



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: ●

Form Approved: O.M.B. No. 2127-0038

## FOR AGENCY USE ONLY

|                                 |                |
|---------------------------------|----------------|
| Date Reported<br><u>3/30/02</u> | Occur<br>_____ |
| Reference No.                   | City<br>_____  |
|                                 | State<br>_____ |
|                                 | Zip<br>_____   |

|                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                          |  |                                                                         |  |                                                                                                                                                                                                                   |  |                                                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|--|
| VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)                                                                                                                                                                                                                                                                                                                                 |  | VEHICLE MAKE                                                                                                             |  | VEHICLE MODEL                                                           |  | MANUFACTURE DATE                                                                                                                                                                                                  |  | MODEL YEAR                                                       |  |
| 1J4GL58K82W109101                                                                                                                                                                                                                                                                                                                                                                                           |  | JEEP                                                                                                                     |  | LIBERTY LTD.                                                            |  |                                                                                                                                                                                                                   |  | 2002                                                             |  |
| 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<br><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                                                                                                                                                                                                                                                                                                                                                                                               |  | DEALER'S NAME                                                                                                            |  | CITY                                                                    |  | STATE                                                                                                                                                                                                             |  | ZIP CODE                                                         |  |
| 6-19-01                                                                                                                                                                                                                                                                                                                                                                                                     |  | CLIFFORD JEEP                                                                                                            |  | BUFFALO GROVE                                                           |  | IL                                                                                                                                                                                                                |  | 60089                                                            |  |
| ENGINE SIZE<br>(CID/CC/L)                                                                                                                                                                                                                                                                                                                                                                                   |  | FUEL SYSTEM                                                                                                              |  | FUEL TYPE                                                               |  | TRANSMISSION TYPE                                                                                                                                                                                                 |  | ANTILOCK BRAKES                                                  |  |
| NO. CYLINDERS 6                                                                                                                                                                                                                                                                                                                                                                                             |  | <input type="radio"/> Turbo<br><input checked="" type="radio"/> Fuel Injection                                           |  | <input type="radio"/> Diesel<br><input checked="" type="radio"/> Gas    |  | <input type="radio"/> Manual<br><input checked="" type="radio"/> Automatic                                                                                                                                        |  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |  |
| DRIVETRAIN                                                                                                                                                                                                                                                                                                                                                                                                  |  | VEHICLE TYPE                                                                                                             |  | DOORS                                                                   |  | RESTRANMENT SYSTEM                                                                                                                                                                                                |  | CRUISE CONTROL                                                   |  |
| <input type="radio"/> Front<br><input checked="" type="radio"/> 4-Wheel<br><input type="radio"/> Rear                                                                                                                                                                                                                                                                                                       |  | <input type="radio"/> Car<br><input type="radio"/> Minivan<br><input type="radio"/> Truck<br><input type="radio"/> Other |  | <input type="radio"/> 2-Door<br><input checked="" type="radio"/> 4-Door |  | <input checked="" type="radio"/> Driver'side Airbag<br><input type="radio"/> 2-Point Belt<br><input type="radio"/> Passenger'side Airbag<br><input type="radio"/> Waterbelt<br><input type="radio"/> 3-Point Belt |  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |  |
| <input type="radio"/> Front<br><input checked="" type="radio"/> 4-Wheel<br><input type="radio"/> Rear                                                                                                                                                                                                                                                                                                       |  | <input type="radio"/> Car<br><input type="radio"/> Minivan<br><input type="radio"/> Truck<br><input type="radio"/> Other |  | <input type="radio"/> 2-Door<br><input checked="" type="radio"/> 4-Door |  | <input checked="" type="radio"/> Driver'side Airbag<br><input type="radio"/> 2-Point Belt<br><input type="radio"/> Passenger'side Airbag<br><input type="radio"/> Waterbelt<br><input type="radio"/> 3-Point Belt |  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |  |

