



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

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MAR 17 2006 9:54  
17-FEB-2006

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OWNER INFORMATION (Type or Print)

Name  
Address  
City FOSTER State RI Zip Code

Daytime Telephone Number  
Evening Telephone Number  
E-mail Address

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

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
2CNDL23F6  
Make CHEVROLET Model EQUINOX Model Year 2005  
Date Purchased 01-AUG-04 Dealer's Name and Telephone Number MOCKLEY MOTORS Engine: No: Cylinders 6 Fuel Type: Gas  
Original Owner  Dealer's City BROOKLYN State CT Zip Code  
Transmission Type  Antilock Brakes Powertrain ALL WHEEL DRIVE Vehicle Component Code 021400 SUSPENSION:FRONT:MACPHERSON STRUT  
AUTOMATIC  Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 17-FEB-2006 Failure Mileage 7000 Failure Speed

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: 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), 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).

DT\*: THE CONTACT STATED THERE WAS ONLY HALF AN INCH BETWEEN THE FRONT TIRES AND THE MACPHERSON STRUT SUPPORTS. THE VEHICLE WAS TAKEN TO THE DEALERSHIP FOR INSPECTION, ALTHOUGH THERE WAS NO PROBLEM. THE DEALERSHIP DETERMINED THIS IS HOW THE VEHICLE WAS MANUFACTURED; THEREFORE, NO REPAIRS WERE AVAILABLE.

THE DESIGN OF THE COIL SPRING MOUNT, WITH ITS RAZOR SHARP EDGE ON THE MACPHERSON STRUT, IS LESS THAN 1/4" FROM THE TIRES. THIS SITUATION POSES A VERY DANGEROUS CONDITION THAT COULD CAUSE A SERIOUS ACCIDENT WITH DEATH RESULTING. I WOULD LIKE TO CHANGE VEHICLES, WITHOUT EXTRA COST TO ME AND MY FAMILY MEMBERS.

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 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.