

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** 125

Date Received

31-JUL-2000

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od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

866341

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
1Y1SK5482XZ417332	GEO	PRIZM	1999	

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 type="checkbox"/> New <input checked="" 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 12110000	Part Name(s) INTERIOR SYSTEMS; PASSIVE RESTRAINT; AIR BAG	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available?	NHTSA Previously Contacted?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

**AIR BAG WARNING LIGHT REMAINS ILLUMINATED, INDICATING A MALFUNCTION WITHIN THE SYSTEM. DEALER REPLACED THE AIR BAG WIRING AND THE MODULE WHICH DID NOT CORRECT THE PROBLEM. PLEASE GIVE ANY FURTHER DETAILS. \*AK**

CONTINUED 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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY 125</b> Date Received: 00 SEP 14 PM 12:49 31-JUL-2000 OFFICE OF DEFECTS INVESTIGATION</p>	
<p>OWNER INFORMATION (Type or Print)</p>				<p>Reference No. 866341</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of your name and address to the vehicle manufacturer.</p>				<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>Signature of Owner: _____ Date: 9/14/00</p>				<p>Work Number: _____ Home Number: _____</p>	
<b>VEHICLE INFORMATION</b>					
<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1Y15K6482XZ417332</p>		<p>Vehicle Make GEO</p>	<p>Vehicle Model PRIZM</p>	<p>Vehicle Year 1999</p>	<p>Current Odometer Reading 34575</p>
<p>Purchase Date 4-17-99</p>	<p>Dealer's Name: Edwards Chevrolet City: Bham State: AL Zip Code: _____</p>		<p>Engine Size (CID/CC/L) _____ No Cylinders _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection</p>	
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes</p>	<p>Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control <input checked="" type="checkbox"/> Yes</p>	<p>Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>
<p>Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>	<p>Body Style <input type="checkbox"/> Sport Lift Truck <input type="checkbox"/> Motorcyclo <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other</p>				
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
<p>Component 12110000</p>	<p>Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG</p>		<p>Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement</p>
<p>No of Failures 3</p>	<p>Date(s) of Failure(s): June 00, July 00, Aug 00 Mileage at Failure(s): _____ Vehicle Speed at Failure(s): _____</p>		<p>Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<b>APPLICATION INCIDENT INFORMATION</b> (Please describe in detail the incident(s) Failure(s), Crash(es), and injury(ies) on the back of this form)					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured _____</p>	<p>Number of Fatalities _____</p>	<p>Estimated Property Damage _____</p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>					
<p>AIR BAG WARNING LIGHT REMAINS ILLUMINATED, INDICATING A MALFUNCTION WITHIN THE SYSTEM. DEALER REPLACED THE AIR BAG WIRING AND THE MODULE WHICH DID NOT CORRECT THE PROBLEM. PLEASE GIVE ANY FURTHER DETAILS. *AK</p>					
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