| FAILED COMPONENT(S)/PART(S) INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COMPONENT<br><input type="radio"/> Child Seat<br><input type="radio"/> Electrical Lights & Alarms<br><input type="radio"/> Engine & Cooling System<br><input type="radio"/> Equipment<br><input type="radio"/> Fuel System, Exhaust<br><input type="radio"/> Heater, Defrost, Ventilation<br><input type="radio"/> Interior<br><input type="radio"/> Parking Brake<br><input type="radio"/> Power Train<br><input type="radio"/> Service Brakes<br><input type="radio"/> Steering<br><input type="radio"/> Structure<br><input checked="" type="radio"/> Suspension<br><input type="radio"/> Visual Systems<br><input checked="" type="radio"/> Other <u>WHEEL AXLE</u> | NO. OF FAILURES                                                                                                                                                                                    | To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).<br><br>TIRE NAME<br>_____<br>COMPLETE TIRE SIZE<br>_____<br><br>TIRE BRAND<br><input type="radio"/> BF Goodrich<br><input type="radio"/> Cooper<br><input type="radio"/> Firestone<br><input checked="" type="radio"/> Goodyear<br><input type="radio"/> Kelly Springfield<br><input type="radio"/> Michelin<br><input type="radio"/> Yokohama<br><input type="radio"/> Other |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | INCIDENT DATE                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MILEAGE AT INCIDENT                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VEHICLE SPEED AT INCIDENT                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | INCIDENT DATE<br>7-16-01<br>MILEAGE AT INCIDENT<br>1002<br>VEHICLE SPEED AT INCIDENT<br>55 mph<br>FAILED PART(S)<br><input checked="" type="radio"/> Original<br><input type="radio"/> Replacement |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| HANDICAPPED ADAPTIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FAILED PART(S) AVAILABLE                                                                                                                                                                           | NHTSA PREVIOUSLY CONTACTED?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="radio"/> Yes<br><input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                            |

| APPLICABLE INCIDENT INFORMATION                                                                                                  |                                                                  |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please describe<br>In detail the<br>Incident(s),<br>Failure(s),<br>Crash(es), and<br>Injury(ies) on<br>the back of<br>this form. | CRASH                                                            | NUMBER OF PERSONS INJURED                                                                                                                                                                                                                                                                              | CAUSE OF INCIDENT<br><input type="radio"/> Wear/Corrosion/Rust<br><input type="radio"/> Wear/Poor Fit/Loose<br><input type="radio"/> Cut/Torn<br><input type="radio"/> Disconnected/Fell Off<br><input type="radio"/> Engine/Poor Performance<br><input type="radio"/> Excessive Effort<br><input type="radio"/> Noisy<br><input type="radio"/> Leaks<br><input type="radio"/> Short<br><input type="radio"/> Loose/Sticks/Grogs<br><input type="radio"/> Stability/Vibration<br><input checked="" type="radio"/> Broken <u>AXLE</u><br><u>CONTROL ARM ETC.</u> |
|                                                                                                                                  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input checked="" type="radio"/> 1<br><input type="radio"/> 2<br><input type="radio"/> 3<br><input type="radio"/> 4<br><input type="radio"/> 5<br><input type="radio"/> 6<br><input type="radio"/> 7<br><input type="radio"/> 8<br><input type="radio"/> 9<br><input type="radio"/> 10                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                  | FIRE                                                             | NUMBER OF FATALITIES                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | <input type="radio"/> 0<br><input type="radio"/> 1<br><input type="radio"/> 2<br><input type="radio"/> 3<br><input type="radio"/> 4<br><input type="radio"/> 5<br><input type="radio"/> 6<br><input type="radio"/> 7<br><input type="radio"/> 8<br><input type="radio"/> 9<br><input type="radio"/> 10 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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 1 through Page 10)

BRAND NAME  
LINE TYPE

See each vehicle  
direction of travel

1

A

58.650

05935

in to

to the

no road

street

the road

by (Unit No.)

















