



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 **2007 FEB 22 AM 7:40**
23-JAN-2007
Repository
Reference No.
10179463

OWNER INFORMATION (Type or Print)

Name [REDACTED] Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Address [REDACTED] Evening Telephone Number [REDACTED]
City NAPOLEON State OH Zip Code [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an [REDACTED] provide your name or address to the vehicle manufacturer.
Signature of Owner Date **02 Feb 07**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: **1GCHG39R811 [REDACTED]** Make CHEVROLET Model EXPRESS 3500 Model Year 2001
Date Purchased 17-SEP-01 Dealer's Name and Telephone Number DAVE WHITE CHEVROLET UNKNOWN Engine No: Cylinders 8 Fuel Type: Gas
Original Owner Dealer's City TOLEDO State OH Zip Code [REDACTED]
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE Vehicle Component Code 141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 14-DEC-2006 Failure Mileage 47500 Failure Speed 55 **AIR BAG DID NOT DEPLOY ON HEAD AND INTO DITCH AT APPROX 50 MPH.**

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make **MICHELIN** Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
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 Yes No Number of Persons Injured 1 Number of Deaths 0 Reported to Police Y

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 STATED THAT ON 12/14/06 AT 7:30 PM ON A CLEAR EVENING A SECOND VEHICLE RAN A RED LIGHT AND THE CONTACT'S VEHICLE HIT THE OTHERVEHICLE ON THE PASSENGER FRONT SIDE AT 55 MPH WITH THE 2001 CHEVROLET EXPRESS 3500. THE CONTACT STATED THAT HE LOST CONTROL OF THE VEHICLE AND HIT A DITCH HEAD ON AT 55 MPH. THE POLICE WERE CALLED, HE DIDN'T SPEAK WITH AN OFFICER BECAUSE THE CONTACT WAS FLOWN BY HELICOPTER TO THE HOSPITAL. THE CONTACT SUSTAINED BROKEN RIBS, A BROKEN PELVIS, AND OTHER INJURIES. THE CONTACT STATED THAT THE SEAT BELT HARNESS DID RESTRAIN HIM, BUT THE AIRBAG DIDN'T DEPLOY. THE NATURE OF THIS COMPLAINT IS THE AIRBAGS DID NOT DEPLOY. *AK



02-11-07

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.

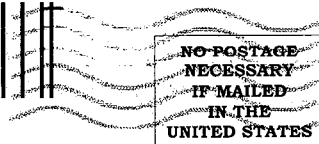
Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Airbag did not Deploy when I had a
crash into pole at 50 MPH.

ATTACH ADDITIONAL SHEETS IF NECESSARY

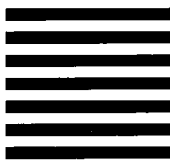
DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADM
400 7TH ST SW
WASHINGTON DC 20590
OFFICIAL BUSINESS

TO: DOT 436
12 FEB 2007 AM 4 L



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE



US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214



Think your vehicle
has a safety defect?



If so:

Use the enclosed
form to file a report.

or visit:

www.safecar.gov

or call:

Vehicle Safety Hotline
888-327-4236

www.nhtsa.gov
NHTSA

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