



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 284

Date Received

21-FEB-2001

Od\_or \_\_\_\_\_  
R\_dt \_\_\_\_\_  
Pd\_rt \_\_\_\_\_  
Ip\_ltr \_\_\_\_\_

Reference No.

880972

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)<br><small>(Located at bottom of<br/>windshield on driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 2C1MR5294T6734326   | GEO          | METRO         | 1996         |                          |

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

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

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

|                       |  |  |   |
|-----------------------|--|--|---|
| Component<br>12411000 | Part Name(s)<br>INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA                                     | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures       | Date(s) of Failure(s)<br>16-FEB-2001<br>Mileage at Failure(s)<br>70<br>Vehicle Speed at Failure(s)<br>50 | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | NHTSA Previously Contacted?<br><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<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>1 | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|--------------------------------|----------------------|---------------------------|---|

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

VEHICLE WAS INVOLVED IN A FRONTAL COLLISION AT 50 MPH. UPON IMPACT, AIRBAGS DID NOT DEPLOY, RESULTING IN MINOR INJURIES. MANUFACTURTER WILL BE NOTIFIED.\*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.

| DOT Auto Safety Hotline  |  | FOR AGENCY USE ONLY 284   |  |
|--|--|---|--|
| <br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration   |  | <b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline  |  |
| OWNER INFORMATION (Type or Print)  |  | Date Received <u>21-FEB-2001</u><br>Od_or _____<br>rt_rt _____<br>od_rt _____<br>up_ltr _____<br>Reference No. <u>880972</u>  |  |
| [Redacted] <u>675692</u>   |  | Work Number [Redacted]<br>Home Number [Redacted]  |  |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.   |  | Signature of Owner [Redacted] Date <u>3/1/01</u>  |  |
| VEHICLE INFORMATION  |  |   |  |
| Vehicle Ident. No. (VIN) (3 dashes at bottom of windshield on driver's side)   | Vehicle Make   | Vehicle Model   | Vehicle Year   |
| <u>2C1MR5294T6734326</u>   | <u>GEO</u>   | <u>METRO</u>  | <u>1996</u>  |
| Purchase Date<br><u>July 1997</u>  | Dealer's Name<br><u>Sam White</u>  | Engine Size (CID/CC/L)  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection   |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used  | City <u>Houston</u> State <u>TX</u> Zip Code _____   | No Cylinders <u>4</u>   |  |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic  | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                            | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input checked="" type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |
|  |  | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel   | Vehicle Type<br><input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other<br><input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle |
|  |  |   | Body Style<br><input checked="" type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____  |
| FAILED COMPONENT(S)/PART(S) INFORMATION  |  |   |  |
| Component<br><u>12111000</u>   | Part Name(s)<br><u>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT</u>  | Location<br><input checked="" type="checkbox"/> Left<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear  | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement   |
| No of Failures   | Date(s) of Failure(s) <u>16-FEB-2001</u><br>Mileage at Failure(s) <u>70</u><br>Vehicle Speed at Failure(s) <u>50</u> | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously Contacted?<br><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<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Number of Persons Injured<br><u>1</u>   | Number of Fatalities   |
|  |  | Estimated Property Damage   | Reported to Police<br><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)  |  |   |  |
| <b>VEHICLE WAS INVOLVED IN A FRONTAL COLLISION AT 50 MPH. UPON IMPACT, AIRBAGS DID NOT DEPLOY, RESULTING IN MINOR INJURIES. MANUFACTURTER WILL BE NOTIFIED.*AK</b>   |  |   |  |
| 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 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. |  |   |  |