



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 360-0123
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	
Case Received	Date
2/26/02	
Reference No.	Officer
	Officer
	Officer

OWNER INFORMATION (Type or Print)

VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on dealer's sign)				VEHICLE MAKE PLEO		VEHICLE MODEL CHEROKEE COUNTRY		MANUFACTURE DATE		MODEL YEAR 1996			
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"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW													
PURCHASE DATE		<input type="radio"/> New <input checked="" type="radio"/> Used		DEALER'S NAME			CITY FREMINGTON N.B.		STATE N.B.		ZIP CODE		
ENGINE SIZE 100/00/11		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 type="radio"/> Manual <input checked="" type="radio"/> Automatic		ANTILOCK BRAKES <input type="radio"/> Yes <input checked="" type="radio"/> No		RESTRAINT SYSTEM <input type="radio"/> Driver-side Airbag <input type="radio"/> 2-Point Belt <input type="radio"/> Passenger-side Airbag <input type="radio"/> Motorbelt <input checked="" type="radio"/> 3-Point Belt		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 type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door		BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick-Up Truck <input checked="" type="radio"/> Stationwagon			

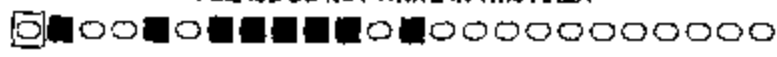
FAILED COMPONENT(S)/PART(S) INFORMATION

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"/> Hoses, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service brakes <input type="checkbox"/> Steering <input checked="" type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other	NO. OF FAILURES <input checked="" 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		To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).		
	INCIDENT DATE _____		TIRE NAME _____		COMPLETE TIRE SIZE _____
	MILEAGE AT INCIDENT 123 000 KM		TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other		
	VEHICLE SPEED AT INCIDENT N/A		FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement		
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" 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		

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 type="checkbox"/> 0 <input checked="" 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		CAUSE OF INCIDENT <input checked="" type="checkbox"/> Wear/Concave/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fall Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Nutsy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Slacks/Grieks <input type="checkbox"/> Stability/Vibration <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 Acceleration	
	FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No		NUMBER OF FATALITIES <input type="checkbox"/> 0 <input checked="" 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"/> N/A		<input type="checkbox"/> N/A	

PLEASE DO NOT WRITE IN THIS AREA



06098

Crash test, location(s), and injury/loss, include additional accidents if applicable.

PURCHASED VEHICLE IN THE
SPRING OF 2000, VERY
CLEAN, NO SIGN OF
ACCIDENT OR ABUSE.
MILEAGE \approx 113,000 KM
OR 70,000 MILES, I DO NOT
KNOW OF 2001, I TOOK
THE VEHICLE IN FOR
SERVICE AND INSPECTION,
BEFORE I WOULD UP FOR THE
WINTER, VEHICLE FILLED
UNEXPECTED, BECAUSE OF BAD
FLUIDS. I TOOK THE
VEHICLE TO A LOCAL SHOP
FOR A SECOND OPINION - WE
FILLED THE SEATS AND FLUIDS
MATS - ALL FORD FORD
PHYSICS - DSE, PSE, DSR, PSR
HAD SCORCH RUST AROUND
THEY FIRED FLUID, CONTAMINATED
CARS - THEY SAID TOOK
I BELIEVE THAT IF THIS
DEFECT IS UNDISCOVERED THAT
ASHINGTON OR A EXPERT DRIVERS

Continue on additional pages if necessary.
Describe any additional incidents. (include date and mileage)

The Privacy Act of 1974 (5 U.S.C. 552) requires that information be provided to you upon request. You may request a copy of this information by writing to the National Highway Traffic Safety Administration, 400 Seventh Street, S.W., Washington, D.C. 20590. If you are unable to contact us, you may also write to the National Highway Traffic Safety Administration, 400 Seventh Street, S.W., Washington, D.C. 20590. If you are unable to contact us, you may also write to the National Highway Traffic Safety Administration, 400 Seventh Street, S.W., Washington, D.C. 20590.

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IF MAILED
IN THE
UNITED STATES

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

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



**VEHICLE
OWNER'S**

QUESTIONNAIRE

(V000)

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



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

www.nhtsa.dot.gov/hotline

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