


INFORMATION Redacted PURSUANT TO THE FREEDOM OF

 INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline		FOR AGENCY USE ONLY 100148	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received 20-APR-2017 JUN 21 2017	Repository <input type="checkbox"/> Reference No. 10979624
Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline			
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City SYLVESTER	State GA	Zip Code	
The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2GNALDEKXG1		Make CHEVROLET	Model EQUINOX
		Model Year 2016	
Date Purchased 17 JUNE 2016	Dealer's Name and Telephone Number PRINCE CHEVROLET 229-382-2525		Engine: No: Cylinders 4
Fuel Type: GAS	Original Owner <input type="checkbox"/>	Dealer's City	State Zip Code
Transmission Type Automatic	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain FRONT Wheel Drive	Multiple Failure:
<input type="checkbox"/> Cruise Control			Incident Date(s) 11-JUL-2016
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 180000 VEHICLE SPEED CONTROL, 220000 SEATS		Failure Mileage	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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).			
TL* THE CONTACT OWNS A 2016 CHEVROLET EQUINOX. WHEN THE ACCELERATOR PEDAL WAS APPLIED, THE VEHICLE WAS SLOW TO ACCELERATE. WHILE AT A STOP, THE VEHICLE INDEPENDENTLY SURGED. IN ADDITION, WHEN THE ELECTRONIC SEAT FUNCTION WAS DEACTIVATED, THE SEATS CONTINUED TO MOVE. THE VEHICLE WAS TAKEN TO THE DEALER MORE THAN FOUR TIMES, BUT THEY WERE UNABLE TO REPLICATE AND DIAGNOSE THE FAILURE. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURES AND PROVIDED NO ADDITIONAL DIAGNOSTIC TESTING. THE FAILURE MILEAGE WAS NOT AVAILABLE.			
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.			