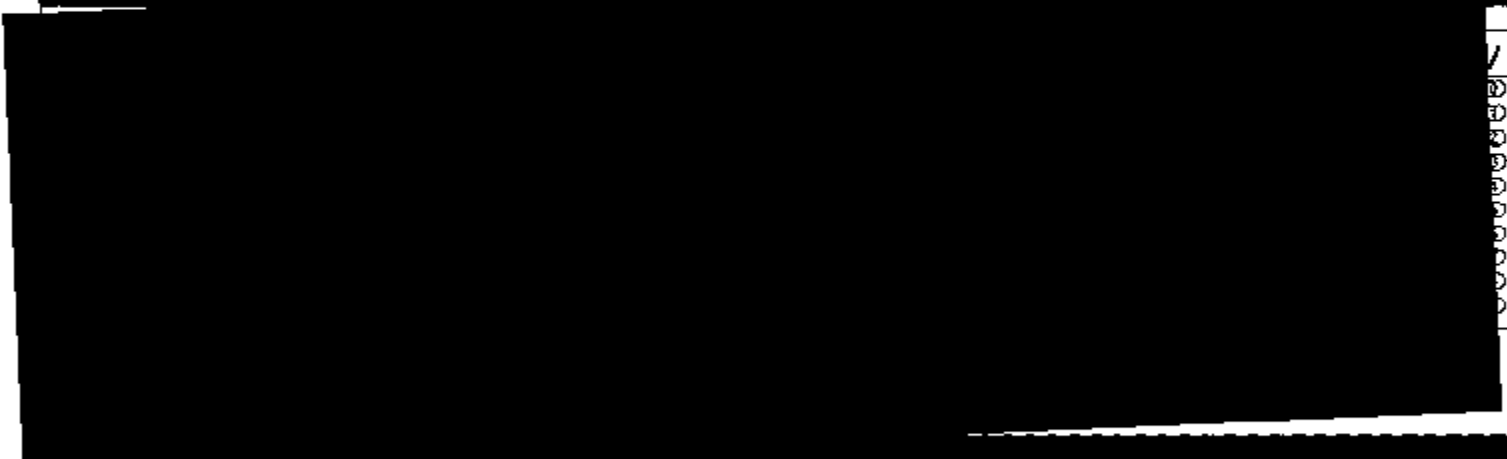
Use a No. 2 pencil or a blue or black ink pen only.

CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received	7/18/01	Order	
Reference No.		Make	
		Model	
		Year	

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
1J4FJ837A330518	Ford	Jeep Cherokee		1996

VEHICLE MANUFACTURER	<input type="radio"/> BMW <input type="radio"/> DaimlerChrysler <input type="radio"/> Ford <input type="radio"/> General Motors <input type="radio"/> Honda <input type="radio"/> Hyundai <input type="radio"/> Nissan <input type="radio"/> Saab <input type="radio"/> Subaru <input type="radio"/> Toyota <input type="radio"/> Volvo <input type="radio"/> VW <input type="radio"/> Other _____	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
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PURCHASE DATE	<input type="radio"/> New <input checked="" type="radio"/> Used	DEALER'S NAME	Purchased 2nd hand Robo	CITY		STATE		ZIP CODE	
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ENGINE SIZE (CID/CC/L)		FUEL SYSTEM	<input type="radio"/> Turbo <input type="radio"/> Fuel Injection	FUEL TYPE	<input type="radio"/> Diesel <input type="radio"/> Gas	TRANSMISSION TYPE	<input type="radio"/> Manual <input type="radio"/> Automatic	ANTILOCK BRAKES	<input type="radio"/> Yes <input type="radio"/> No	RESTRAINT SYSTEM	<input type="radio"/> Driverside Airbag <input type="radio"/> Passengerside Airbag <input type="radio"/> 2-Point Belt <input type="radio"/> Motorhell <input type="radio"/> 3-Point Belt	CRUISE CONTROL	<input type="radio"/> Yes <input type="radio"/> No
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DRIVETRAIN	<input type="radio"/> Front <input type="radio"/> Rear	<input type="radio"/> 4-Wheel	VEHICLE TYPE	<input type="radio"/> Car <input type="radio"/> Van <input type="radio"/> Minivan <input checked="" type="radio"/> Sport Utility <input type="radio"/> Truck <input type="radio"/> Motorcycle <input type="radio"/> Other _____	DOORS	<input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	BODY STYLE	<input checked="" type="radio"/> Hatchback <input type="radio"/> Pick Up Truck <input type="radio"/> Sedan <input type="radio"/> Stationwagon
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FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT	<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"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other _____	NO. OF FAILURES	<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	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE	10/27/00	TIRE NAME	N/A	
	MILEAGE AT INCIDENT	N/A	TIRE BRAND	N/A	
	VEHICLE SPEED AT INCIDENT	N/A	<input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other _____		
	FAILED PART(S)	<input type="radio"/> Original <input type="radio"/> Replacement	N/A		

HANDICAPPED ADAPTIVE	<input type="radio"/> Yes <input type="radio"/> No	FAILED PART(S) AVAILABLE?	<input type="radio"/> Yes <input type="radio"/> No	NHTSA PREVIOUSLY CONTACTED?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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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="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF PERSONS INJURED	<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	CAUSE OF INCIDENT	<input type="radio"/> Wear/Comped/Flust <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disarm/ect/Fall Off <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Excessive Effort	RESULT OF INCIDENT	<input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Sudden Acceleration <input checked="" type="radio"/> Revers
	FIRE	<input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES	<input 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="radio"/> Noisy <input type="radio"/> Leaks <input type="radio"/> Short <input type="radio"/> Locks/Sticks/Grebs <input type="radio"/> Stability/Vibration <input type="radio"/> Broken		

PLEASE DO NOT WRITE IN THIS AREA



03301

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

On 10/27/00 I had my feet on emergency pads & I have auto lock's & when my husband & I release the emergency brake & the driver's door was open & my husband released the driver's door & I was standing by the door & when my husband released the door & the car was in park the car immediately rolled back & the driver's door latched me into the air & slammed me over the driveway & my R hip was fractured in several places & I require surgery & was hospitalized for almost 2 weeks & my R hip is 1 1/2 inches shorter than

Describe any additional incidents. (Include date and mileage)

The Privacy Act of 1974—Public Law 93-502 The 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 an investigative effort 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

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

Official Business Penalty for Private Use \$300

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 73173 WASHINGTON, D.C.

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

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

Complete and return or place in your car manual for future use



VEHICLE OWNER'S QUESTIONNAIRE (V00Q)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



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