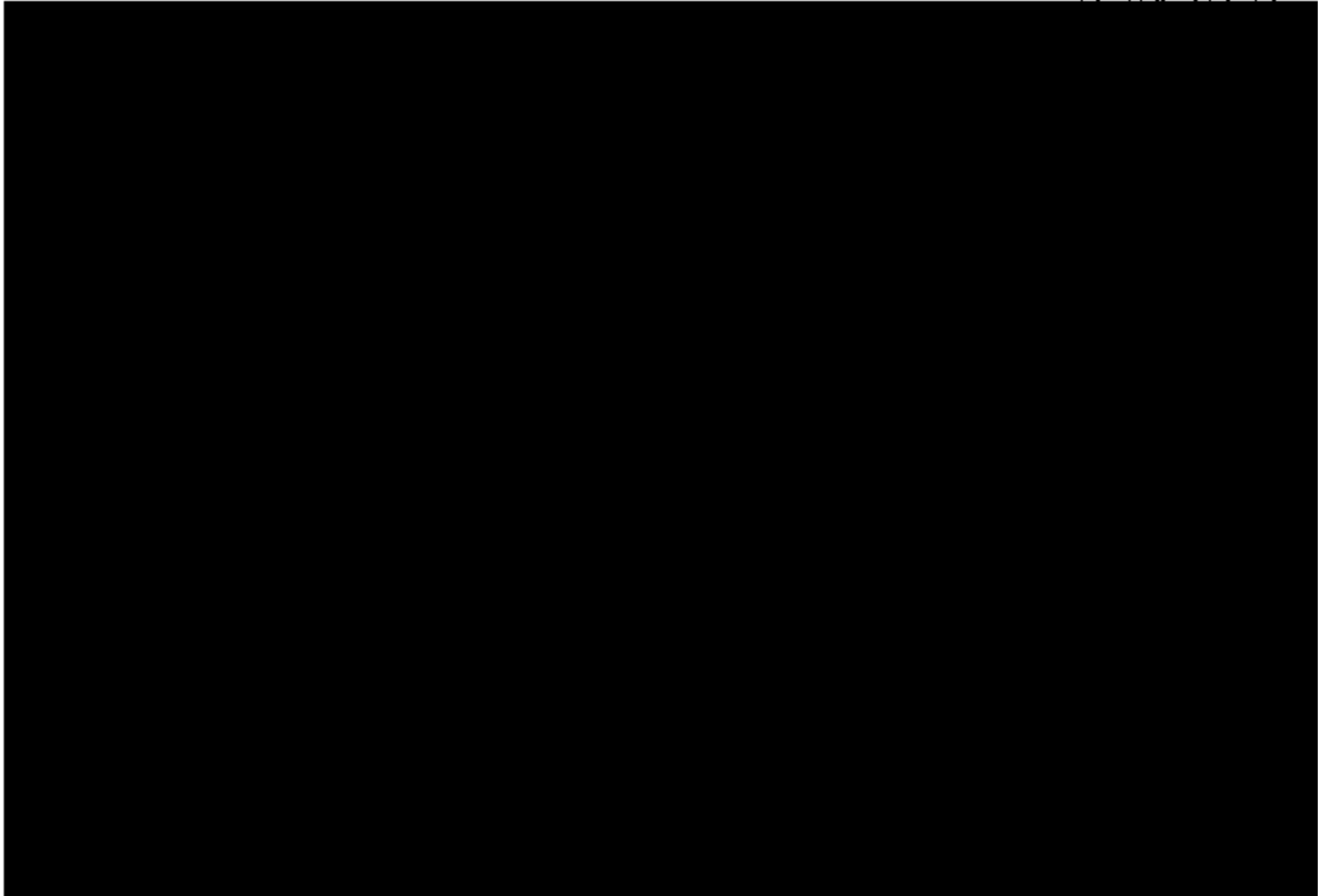


THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(B)(6)

(Page 1 through Page 1)





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: 1/25/00
Reference No: _____
City: _____
State: _____
Zip: _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)		VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
1J4G26BS7XC703675		JEEP	GR. CRK LTD	3-99	1999
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"/> DaimlerChrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Isuzu <input type="radio"/> Toyota <input type="radio"/> VW					
PURCHASE DATE	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME	CITY	STATE	ZIP CODE
4/20/99		Park Cities	DALLAS	TX	75219
ENGINE SIZE (CID/CC/L)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM
4.0	<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 checked="" type="radio"/> Driver-side Airbag <input type="radio"/> 2-Point Belt <input type="radio"/> Passenger-side Airbag <input type="radio"/> Motorbell <input checked="" type="radio"/> 3-Point Belt
NO. CYLINDERS	DRIVETRAIN			VEHICLE TYPE	DOORS
6	<input checked="" type="radio"/> Front <input type="radio"/> 4-Wheel <input type="radio"/> Rear			<input type="radio"/> Car <input type="radio"/> Van <input type="radio"/> Truck <input type="radio"/> Other _____ <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle	<input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door
BODY STYLE					
<input checked="" type="radio"/> Sedan <input type="radio"/> Hatchback <input type="radio"/> Pick Up Truck <input type="radio"/> Station Wagon					

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, Ventilator <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input checked="" type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Tires <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other _____	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="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	INCIDENT DATE	TIRE NAME
	7-6-00	MILEAGE AT INCIDENT	TIRE BRAND
	19,000 miles +	VEHICLE SPEED AT INCIDENT	<input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input checked="" type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other _____
FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	FAILED PART(S) AVAILABLE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" 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	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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"/> Wear/Corroded/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fell Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Flex	<input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken
	FIRE	NUMBER OF FATALITIES		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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		

PLEASE DO NOT WRITE IN THIS AREA



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