



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

2005 JUN - 5
04-MAY-2005

Repository

Reference No.
10119757

OWNER INFORMATION (Type or Print)

Name _____

Address _____

City THORNWOOD

State NY

Zip Code _____

Daytime Telephone Number _____

E-mail Address _____

Evening Telephone Number _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an auth. to your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 05/23/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at base of or windshield on driver's side

2CNDL73FX56

Make

CHEVROLET

Model

EQUINOX

Model Year

2005

Date Purchased

31-MAR-05

Dealer's Name and Telephone Number

MOUNT KISCO CHEVROLET CADILLAC HUMMER IN 914-241-9500

Engine:

No. Cylinders 5

Fuel Type:

Gas

Original Owner

Dealer's City

MOUNT KISCO

State

NY

Zip Code

10549

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

ALL WHEEL DRIVE

Vehicle Component Code

170000 LATCHES/LOCKS/LINKAGES

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

01-APR-2005

Failure Mileage

35

Failure Speed

0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____

Tire Model (Name or Number) _____

Tire Size (Example P215/85R15) _____

DOT No. (Example: DOTM19ABC038) _____

 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 _____

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).

CONTACT STATED THAT WHEN THE CAR WAS PUT INTO PARK, THE DOORS AUTOMATICALLY UNLOCKED, FELT THAT THIS COULD CAUSE A SAFETY HAZARD WITHIN BAD NEIGHBORHOODS. CONTACT WAS ABLE TO SWITCH THE FEATURE TO OFF. *AK

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) The 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.