



DOT Auto Safety Hotline Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS
1-888-DASH-2-DOT
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received: 2005 MAY -5 AM 4:08
Od_nr: _____
rt_dt: _____
od_rt: _____
up_itr: _____

OWNER INFORMATION (Type or Print)

Name: _____
Street N: _____ Apt. No.: _____
City: **BOTHELL** State: **WA** Zip Code: _____

Reference No.: _____
Daytime Telephone Number: _____

10120423

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: **5/2/05**

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) 2CNDL13F0516		Make CHEVROLET	Model EQUINOX	Year 05
Purchased Date 8 MAR 05	Dealer's Name SEAVIEW CHEVROLET		Engine Size (CID/CYL) 3A	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City LYNNWOOD	State WA	Zip Code 98037	No. Cylinders 6
Manufacture Date (on driver's door or pillar)	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
				Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <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) DRIVER AIR BAG'S SEAT BELT	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input 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)
	Mileage at Failure(s)
	Vehicle Speed at Failure(s)
	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

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

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured ONE	Number of Fatalities NONE	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No DEALER
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies):
HIT FROM REAR AT A COMPLETE STOP AT LIGHT BY A FULL SIZE PICK UP TRUCK - I (DRIVER) WAS FORCED FORWARD INTO STEERING WHEEL & DASH ALONG WITH CAR IN FRONT
① AIR BAG DID NOT DEPLOY
② SEAT BELT DID NOT ENGAGE

MY CAR WAS A TOTAL LOSS

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 responses may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If 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.