

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

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

294

Date Received

11-JUL-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

865192

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	GEO	PRIZM	1992	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertial <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13430000 10110000	Part Name(s) STRUCTURE:DOOR ASSEMBLY:HANDLE:INSIDE VISUAL SYSTEMS:GLASS:WINDSHIELD	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) <u>163</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available?   Yes   No	NHTSA Previously Contacted?   Yes   No
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## 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

INSIDE DOOR HANDLE HAS BROKEN OFF. ALSO, FRONT WINDSHIELD DOES NOT BECOME CLEAN IN FOG.\*AK

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 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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**National Highway Traffic Safety Administration**  
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**FOR AGENCY USE ONLY 284**  
 Od or \_\_\_\_\_  
 n\_d \_\_\_\_\_  
 od\_r \_\_\_\_\_  
 up\_tr \_\_\_\_\_  
 Reference No. 865192  
 WORK NUMBER \_\_\_\_\_  
 HOME NUMBER \_\_\_\_\_

**OWNER INFORMATION (Type of Print)**  
 Signature of Owner \_\_\_\_\_  
 Date 8/22/00  
 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, NHTSA will not disseminate information to the vehicle manufacturer.

**VEHICLE INFORMATION**  
 Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 1Y5K59682N2011809  
 Vehicle Make GEO  
 Vehicle Model PRIZM  
 Vehicle Year 1992  
 Current Odometer Reading 185  
 Purchase Date Sept. 14 1992  
 Dealer's Name Ambassador Chevrolet  
 City Spartanburg SC Zip code 29181  
 Engine Size (CID/CCL) No cylinders 4  
 Turbo  Diesel  Gas  Fuel Injection

**TRANSMISSION TYPE** Automatic  Manual   
**ANTILOCK BRAKES** Yes  No   
**RESTRAINT SYSTEM** 3-Point Belt  2-Point Belt  Motorized   
**DRIVERSIDE AIRBAG**  PASSENGERSIDE AIRBAG   
**CRUISE CONTROL** Yes  No   
**DRIVE TRAIN** Front  Rear  4-Wheel   
**VEHICLE TYPE** Car  Minivan  Other   
 Sport Utv  Truck  Motorcycle   
**BODY STYLE** 2-Door  4-Door  Stationwagon  Pick Up Truck  Other

**FAILED COMPONENT(S)/PART(S) INFORMATION**  
 Component 13430000  
 Part Name(s) STRUCTURE: DOOR ASSEMBLY; HANDLE; INSIDE VISUAL SYSTEMS; GLASS; WINDSHIELD  
 Location Left  Right  Rear   
 Failed Part(s) Original  Replacement   
 No of Failures 4  
 Date(s) of Failure(s) \_\_\_\_\_  
 Mileage at Failure(s) 183  
 Vehicle Speed at Failure(s) \_\_\_\_\_  
 Faked Part(s) Available? Yes  No   
 NHTSA Previously Contacted? Yes  No

**APPLICATION INCIDENT INFORMATION**  
 (Please describe in detail the incident(s), Failure(s), Crease(s), 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

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**  
 INSIDE DOOR HANDLE HAS BROKEN OFF. ALSO, FRONT WINDSHIELD DOES NOT BECOME CLEAN IN FOG/RAK

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