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 117

Date Received	Repository
10-DEC-2004 2005 JAN 10 AM 11:19	Reference No.: 10103502

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City ROCKFORD / State IL / Zip Cod		

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 __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2C1MR5297V6	GEO	METRO	1997

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
04-MAY-04				No: Cylinders	Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type			Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes	☒ Cruise Control	UNKNOWN	061000 ENGINE AND ENGINE COOLING:ENGINE
				Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
~~11-OCT-2004~~ See Attached		65	

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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).

CONSUMER SLOWED VEHICLE DOWN FROM 65 MPH AND HEARD A KNOCKING NOISE COMING FROM UNDERTHE HOOD. THIS CAUSED THE VEHICLE TO STALL. TOOK VEHICLE TO MECHANIC, AND WAS INFORMED NOISE WAS FROM THE ENGINE. ~~MECHANIC THEN LOOSENED O RINGS TO STOP NOISE AND STALLING~~, BUT NOISE AND THE STALLING CONTINUED. STALLING HAPPENED WHENEVER THE VEHICLE HAS TO SLOW DOWN OR STOP FOR ANY REASON.*AK See Attached

We sent the repair bill copies on 12/27/04 and forgot to send this.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY