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

2005 SEP -6 PM 5:59

FOR AGENCY USE ONLY 100148

Date Received	Repository
06-SEP-2005	
	Reference No. 10135441

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City MADRAS	State OR	Zip Code	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)	Make	Model	Model Year
1Y1SK5	GEO	PRIZM	1994

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
	Ron McDonald Chevrolet			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City Madras OREGON	State OR	Zip Code 97741		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☐ Cruise Control	FRONT WHEEL DRIVE	151000 SEAT BELTS:FRONT Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
24-AUG-2005	92000		Drivers seat belt retractor spring

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			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).

OT: THE CONTACT TRIED TO ORDER A NEW DRIVER'S SIDE SEAT BELT FROM A DEALER FOR 1994 GEO PRIZM. THE GM DEALER DID NOT HAVE IT AND COULD NOT GET ONE. THE CONSUMER ORDERED IT FROM TOYOTA. THE CONTACT'S VEHICLE WAS COMPATIBLE WITH A TOYOTA COROLLA. THE CONTACT WANTED TO COMPLAIN THAT HE SHOULD HAVE BEEN ABLE TO GET A SEAT BELT FOR HIS CAR FROM GENERAL MOTORS. ALSO, HE WAS CONCERNED THAT OTHER PEOPLE WILL NOT KNOW THERE WAS AN ALTERNATIVE FOR THIS.*AK

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