



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 241

Date Received

04-OCT-2004

Repository

Reference No. **2004 NOV 12 PM 12: 5**  
10094964

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City **GLENFORD** State **NY** Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of your name or address to the vehicle manufacturer.  YES  NO  
Signature of Owner [REDACTED] Date **11/01/04**

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: **2CNDL73F856** [REDACTED]  
Make **CHEVROLET** Model **EQUINOX** Model Year **2005**  
Date Purchased **30-JUL-04** Dealer's Name and Telephone Number  
Engine: No: Cylinders **6** Fuel Type: **Gas**  
Original Owner  Dealer's City State Zip Code  
Transmission Type:  Antilock Brakes  Cruise Control Powertrain **4 WHEEL DRIVE**  
Vehicle Component Code **180000 VEHICLE SPEED CONTROL**  
Multiple Failure: **1**

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

Incident Date(s) **01-OCT-2004** Failure Mileage **977** 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: DOTM9ABC036)  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 **0** Number of Deaths **0** Reported to Police **Y**

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).

VEHICLE SUDDENLY ACCELERATED IN REVERSE WHILE BACKING THE VEHICLE INTO THE CAR PORCH. THIS CAUSED THE VEHICLE TO RUN INTO THE CAR PORCH WALL. VEHICLE WAS TOWED TO THE DEALER FOR INSPECTION. \*AK

**WAS UNABLE TO STOP THE CAR. IT KNOCKED DOWN THE BACK WALL AND AIR CONDITIONING UNIT. THE CAR WAS TOTALLED BY THE INSURANCE CO.**

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.