



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 100148

Date Received: 03-MAY-2005
Repository:
Reference No.: 10119505

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: BEDFORD State: VA Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening 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: _____ Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2CNDL73F256 [Redacted]
Make: CHEVROLET Model: EQUINOX Model Year: 2005
Date Purchased: 29-DEC-04 Dealer's Name and Telephone Number: MURRAY AND BOLLING CHEVROLET INC 540-586-8277 Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner: Dealer's City: BEDFORD State: VA Zip Code: 24523
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: ALL WHEEL DRIVE Vehicle Component Code: 180000 VEHICLE SPEED CONTROL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 26-MAR-2005 Failure Mileage: 850 Failure Speed: 3

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: DOTM19ABC036): _____ 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: none Number of Deaths: none 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).

PULLED INTO PARKING LOT AND VEHICLE ACCELERATED ON ITS OWN AND HIT A POLE. CAR WAS RACING, PUT IN NEUTRAL. FILED A COMPLAINT WITH GMC. THEY HAVE DENIED ANY LIABILITY. *AK *Police report not available - accident on private property. (Photos of damage to follow via email.) There were 3 witnesses to this vehicle malfunction.*

6-27-05

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.



Customer Assistance Center

Chevrolet Division
General Motors Corporation
P.O. Box 33170
Detroit, MI 48232-5170

April 26, 2005

[REDACTED]
[REDACTED]
Bedford, VA [REDACTED]

Service request: 1-323445730

Vehicle Identification Number: 2CNDL73F256 [REDACTED]

Customer Relationship Manager: Anya Jenkins

Dear [REDACTED]

Thank you for allowing us the opportunity to review the product allegation involving your 2005 Chevrolet Equinox.

After careful investigation of your case, none of the available data suggests that the product allegation has any merit. If you'd like to provide us with any additional evidence that you feel would further support your claim, please contact us again. However at this time, General Motors is unable to assume responsibility for damages and we suggest that you resolve this matter through your insurance carrier.

Sincerely,

General Motors Corporation

EAA Inspection Request

Date: 4/7/05

TO: Cathryn Kostaroff

EAA/SPX Field Coordinator

Phone: 313-768-2147

Fax: 313-768-2266

Email: cathryn.kostaroff@servicesolutions.spx.com

From: Anya Jenkins

PAR Customer Relations Mgr

Email: Jenkinan@gmexpert.com

Phone: 800-231-1841 ext.58667

Fax: 866-439-3815

Mailing Address:

GM PAR Investigations

5701 East Hillsborough Avenue

Suite 2300

Tampa, FL 33610

Vehicle Information

VIN#: 2CNDL73F256

Year/Make: 2005/Chevrolet

Model: Equinox

Contact's Name: James Burton

Contact's Number: 540-586-8278

Vehicle Location: Murray & Bolling Chevro
303-317 JACKSON ST
BEDFORD, VA 24523-3411

IF located at a Salvage/Auction Yard:

Ins. Adj. Name:

Phone #:

Claim or Salvage ID #:

Claimant Information

PAR File #: 1-323445730

Claimant Name: Alan Dahl

Claimant Home #: 540-297-4142

Claimant Work #:

Claimant Cell #:

Address: 1631 Headens Bridge Rd
Bedford, VA 24523

Required Actions:

- Advise PAR CRM via voicemail/email of inspection date.
- Repair Estimate Required
- Review All PAR File information

Please Use Forms:

<input checked="" type="checkbox"/> Accelerator/Throttle	<input type="checkbox"/> Restraint-SIR/Seatbelts	<input type="checkbox"/> Seats
<input checked="" type="checkbox"/> Brake/ABS/TC System(s)	<input type="checkbox"/> Side Impact	<input type="checkbox"/> Power Sliding Door
<input type="checkbox"/> Steering/Suspension/Tires&Wheels	<input type="checkbox"/> Transmission/Transaxle	<input type="checkbox"/> Hood/Hood Latch
<input type="checkbox"/> Engine	<input type="checkbox"/> Fire Collision	<input type="checkbox"/> OnStar

Special Instructions:

<input checked="" type="checkbox"/> Interview Owner	<input type="checkbox"/> Vetronix Requested	<input checked="" type="checkbox"/> Obtain Fire/Police Report
<input type="checkbox"/> Do Not Interview Owner	<input checked="" type="checkbox"/> Contact PAR CRM After	<input type="checkbox"/> Other (define)

RUSH A. Medina PAR Team Manager: _____ GM Team Leader:

To: SA: John Hawranick	Date E-Mailed to SA: 4-11-05
From: Cathryn Kostaroff	Due Date: 4-21-05

Case Acceptance/Investigation: YES NO

Please acknowledge acceptance of this case promptly by phone or fax.

Report Sent via Priority Mail Date:	Date Report Faxed/Emailed to CRM:
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**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**