



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 100182

Date Received

10-NOV-2004

Repository ☐

Reference No. 30
10088754

OWNER INFORMATION (Type or Print)

Name

Address

City EDISON

State NJ

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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

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

2C1MR5285V1

Make

GEO

Model

METRO

Model Year

1997

Date Purchased

AUG 1997

Dealer's Name and Telephone Number

Ind. Inc. Dealed out in 1997 or 98

Engine:

No. Cylinders 4

Fuel Type:

Gas
UNLEADED
REGULAR

Original Owner

☒

Dealer's City

Edison New Jersey

State

N.J.

Zip Code

08814

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☐ Cruise Control

Powertrain

UNKNOWN

Vehicle Component Code

181000 VEHICLE SPEED CONTROL ACCELERATOR PEDAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

03-NOV-2004

Failure Mileage

19860

19971

Failure Speed

Pushing

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/85R15)

DOT No. (Example: DOTM48ABC038)

☐ 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), condition, and injury(ies).)

Crash

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Redesign 1

Number of Deaths

0

Reported to Police

N

yes-Came to Scene

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).

CONSUMER WAS IN A COMMERCIAL PARKING LOT OWNER AND WHILE PARKING THE VEHICLE APPLIED BRAKES AND VEHICLE TOOK OFF. CONSUMER STEPPED ON THE BRAKES WITH BOTH FEET, AND VEHICLE CONTINUED TO SURGE FORWARD. CONSUMER EVENTUALLY GOT THE VEHICLE TO STOP. *AK

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.

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

My car was towed to the impound where it remained for 5 days. Liberty Mutual Ins Co had it towed to their Body Shop, to assess damages. They decided to total the car. This was the great relief to me. I could not have ever driven this car again. I have driven 38 years without having such a terrible accident happen while I was at the wheel. I was issued a summons for an unsafe auto. I have 19 invoices for maintenance done on my car, at the same Service Center since 1997. Something went wrong at that moment that made the car race out of control, and just over the curb. There was nothing I did wrong for this to happen. As you can see by the diagram how I was able to touch the wheel, the speed (crashing into the building). I might have been killed. I have contacted General Motors. They were going to send some one to look out the car at the time.

U.S. Department
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400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

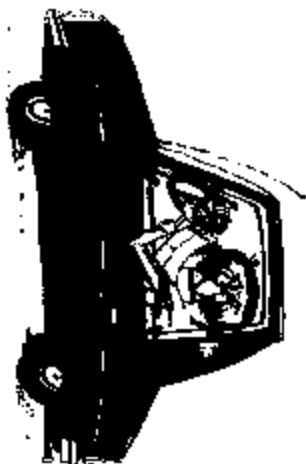
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Intelligent Mail Barcode



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and dial toll free at

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE

**VEHICLE
OWNER'S**

1/d 43 CASE NUMBER 0403 3509
 44 POLICE DEPARTMENT OF EDISON PD 101
 45 STATION/PRECINCT
 ACCIDENT OCCURRED ON: 40 WOODING AVE
 46 DATE OF COLLISION MONTH 11 DAY 03 YEAR 04
 47 DAY OF WEEK S M T W T F S
 48 TIME (USE 2400 HRS.) 1140
 49 MUNICIPALITY CODE 1203
 50 TOTAL KILLED 0
 51 TOTAL INJURED 0
 52 ROAD NAME
 53 ROUTE NO. SUFFIX
 54 MILEPOST
 55 ROAD NAME
 56 ROUTE NO. SUFFIX
 57 MILEPOST

58 VIN NO. 1 59 POLICY NO. A02-231-055065.4 60 INS. CODE 182
 61 VIN NO. 2 62 POLICY NO. 00733 0814K 7102 63 INS. CODE 823
 64 PARKED ☐ PED ☐ BICYCLIST ☐ RESPONDING TO AN EMERGENCY ☐ HIT & RUN
 65 DRIVER'S FIRST NAME 66 DRIVER'S LAST NAME
 67 DRIVER'S FIRST NAME 68 DRIVER'S LAST NAME
 69 NUMBER AND STREET
 70 CITY 71 STATE 72 ZIP 73 EXPIRES
 74 DRIVER'S LICENSE NUMBER 75 STATE 76 DOB MO. DAY YR. 77 EYES 78 SEX
 79 OWNER'S FIRST NAME 80 OWNER'S LAST NAME
 81 OWNER'S FIRST NAME 82 OWNER'S LAST NAME
 83 NUMBER AND STREET
 84 CITY 85 STATE 86 ZIP 87 EXPIRES

88 MAKE AND MODEL CHEVY MALIBU 89 COLOR 90 YEAR 91 MAKE AND MODEL FORD 92 COLOR 93 YEAR 94 MAKE AND MODEL
 95 VIN NUMBER 2C1MR5295N6 96 VIN NUMBER 1FAFP38324W3
 97 VEHICLE REMOVED TO 98 TOWED ☐ 99 AUTHORITY 100 TOWED ☐ 101 AUTHORITY
 102 ALCOHOL DATA 103 HAZARDOUS MATERIAL
 104 ALCOHOL DATA 105 HAZARDOUS MATERIAL
 106 ALCOHOL DATA 107 HAZARDOUS MATERIAL
 108 ALCOHOL DATA 109 HAZARDOUS MATERIAL
 110 ALCOHOL DATA 111 HAZARDOUS MATERIAL
 112 ALCOHOL DATA 113 HAZARDOUS MATERIAL

114 ACCIDENT DESCRIPTION
 DRIVER #1 WAS PARKING IN PARKING LOT OF 40 WOODING AVE CVS. DRIVER #1'S VEHICLE ACCELERATED OUT OF CONTROL STRIKING VEHICLE #2; THEN STRIKING POST IN FRONT OF BUILDING THEN STRIKING GARAGE CAN. GARAGE CAN WAS THROWN INTO PEDESTRIAN. DRIVER #1 STATED THE VEHICLE ACCELERATED ON IT'S OWN. CELL PHONE NOT IN USE. VEHICLE #1 IMPOUNDED FOR BEING DRUNK.
 115 DAMAGE TO OTHER PROPERTY
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