



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	
Date Received	Od. or n_dt _____ od_rt _____ up_lr _____
Reference No. 10095465	

OWNER INFORMATION (Type or Print)

Name: [REDACTED]

Street No. [REDACTED] Apt. No. [REDACTED]

City: **IRWIN** State: **PA** Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]

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

Signature of Owner: [REDACTED] Date: **9/12/04**

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) 2CNDL73F75G	(Located at bottom of windshield on driver's side)	Make CHEVROLET	Model EQUINOX AWDLT	Year 2005
Purchased Date 8/31/04	Dealer's Name DAN JOHNSTON	Engine Size (CID/CC/L) 3400	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City ROUTE 30 JENNETTE	State PA	Zip Code 15644	No. Cylinders 6
Manufacture Date (on driver's door or pillar) 6/4/04	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport Utility <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 checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other		

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) NO ASSIST HANDLES	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name		
Complete Tire Size	DOT No.		
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)		

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

THERE ARE NO ASSIST HANDLES ON THIS AUTO TO AID GETTING IN OR OUT

PEOPLE HAVE NOTHING TO GRAB GETTING IN OR OUT AND ITS VERY POSSIBLE TO GET HANDS AND ARMS CAUGHT BETWEEN DOOR & POST

THE GARAGE INSTALLED FORM FOR US. FOR TO AID MY WIFE AND I MANAGE TO GET IN OR OUT. BUT THEY OUR FLIMSY AND JUST SCREWED INTO THE PLASTIC HOLDING'S

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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

ITS VERY POSSIBLE THE MOLDING WILL PULL LOOSE

WE HAD TO SIGN A WAIVER SO THE GARAGE IS NOT RESPONSIBLE IF ANY BODY GETS HURT WHEN THEY PULL LOOSE

I SAY THE MANUFACTURE SHOULD BE MADE TO RECALL THESE AUTO'S AND PUT THE RIGHT AND SAFE ONE'S ON.

I HAVE TALKED TO SEVERAL EQUIPMENT OWNERS AND THEY AGREE THAT HANDLES SHOULD BE PUT ON



ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.



U.S. Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation, NSA-10.01 400 7th Street, SW Washington, DC 20590



Complete and return or place in your car manual for future use

VEHICLE OWNER'S QUESTIONNAIRE (VQQ)



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DASH 2 DOT

and dial toll free at

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

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