



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 <i>2/26/02</i>	City _____
Reference No. _____	State _____
	Agent _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 1J4FJ67S8PL626657	VEHICLE MAKE JEEP	VEHICLE MODEL CHEROKEE SPORT	MANUFACTURE DATE 05/19/93	MODEL YEAR 1993
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"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW				
PURCHASE DATE 06/04/93	DEALER'S NAME EMICH JEEP (303) 278-0101	CITY GOLDEN	STATE CO.	ZIP CODE 80401
ENGINE SIZE (CID/COI) 4.0	FUEL SYSTEM <input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input checked="" type="radio"/> Manual <input type="radio"/> Automatic	ANTILOCK BRAKES <input type="radio"/> Yes <input checked="" type="radio"/> No
NO. CYLINDERS 6	RESTRAINT SYSTEM <input type="radio"/> Universal Airbag <input checked="" type="radio"/> 2-Point Belt <input type="radio"/> 3-Point Belt <input type="radio"/> Volarbelt	CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No		
DRIVETRAIN <input type="radio"/> Front <input checked="" type="radio"/> 4 Wheel <input type="radio"/> Rear	VEHICLE TYPE <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	DOORS <input checked="" type="radio"/> 2-Door <input type="radio"/> 4-Door	BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Pick Up Truck <input type="radio"/> Sedan <input checked="" type="radio"/> Stationwagon	

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Air Bag <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Exhaust <input type="radio"/> Fuel System/Exhaust <input type="radio"/> Heating/Demist/Ventilator <input type="radio"/> Interior <input type="radio"/> Parking Brake <input checked="" 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 MANY	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters). TIRE NAME: N/A COMPLETE TIRE SIZE: N/A TIRE BRAND: 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
	INCIDENT DATE MANY	
	MILEAGE AT INCIDENT 80,000 TO 120,000	
	VEHICLE SPEED AT INCIDENT 0-1 M.P.H.	
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 type="radio"/> Yes <input checked="" type="radio"/> No DID CONTACT DEALER

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 NOT YET	CAUSE OF INCIDENT <input type="radio"/> Wheel/Conked/Bump <input type="radio"/> Wheel/Flat/Tire/Blowout <input type="radio"/> Lost Control <input type="radio"/> Disconnected/Fell Off <input type="radio"/> Excessive Effort	RESULT OF INCIDENT <input type="radio"/> Ejection/Fire <input checked="" type="radio"/> Loss of Control ??? <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 NOT YET	<input type="radio"/> Many <input type="radio"/> Less <input type="radio"/> Short <input type="radio"/> Loose/Sticks/Grabs <input type="radio"/> Stability/Vibrator <input type="radio"/> Broken	

PLEASE DO NOT WRITE IN THIS AREA



05431

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

THE FIRST FEW INCIDENTS MY WORK WAS DOING THE VEHICLE AND COULD NOT DESCRIBE IN MY MIND WHAT HAPPENED. AT THAT TIME THERE WAS ABOUT 80,000 MILES ON THE VEHICLE. NOW I AM DRIVING THE VEHICLE WITH 120,000 MILES ON IT. THERE IS A FAILURE AT START UP ON COOL DAYS WHEN THE CLUTCH IN AND IT STARTS RIGHT UP AS I START TO BACK OUT OF MY DRIVE WAY THE VEHICLE JUST KEEPS GOING BACKWARDS WHEN I PUSH THE CLUTCH BACK IN. THE ONLY WAY TO STOP THE VEHICLE ONCE IT IS MOVING IS TO SHUT THE MOTOR OFF. SOMETIMES IT IS ALMOST IMPOSSIBLE TO GET IT OUT OF GEAR TO RESTART. IF SOME ONE

PERSON WAS THERE AT THAT TIME IT COULD BE A TRAGEDY. THE VEHICLE IS A MANUAL TRANSMISSION (SPEED) AND I CAN NOT BELIEVE THAT THIS ESTHE ONLY VEHICLE TO EXPERIENCE THIS PROBLEM AS WAS TOLD BY JEEP.

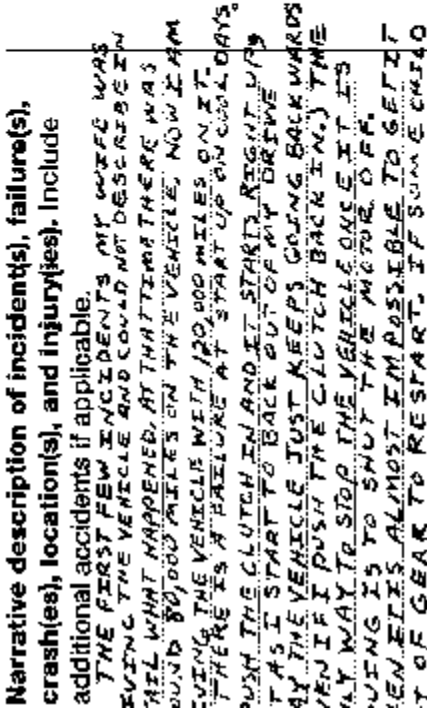
I STRESS THIS IS A VERY DANGEROUS SITUATION AND NEEDS TO BE ADDRESSED.

Continue on additional pages if necessary.

Describe any additional incidents. (include date and mileage)

The Privacy Act of 1974—Public Law 93-570 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent laws and regulations. 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-related defect. NHTSA proceeds with an investigation only if there is a safety-related defect. Your response, or a statistical summary thereof, may be used in support of the agency's action.

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HS Form 350 (Rev. 8-98)



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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

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

20590+0001

VEHICLE OWNER'S QUESTIONNAIRE (VOQ)

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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