



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

POSTED

FOR AGENCY USE ONLY

Date Received: _____
 RECEIVED
 01 MAR 12 1998
 DEFECTS INDEX
 560297

Ref. No. _____
 Ref. No. _____

OWNER INFORMATION (Type or Print)

[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: [Redacted] Date: 1/29/01

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (Located at bottom of windshield on driver's side): 2CWB186776905190
 Make: Geo
 Model: Tracker CV
 Year: 96

Purchased Date: 10/21/98
 Dealer's Name: _____
 Dealer's City: _____ State: FL Zip Code: _____
 New Used

Engine Size (CID/CCL): _____
 Turbo Diesel Gas Fuel Injection
 No. Cylinders: 4

Manufacture Date (on driver's door or pillar): _____
 Transmission Type: Manual Automatic
 Restraint System: Driverside Air Bag Motorbel Passengerside Air Bag 2-Point Belt 3-Point Belt
 Cruise Control: Yes No
 Drivetrain: Front Rear 4-Wheel
 Vehicle Type: Car Sport Utility Truck Minivan Motorcycle Other
 Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Other *Soft top*

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s): Passenger air bag back seat
 Location: Left Right Front Rear
 Failed Part(s): Original Replacement
 Handicap Adaptive Equip: Yes No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand: _____ Tire Name: _____ Complete Tire Size: _____

No. of Failures: _____ Date(s) of Failure(s): _____ Mileage at Failure(s): _____ Vehicle Speed at Failure(s): _____
 Failed Part(s) Available?: Yes No
 NHTSA Previously Contacted?: Yes No

APPLICABLE INCIDENT INFORMATION

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

Crash: Yes No
 Fire: Yes No
 Number of Persons Injured: _____ Number of Fatalities: _____
 Reported to Manufacturer: Yes No

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

My back seat will not properly install a convertible rear facing car seat. And front has airbag. Since the backrest and rear seat fold up there is a gap between a bench and back rest. Seat slides side to side. Have even had a trained installer try to install it.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If 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.

Mall postage free or fax to 202-366-7882