



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 231

Date Received

Repository ☐

2003-JUL-25 AM 7:50

Reference No.
10022837

OWNER INFORMATION (Type or Print)

Name

Address

City

GRAYLING

State MI

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of a signature, please print your name and address to the vehicle manufacturer.
Signature of Owner _____ Date 06/25/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side

Make

GEO

Model

TRACKER

Model Year

1997

Date Purchased

11-2001

Dealer's Name and Telephone Number

GRAYLING Ford

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

MI

Zip Code

49738

Transmission Type

Stick

☐ Antilock Brakes

☐ Cruise Control

Powertrain

Vehicle Component Code

115000 ELECTRICAL SYSTEM: FUSES AND CIRCUIT BREAKERS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

65,000

Failure Speed

Auto Speeds

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOT149ABC036)

☐ Original Equipment

☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

VEHICLE STALLS DUE TO ELECTRICAL FUSE PROBLEM. DEALER HAS BEEN CONTACTED. *AK

* WIPERS BLEW FUSES

* REAR WINDOW WASHER FAILED

* TURN SIGNALS FAILED

* INTERIOR LIGHTS TURN ON MYSTERIOUSLY

* AIR CONDITIONER FAILED

* VALVES OUT OF ADJUSTMENT

* EXHAUST FELL OFF CAR

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) This 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 administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.