Form Approved: OMB No. 2127-0042

U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 258

Date Received: 07-JUN-2002

Od_or
rt_dt
od_rt
np_ltr

Reference No.: 762799

[redacted]

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.)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
2CNBJ18U9L6231862	GEO TRUCK	TRACKER	1990	

Purchase Dat: 01-JUN-2098 ☐ New ☒ Used

Dealer's Name_____ City_____ State_____ Zip Code_____

Engine Size (CID/CC/L 4CYL) No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☒ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other_____ ☐ Sport Ult ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12364000	INTERIOR SYSTEMS:BUCKET:BACK REST	☐ Left ☐ Front ☐ Right ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
	21-MAY-2002		
	Mileage at Failure(s 115000		
	Vehicle Speed at Failure(s) 0	☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

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

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☒ Yes ☐ No	☐ Yes ☒ No	1	0		☒ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WIFE INVOLVED IN A REAR END COLLISION. HER VEHICLE WAS STOPPED. UPON INPACT THE DRIVERS SEAT BACK FELL ALL THE WAY BACK, SHE SUFFERED A CONCUSSION AND WHIP LASH INJURY AND WAS TRANSPORTED TO CHELSEA COMMUNITY HOSPITAL. THE SEAT BEING IN THE DOWNWARD POSITION WAS POINTED OUT TO THE STATE POLICE AND EMS PERSON BY MY WIFE. THE VEHICLE WAS TOWED TO MY HOME, SEAT PHOTOGRAPHED IN DOWNWARD POSITION. WHEN SEAT IS RAISED IT WILL NOT STAY IN PROPER UPRITE POSITION, IT GOES BACK AT APPROX 45 DEGREE ANGLE AND TWISTED BACK ON RT SIDE. CONTACTED GENERAL MOTORS, THEY SAY THAT THE SEAT CONDITION DID NOT CAUSE THE ACCIDENT SO THEREFORE THEY ARE NOT RESPONSIBLE.*AK

CONTINUE OTHER SIDE