



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 119

Data Received 13-OCT-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 872954	

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>(Listed at front of windshield or drivers side)</small> 2C1MR2220Y6706631	Vehicle Make GEO	Vehicle Model METRO	Vehicle Year 2000	Current Odometer Reading
---	----------------------------	-------------------------------	-----------------------------	--------------------------

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

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input 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 07300000	Par. Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <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? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 <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
--	---	---------------------------	----------------------	---------------------------	---

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

WHEN SHIFTING FROM PARK TO DRIVE AND REVERSE VEHICLE STALLS AND DIES IN THE MIDDLE OF TRAFFIC. ALSO, HAS STALLED OUT IN THE MIDDLE OF AN INTERSECTION. CONSUMER HAS CONTACTED DEALER, DEALER UNABLE TO FIND THE PROBLEM. PLEAE PROVIDE ANY FURTHER DETAILS. *AK

CONTINUED ON BACK PLEASE

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.

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 119

Date Received

RECEIVED 12 PM 12:
13-OCT-2000OFFICE
DEFECTS INVESTIGATION

Od. or

rt. dt

od. pl

up. ltr

Reference No.

872954

Work Num

Home Number

OWNER INFORMATION (Type or Print)

646639

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorized agent, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 10/24/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (locate on driver's side dashboard or door frame)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2C1MR2220Y6706631	GEO	METRO	2000	33,339

Purchase Date 2/24/00	Dealer's Name CASCADIA CHEVROLET HONDA	Engine Size (CID/CC/L) 790.0	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City Klamath Falls	State OR	No. Cylinders 4
Zip Code 97602			

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	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 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	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
No. of Failures	Date(s) of Failure(s) Continual from March 00	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mileage at Failure(s) 5,000 to 33,339		Vehicle Speed at Failure(s) 0 mph	

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	Fatality <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
--	---	---------------------------	----------------------	---------------------------	---

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

WHEN SHIFTING FROM PARK TO DRIVE AND REVERSE VEHICLE STALLS AND DIES IN THE MIDDLE OF TRAFFIC. ALSO, HAS STALLED OUT IN THE MIDDLE OF AN INTERSECTION. CONSUMER HAS CONTACTED DEALER, DEALER UNABLE TO FIND THE PROBLEM. PLEASE PROVIDE ANY FURTHER DETAILS. *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.



www.cascadehonda.com
 2810 WASHBURN WAY • P.O. BOX 7398
 KLAMATH FALLS, OREGON 97602
 FAX 541/882-6861 • 541/883-7701 • 1/800/888-9573

Customer No. 27572	NAME DENNIS GULLEY	TAG NO. 14 9580	DATE 10/20/00	NO. 2RCS4242
LABOR 59.00	LOC 2R2378	MI/AGE 33,339	COLOR SILVER/	PROVINCE 4236
VEHICLE MAKE 00/GEO/METRO			DATE 02/25/00	DELIVERY MAKE 0
VEHICLE NO. 2CIMR2220Y6706631			DELIVERY MAKE NO.	PRODUCTION DATE
P. O. NO.			10/20/00	
COMMENTS			NO: 33339	

JOB 1 CHARGES

LABOR
 JOB 1 10CVZ

DRIVEABILITY UNITS: (TECHS) 149
 CUSTOMER SAYS THAT VEH WILL DIE INTERMITTANT AT STOPS WHEN SHIFT INTO GEAR OR WHEN START TO ACCEL FROM STOPS INTERMIT. NO WARNING LIGHTS/ NOISE SO WHEN WARNED UP. HAS A STRONGER SULFER SMELL WHEN IT DOES THIS/ HAS NEVER DIED IN PARK OR NEUTRAL. ONLY WHEN PUT INTO GEAR.
 CHECK ENGINE LIGHT WILL COME ON FOR A SECOND WHEN IT STARTS TO SPUTTER AND GOES OFF WHEN IT STOPS.
 TESTED BY WIGGLE TESTING MAIN ENGINE HARNESS VEH WOULD DIE. DISASSEMBLED HARNESS TO INSPECT INDIVIDUAL WIRES. FOUND WHITE AND BLUE INJECTOR WIRE HAD RUBBED ON LOWER INTAKE BOLT. REPAIRED WIRE AND REPOSITION HARNESS AND RETEST.

WARRANTY

"Cascade Cares"
FULL SERVICE BODY & PAINT

Any warranties on the parts and/or accessories sold hereby are those made by the manufacturer. The seller, hereby expressly disclaims all warranties, either express or implied, including any implied warranties of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of these parts and/or accessories.

