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 100148	
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OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City NORTHVILLE	State MI	Zip Code [redacted]	

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
1Y1SK5286[redacted]	GEO	PRIZM	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
	LOU LARICH AUTO			No. Cylinders 4	Gas
Original Owner ☐	Dealer's City PLYMOUTH	State MI	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☒ Cruise Control	Powertrain ALL WHEEL DRIVE	L62810 STRUCTURE:BODY:HOOD:HINGE AND ATTACHMENTS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
15-DEC-2005	63000	40	

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: DOTMALSABC036)	☐ 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).

DT*: THE CONTACT STATED WHILE TRAVELING 40MPH ON A BUSY HIGHWAY THE HOOD ON THE VEHICLE BLEW UP AND BUSTED THE WINDSHIELD. THE VEHICLE WAS PULLED OFF TO THE SIDE OF THE ROAD AND THE HOOD WAS TIED DOWN. THE VEHICLE WAS TAKEN TO THE DEALERSHIP WHERE IT WAS DETERMINED THE HINGES ON THE HOOD WERE RUSTED.

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