



**DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)**

**NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline**

FOR AGENCY USE ONLY 258

Data Received 14-AUG-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 727886	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) _____ <small>(Listed at front of windshield or driver's side)</small>	Vehicle Make GEO	Vehicle Model METRO	Vehicle Year 1996	Current Odometer Reading
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Purchase Date 01-SEP-1997	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000 03250000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT BRAKES: HYDRAULIC: ANTI-SKID SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures 1	Date(s) of Failure(s) 24-NOV-1999	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mileage at Failure(s) _____	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) 15			

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

I OWNED A 1994 AND A 1996 GEO METRO I WAS INVOLVED IN A HEAD ON WITH THE 1994 AND MY AIR BAG DID NOT GO OFF. WHEN I REPORTED IT THE DEALER SAID I DID NOT HIT THE SENSORS RIGHT. SO I BOUGHT ANOTHER ONE A 1996 LSI. I HIT A CHEVROLET S10 GOING 15 MPH WITH NO TIME TO BRAKE AND NITHER ONE OF MY AIR BAGS WENT OFF IN THE CAR. THE FRONT BUMPER ON THIS CAR HAD BEEN REMOVVVED FOR REPAIR AND WAS NOT IN PLACE AT THE TIME OF ACCIDENT. THE WHOLE FRONT END WAS DAMAGED CLEAR THROUGH THE FAN AND RADIATOR SO THE AIR BAGS SHOULD HAVE GONE OFF THAT TIME. JUST THOUGHT YOU SHOULD KNOW THAT I OWNED TWO OF THE GEO'S AND HAD TWO ACCIDENTS AND IN NITHER CAR DID THE AIR BAGS DEPLOY.*AK

CONTINUED ON BACK PLEASE

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.