If you are happy let your neighbor know. If you are unhappy please call our service manager.

JOB 1 TOTALS

JOB 1 TOTAL

TOTALS

CASH CHECK OR NO. []
 VISA MASTERCARD DISCOVER
 AMEX EXPRESS OTHER CHARGE

TOTAL LABOR	0.00
TOTAL PARTS	0.00
TOTAL SUBLET	0.00
TOTAL G.O.G.	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC.	0.00
TOTAL TAX	0.00

TOTAL INVOICE \$ 0.00

THANK YOU FOR YOUR BUSINESS



CUSTOMER SIGNATURE

- COURTESY SHUTTLE VAN**
7:00 AM - 8:30 PM
(We'll take you to work, or pick you up)
- DRIVE IN SERVICE (and/or) SERVICE ADVISOR**
(Friendly & prompt service to speed up your day)
- FACTORY TRAINED TECHNICIANS**
- WE USE FACTORY CHEVROLET/HONDA PARTS**
(Insured 12 months, 12,000 mile warranty)

SHOP SUPPLIES: A labor charge (15% of labor, maximum \$10.00) is included to cover costs of non-listed supplies such as bolts, washers, tape, sealant, grease, rags, sealers, sprays, etc.

In the event of default in payment I agree to reimburse CASCADÉ CHEVROLET HONDA its reasonable enforcement and collection costs, including attorney fees, whether or not a lawsuit is filed.

X _____

Copyright © 1999 The Reynolds and Reynolds Company. All rights reserved.



2810 WASHBURN WAY
P.O. BOX 7399
KLAMATH FALLS, OREGON 97602
FAX 541/862-3430 * 541/862-7701

SERVICE ADVISOR **ALBERT MCLING**

PRINTED	DATE MADE	STOCK NO.	VEHICLE IDENTIFICATION	CLERK NO.	TAB NO.	P.O. NO.	WHOLESALE PRINTED	BY PHONE NO.
17MAY00	17MAY00	4256	2C1MR2220Y6706631	51471	T8631		17MAY00	184373
TIME	DATE READY	YEAR	MAKE & MODEL	GROUP CODE NO.	2001 PAY CARDS RATE	DELIVER DATE	PERIOD BY	SEA
11:00	12:29	2000	CHEVROLET METRO		59.00	25FEB00	163	77
STOCK NO.	MILEAGE ON	LICENSE NO.						
11334	11334	XRZ378						

A LUBE, OIL & FILTER

QTY	DESCRIPTION	UNIT PRICE	AMOUNT	TOTAL
1	74 CLC 0.40	9.75	9.75	9.75
1	25011520 OIL FILTER	5.00	5.00	5.00
1	14090908 GASKET	1.12	1.12	1.12
8	5-30 OIL	0.76	6.08	6.08

COMPLETED LUBE, OIL & FILTE CHECKED & FILLED

FLUIDS ALL OK

B FREE CAR WASH

99	CLC 0.00	0.00	0.00	0.00
----	----------	------	------	------

CUSTOMER STATES WHILE DRIVING AT HIGHER RPM'S VEHICLE HAS SLIGHT PULSATING SURGE IN ON A COUPLE OF OCCASSIONS WHILE VEHICLE IN PARK AT IDLE IT DIED/ALSO HAS STRONG SMOKE SMELL

CAUSE: NONE AT THIS TIME

49	WCR 0.00			(N/C)
----	----------	--	--	-------

PRINTED VEHICLE-NO CODES STORED AT THIS TIME/TES T DROVE VEHICLE NO PROBLEMS FOUND AT THIS TIME

**CASCADE'S
SERVICE
TREATS
YOU RIGHT**

COURTESY SHUTTLE VAN
7:30 AM - 6 PM

(We'll take you to work, or pick you up)

DRIVE IN SERVICE (Indoor) 4 SERVICE ADVISORS

(Friendly & prompt service to speed up your day)

FACTORY TRAINED TECHNICIANS

WE USE FACTORY CHEVROLET/HONDA PARTS

(Guaranteed 12 months, 12,000 mile warranty)

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
LESS INSURANCE	
SALES TAX	
PLEASE PAY THIS AMOUNT	X

SHOP SUPPLIES: A 10% charge (15% of labor, maximum \$5) is included to cover costs of non-listed supplies such as bolts, washers, tape, solvent, cleaners, rags, sealers, sprays, etc.

In the event of default in payment I agree to reimburse CASCADE CHEVROLET HONDA its reasonable enforcement and collection costs, including attorney fees, whether or not a lawsuit is filed.



Thank You for Your Business!

CUSTOMER COPY