



U.S. Department
of Transportation

National 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 150

Date Received

19-DEC-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

876706

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 or drivers side) 2C1MR2226W6726881	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 06410000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 12000 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)

INTERMITTENTLY WHEN LETTING UP ON GAS PEDAL MOTOR AND SPEED WILL INCREASE. IT HAS EVEN INCREASED ON ITS OWN. DEALER HAS REPLACED ACCELERATOR PEDAL SENSOR, BUT DEFECT STILL OCCURS. CONSUMER HAS BEEN COMPLAINING ABOUT DEFECT FOR OVER A YEAR. *AK

CONTINUED ON BACK (SEE 150)

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 160

Date Received

19-DEC-2000

OFFICE
DEFECTS DIVISION
 Od_or _____
 Adt _____
 Od_rt _____
 Up_Wr _____

Reference No.

876706

Work Number

Home Number

OWNER INFORMATION (Type or Print)

651771

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorized signature, please print name and address to the vehicle manufacturer.☒ YES☐ NO

Signature of Owner

Date 1/25/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of
windshield on driver's side)

2C1MR2226W6726881

Vehicle Make

GEO

Vehicle Model

METRO

Vehicle Year

1998

Current Odometer Reading

20636

Purchase Date

3/28/98

Dealer's Name

Knoxwell Chevrolet

Engine Size
(CID/CC/L)

No Cylinders

☐ Turbo
☐ Diesel
☒ Gas
☐ Fuel Injection
☒ New ☐ Used

City

Amsterdam

State

NY

Zip Code

12010

Transmission Type

☐ Manual☒ Automatic

Antilock Brakes

☐ Yes☒ No

Restraint System

☒ 3-Point Belt☐ Motorbelt☒ Driverside Airbag☐ 2-Point Belt☒ Passengerside Airbag

Cruise Control

☐ Yes☒ No

Drive Train

☒ Front☐ Rear☐ 4-Wheel

Vehicle Type

☒ Car☐ Van☐ Minivan☐ Other☐ Sport Utv☐ Truck☐ Motorcycle

Body Style

☒ 2-Door☐ 4-Door☐ Stationwagon☐ Pick Up Truck☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

08410000

9173884

9117402

Part Name(s)

FUEL THROTTLE LINKAGE AND CONTROL PEDAL

Throttle Pedal Sensor

ECM Module

Location

☐ Left☐ Front☐ Right☐ Rear

Failed Part(s)

☐ Original☐ Replacement

No of Failures

Date(s) of Failure(s)

Mileage at Failure(s)

12000

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

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

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1/22/01 spontaneous increases and decreases in speed now continue for 7-8 mi continuously in spite of parts replacement as above. Each time vehicle is returned to me after repair attempts I am assured it tests ok but each time

CONTINUE ON BACK IF NEEDED

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U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

POSTAGE WILL BE PAID BY MAIL HWY TRAFFIC SAFETY ADMIN.

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Washington, D.C. 20590

U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

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NECESSARY
IF MAILED
IN THE
UNITED STATES

U.S. G.P.O. 1982-624-877/80204

I reiterate my complaints they seem to find more things to adjust/replace. Customer complaint section on my bill changes with ea. bill often being the exact opposite of what I say. I have started to make written complaints keeping a copy. This has not improved billing accuracy. I feel an effort is being made to trivialize my complaints which I feel are about a significant safety defect.

TIRE IDENTIFICATION NO.									
INFORMATION ON TIRE FAILURE(S) IF APPLICABLE									
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)									
DOT MANUFACTURER/TIRE NAME SIZE									
Field to show Return Address (no stamp needed) Fasten with tape or staple and mail									