



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received

20 JUL 2004

Repository

Reference No.
10063699

OWNER INFORMATION (Type or Print)

Name

Address

City

WHEELING

State

WV

Zip Code

Home Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an answer, NHTSA will use the information you provide your name or address to the vehicle manufacturer.

YES NO

Signature of Owner

Date 8/16/04

VEHICLE INFORMATION

17 digit vehicle identification number located at bottom of windshield on driver's side

2CNDL23F656

Make

CHEVROLET

Model

EQUINOX

Model Year

2005

Date Purchased

5-23-04

Dealer's Name and Telephone Number

Old, CADillac
Bob Robinson Chevrolet 304-233-8003

Engine:

No: Cylinders

6 Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

Wheeling, WV

State

WV

Zip Code

26003

3.4 liter

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

ALL WHEEL DRIVE

Vehicle Component Code

021460 SUSPENSION: FRONT: MACPHERSON STRUT

Multiple Failure: 1-2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

28-JUL-2004

Failure Mileage

471 mi, 1,130

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1A9BCD7-1)

Original Equipment

Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

WHILE DRIVING CONSUMER HEARD A KNOCKING NOISE FROM THE DRIVER SIDE WHEEL. CONSUMER DROVE IT TO THE DEALER FOR INSPECTION, AND MECHANIC DETERMINED THAT DRIVER'S SIDE STRUT NEEDED TO BE REPLACED DUE TO CORROSION. *AK

Had struts Replaced on June 21, 2004, Reported Bad struts at 471 miles on June 8. Had Reported 2nd and 1st struts on July 9, 2004 at 1,130 miles, they were Replaced on July 30, 2004. Had to have ALL 4 TIRES BALANCED & weight ON Aug 5, 2004 do 20 strut problem. CAR WAS Pulling Badly to left when driving.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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 responses, or a statistical summary thereof, may be used in support of the agency's action.