



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
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OWNER INFORMATION (Type or Print)

Name
Address
City NEW RICHMOND State WI 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? YES NO
In the absence of an authorized signature, provide your name or address to the vehicle manufacturer.
Signature of Owner Date 4/12/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2CNDL
Make CHEVROLET Model EQUINOX Model Year 2005
Date Purchased 1-3-05 Dealer's Name and Telephone Number MOODY'S CHEVROLET Engine: No: Cylinders 5 Fuel Type: Gas
Original Owner Dealer's City RIVER FALLS State WI Zip Code
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain ALL WHEEL DRIVE
Vehicle Component Code 1G10G0 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 10-FEB-2006 Failure Mileage 24000 Failure Speed

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), cause(s), 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;
ie, parts repaired or replaced (and if old part is available).

DT*: THE CONTACT STATED WHILE DRIVING AT VARIOUS SPEEDS WITH THE ACCELERATOR PEDAL DEPRESSED, THE ACCELERATOR PEDAL DID NOT RETURN TO THE NORMAL RAISED POSITION BUT REMAINED DEPRESSED. THIS HAPPENED SEVERAL TIMES INTERMITTENTLY AND THE ACCELERATOR PEDAL FELT AS THOUGH IT WAS "STUCK" TO THE FLOOR. THE VEHICLE WAS TAKEN TO THE DEALERSHIP FOR INSPECTION; HOWEVER, THE PROBLEM COULD NOT BE DUPLICATED.

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.