


DOT Auto Safety Hotline		FOR AGENCY USE ONLY 1375	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
<b>OWNER INFORMATION (Type or Print)</b> NORTH TAZEWELL VA		<b>DEFECTS OFFICE INVESTIGATION</b> Date Received: 02-DEC-2002 Reference No.: 8023478 Work Number: _____ Home Number: _____	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner		Date: 12/18/02	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)	Vehicle Mfg	Vehicle Model	Vehicle Year
2CNBJ18C4Y6924319	GEO TRUCK	TRACKER	2000
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	Current Odometer Reading
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Ramey's of Tazewell	No. Cylinders	
	City: Tazewell State: VA Zip Code: 24630	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injected	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt	Drive Train
			<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
			Vehicle Type
			<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
			<input checked="" type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle
			Body Style
			<input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
12111000	INTERIOR SYSTEMS: PASSENGER RESTRAINTS-AIR BAG:FRONTA	<input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously
	21-NOV-2002 Mileage at Failure(s): 37835 Vehicle Speed at Failure(s): 15	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Fatalities
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	0
			Estimated Property Damage
			0
			Reported to Police
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<b>CONSUMER COLLIDED IN THE REAR WITH ANOTHER VEHICLE WHILE TRAVELLING APPROXIMATELY 10-15MPH. BOTH DRIVER AND PASSENGER AIR BAGS DID NOT DEPLOY. PH</b>			
CONTINUE ON BACK IF NEEDED			
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 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.			

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

I hit a box truck with a steel lift on the back going about 16 miles per hour. It crushed the front end in about 2 inches and the hood crumpled up about 6 inches. My mother sprang her neck & back

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
DOT Auto Safety Hotline, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

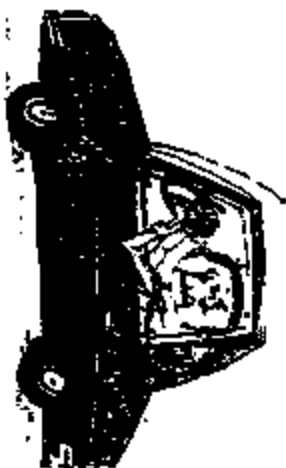
**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4238**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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Administration  
<http://www.nhtsa.gov/online>