

U.S. Department
of TransportationNational 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 294

Date Received

04-JAN-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

854693

 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) (located at front of windshield on drivers side) 2C1MR5227W6723263	Vehicle Make GEO	Vehicle Model METRO	Vehicle Year 1998	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

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

Component 05100000	Part Name(s) ENGINE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) <u>45</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN SHIFTING AND OR APPLYING THE BRAKES THE VEHICLE WILL STALL OUT AND DIE. DEALER HAS INSPECTED THE VEHICLE SEVERAL TIMES, AND HAS NOT BEEN ABLE TO CORRECT THE PROBLEM. MANUFACTURER HAS BEEN NOTIFIED. *AK

CONTINUED ON BACK (REVERSE)

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.



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00 FEB -9 AM 4:29

04 JAN 2000

OFFICE

DEFECTS INVESTIGATION

Od or

rt dt

od rt

up ltr

Reference No.

864693

OWNER INFORMATION (Type or Print)

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

☒ YES☐ NO

In the absence of an authorized signature, provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 1/20/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2C1MR5227W6723263		GEO	METRO	1998	46,724
Purchase Date	Dealer's Name <u>Reedman Chevrolet</u>		Engine Size (CID/CC/L)	☐ Turbo Diesel Gas Fuel Injection	
☒ New ☐ Used	City <u>Lanham</u> State <u>PA</u> Zip Code <u>19047-3004</u>		1.3L SOHC 4 MFI	☒ Fuel Injection	
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train
☒ Manual ☐ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag		☐ Yes ☒ No	☒ Front ☐ Rear ☐ 4-Wheel
Vehicle Type		Body Style			
☒ Car ☐ Sport Utl ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other		☐ Van ☐ Truck ☐ Motorcycle			

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000	Part Name(s) ENGINE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures 7-8	Date(s) of Failure(s) <u>4-99 through Present</u> Mileage at Failure(s) <u>36K-45K</u> Vehicle Speed at Failure(s) <u>various</u>	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN SHIFTING AND OR APPLYING THE BRAKES THE VEHICLE WILL STALL OUT AND DIE. DEALER HAS INSPECTED THE VEHICLE SEVERAL TIMES, AND HAS NOT BEEN ABLE TO CORRECT THE PROBLEM. MANUFACTURER HAS BEEN NOTIFIED. *AK

CONTINUE ON BACK IF NEEDED

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

The first thing is the service engine light comes on. Then the gears grind/stick when shifting. Finally the car shuts off and the wheels lock when decelerating, braking, turning.

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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

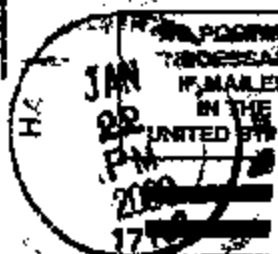
Official Business
Penalty for Private Use \$300

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
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590



24416

DATE 9/7/79

WARRANTY BY CASE

LABORER ☐

DRIVER ☐

ENGINEER ☐

MECHANIC ☐

WELDER ☐

PAINTER ☐

ROOFER ☐

GLAZIER ☐

OTHER ☐

LEFEVER BROS. INC.
M. R. AND U.S. ROUTE 15 NORTH
CALIFORNIA, CA. 95710

PHONE 444-4411
TOLL-FREE 1-800-444-4411



TOW AND PAINT

FRONT ENDER

VEHICLE IDENTIFICATION
2C14A5327W673845

AXLE NUMBER

DELIVERY DATE

9/2/79
M.L.C.

ITEM NO. OR DESCRIPTION

DATE

TIME SCHEDULE

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THE FACTORY WARRANTY COVERS
TYPICAL USE OF THE WARRANTY
WITH RESPECT TO THE SALE OF

REPAIR ORDER-LABOR INSTRUCTIONS

400 1968 Ford 1968 Ford

W.C.E.

ITEM NO. OR DESCRIPTION

DATE

TIME RECEIVED

TIME

TIME RECEIVED

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LEVEYER BROS. INC.

P.O. BOX 111, ROUTE 10, HUNTER
DALLAS, TEXAS 75201PHONE
636-2011
781-0866

TIN AND PAINT

PAINT WORK

214-237-7147

REPAIR ORDER - LABOR INSTRUCTIONS

DATE
11/21/99

LABORER

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