



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 29-MAR-2006  
Repository   
Reference No. 10153969

**OWNER INFORMATION (Type or Print)** 2006 MAR 17 11 09:53

Name [Redacted]  
Address [Redacted]  
City MANCHESTER State NH Zip Code [Redacted]

Daytime Telephone Number [Redacted] E-mail Address [Redacted]  
Evening Telephone Number [Redacted]

ast.net

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of a signature or address to the vehicle manufacturer.  
Signature of Owner [Redacted] Date 4/4/06

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2CNDL73F956 [Redacted]  
Make CHEVROLET Model EQUINOX Model Year 2005

Date Purchased 1/22/05 Dealer's Name and Telephone Number DOBLES CHEVROLET 603-669-2450 Engine: V6 No: Cylinders 4 Fuel Type: Gas  
Original Owner  Dealer's City MANCHESTER State NH Zip Code 03103

Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain ALL WHEEL DRIVE Vehicle Component Code 061000 ENGINE AND ENGINE COOLING:ENGINE  
Multiple Failure: 8 10

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 29-MAR-2006 Failure Mileage 15962 Failure Speed

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/65R15)  
DOT No. (Example: DOTM19ABC036)  Original Equipment  Prior Repair Failure Location:  
Tire Component Code [Redacted] Tire Failure Type [Redacted]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]  
Seat Type: [Redacted] Installation System: [Redacted]  
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

**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 Intured [Redacted] Number of Deaths [Redacted] 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 WERE NUMEROUS PROBLEMS WITH THE VEHICLE. FIRST, THE ENGINE WOULD INTERMITTENTLY NOT CRANK. THE DEALER REPLACED THE BATTERY HOWEVER, THIS DID NOT CORRECT THE PROBLEM. SECOND, WHILE DEPRESSING THE BRAKE PEDAL THE VEHICLE INTERMITTENTLY DID NOT SLOW DOWN. THE BRAKE PEDAL WAS PUMPED SEVERAL TIMES TO GET THE BRAKES TO ACTIVATE CORRECTLY. THIRD, THE TRANSMISSION REVVED HIGH AND INTERMITTENTLY DID NOT CHANGE GEARS CORRECTLY WHILE DRIVING. FOURTH, THE ABS LAMP ILLUMINATED INTERMITTENTLY. THE VEHICLE WAS TAKEN TO THE DEALER AND THE ABS LAMP WAS RESET. LASTLY, THE FRONT PASSENGER WINDOW WAS ROLLED DOWN AND WOULD NOT RISE BACK UP. THE DEALER REPLACED THE WINDOW REGULATOR AND THE WINDOW WAS REPAIRED. THE VEHICLE WAS REPEATEDLY TAKEN TO THE DEALER AND ADDRESSED THE PROBLEMS THAT COULD BE DUPLICATED AND MADE APPROPRIATE REPAIRS.

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.

SUMMARY OF REPAIR HISTORY  
(For Defect(s) claimed ONLY)

CONSUMER: [REDACTED]

VEHICLE YEAR/MAKE/MODEL: 2005 Chevrolet Equinox AWD 4D LT

DEFECT/NONCONFORMITY: \_\_\_\_\_

DATE PURCHASED: 1/22/05

DATE IN	DATE OUT	REPAIR ORDER #	MILEAGE	ITEM/ACTION	NUMBER OF BUSINESS DAYS IN GARAGE	DAYS CONTESTED (MFG USE ONLY)
9/19/05	9/23/05		15,962	Diffucty starting - could not duplicate	5	Dobles
9/19/05	9/23/05		15,962	Wheel bearing /replaced	5	
	12/12/05		20,263	Hard start - recharged battery		
12/28/05	1/03/06		21,301	Right front window faulty regulatory - replaced	5	
12/28/05	1/03/06		21,301	Transmission upshift - could not duplicate	5	
1/16/05	1/17/05		21,780	Hard start - could not duplicate	2	
2/13/05	2/15/06		23,188	Hard start - replaced battery Truck hesitates almost stalls - could not duplicate	3	
2/27/06	3/01/06	CTC5586524	23,837	Hard start - could not duplicate ABS and Traction light - removed and replaced left wheel sensor Brake pedal loud noise shakes - replaced sensor Hesitation almost stalls - found speed sensor signal causing reduced power	3	Banks

