 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 23-SEP-2010		Repository <input type="checkbox"/> Reference No. 10357214	

OWNER INFORMATION (Type or Print)				
Name	[REDACTED]			Daytime Telephone Number
Address	[REDACTED]			E-mail Address
City	State	PA	Zip Code	Evening Telephone Number

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 on driver's side		Make		Model		Model Year	
IN4BA4EX5C 1A1A5AP7AC		NISSAN		MAXIMA		2005	
Date Purchased	Dealer's Name and Telephone			Engine:		Fuel Type:	
	[REDACTED]			No: Cylinders			
Original Owner	Dealer's City		State	Zip Code			
<input checked="" type="checkbox"/>	Monroeville		PA				
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:		Incident Date(s)		
	<input type="checkbox"/> Cruise Control				27-MAR-2010		

FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Codes: 190000 TIRES, 190000 TIRES			Failure Mileage
purchase 10/07/2009			30,000 @
			Failure Speed
			60

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)	
B.F. GOODRICH	TA ADVANTAGE	225/55R17	
DOT No. (Example: DOTM9ABC036)	<input type="checkbox"/> Original Equipment	Failure Location: DRIVER SIDE FRONT	
VE00AE11109	<input type="checkbox"/> Prior Repair		
Tire Component Code	Tire Failure Type: BLOWOUT		
190000-TIRES			

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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1		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 OWNS A 2005 NISSAN MAXIMA WITH B.F. GOODRICH TIRES, SIZE 225/55/R17, DOT #VE00AE11109. WHILE TRAVELING 60 MPH THE FRONT DRIVER SIDE TIRE HAD SUDDENLY EXPLODED CAUSING THE VEHICLE TO CRASH INTO THE MEDIAN AND ROLLOVER. THE CONTACT INJURED HER RIBS, BACK, AND FINGERS DURING THE CRASH. A POLICE REPORT WAS FILED. THE TIRE FAILURE WAS NOT DIAGNOSED. THERE WERE NO PRIOR WARNINGS. THE MILEAGE AND VIN WERE NOT AVAILABLE.

Tires purchased 10/07/2009 at Costco
 6 broken ribs, 1 compression fx vertebrae; 4 transverse process fx
 car destroyed in crash.

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 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.

Involves:

- DUI
- Fatality
- Hit and Run
- Commercial Vehicle
- State Police Vehicle
- Local Police Vehicle
- N/A
- Work Zone
- ATV
- Snowmobile
- Commonwealth Vehicle
- Local Gov Vehicle

Police Crash Report

REPORTABLE CRASH

Police Agency Data	Agency Name PA STATE POLICE - EVERETT			Case Closed YES	Patrol Zone 11	Investigation Date 03/27/2010
	Dispatch Time 11:08 hrs.	Arrival Time 11:14 hrs.	Investigator SWEENEY, MICHAEL J		Badge Number 07533	
	Approval Date 03/28/2010			Reviewer HETRICK, MICHAEL J		Reviewer Badge Number 07150

Crash Data	Date of Crash 03/27/2010	Time of Crash 11:05 hrs.	Day of the Week SATURDAY	Crash Description HIT FIXED OBJECT		
	County BEDFORD			Municipality WEST PROVIDENCE TWP		
	Weather Conditions NO ADVERSE CONDITIONS			Relation to Roadway MEDIAN		
	Illumination DAYLIGHT			Road Surface Conditions DRY		
	# of Units 001	# of People 002	# of Injured 002	# Killed 000	EMS Agency RAYSTOWN	Medical Facility UPMC BEDFORD
	School Bus Related NO	School Zone Related NO	PennDOT Notified NO	Type of Intersection MIDBLOCK		Special Location NOT APPLICABLE

Work Zone	Work Zone NO	Work Zone Type	Where in Work Zone
	Speed Limit	Workers Present	Officer Present
<input type="checkbox"/> Lane Closure <input type="checkbox"/> Road Closed with Detour <input type="checkbox"/> Work on Shoulder or Median <input type="checkbox"/> Intermittent or Moving Work <input type="checkbox"/> Flagger Control <input type="checkbox"/> Other			

Principal Road	Route Signing TURNPIKE (EAST/WEST)	Route Number 6000	Segment Number 0000	Travel Lanes 02	Speed Limit 65 MPH	Orientation EAST
	House Number	Street Name I76-PA TURNPIKE, MP 156.8 EAST				St. Ending PIKE
	Used in Intersection Crashes	Route Signing	Route Number	Segment Number	Travel Lanes	Speed Limit
Street Name		St. Ending				

Distance From Landmark Used for Mid-Block Crashes	Landmark 1	Route Number	Or Mile Post 156	Tenths 7	Or Segment Marker	Ramp Use Only	Feet	
		Street Name				Street Ending	Or Miles 00	Tenths 1
	Landmark 2	Route Number	Or Mile Post 156	Tenths 9	Or Segment Marker	Ramp Use Only	The above entry is the distance from the Crash Scene to Landmark 1	
		Street Name				Street Ending		

GPS	Latitude:	Degrees 39	Minutes 59	Seconds 48	Decimal 826	Longitude:	Degrees 78	Minutes 20	Seconds 06	Decimal 936

TCD	Traffic Control Device NOT APPLICABLE	Traffic Control Functioning NO CONTROLS

Lane	Lane Closed FULLY	Lane Closure Direction EAST	Traffic Detoured NO	Estimated Time Closed < 30 MIN.

Event Information	Environmental / Roadway Potential Factors (E/R)			
	Factor 1 NONE	Factor 2	Factor 3	
	First Harmful Event in the Crash		Most Harmful Event in the Crash	
	Unit Number 001	Harmful Event HIT CONCRETE OR LONGITUDINAL BARRIER	Unit Number 001	Harmful Event OVERTURN/ROLL OVER
	Indicated Prime Factor VEHICLE FAILURE		Unit Number 001	Prime Factor Driver Action
	Prime Factor Environmental/Roadway		Prime Factor Vehicle Failure TIRES	Prime Factor Pedestrian Action
	Road Surface Type		Special Jurisdiction	

Police Crash Report

REPORTABLE CRASH

Yes:

- DUI
- Fatality
- Hit and Run
- Commercial Vehicle
- State Police Vehicle
- Local Police Vehicle
- N/A
- Work Zone
- ATV
- Snowmobile
- Commonwealth Vehicle
- Local Gov Vehicle

Driver/Pedestrian information

Unit Number 001	Type Unit Motor Vehicle in Transport	Commercial Vehicle No			
First Name [REDACTED]		MI [REDACTED]	Last Name [REDACTED]		Suffix [REDACTED]
DOB [REDACTED]		Telephone Number [REDACTED]			
Street Address [REDACTED]			City PITTSBURGH		State PA
Zip Code [REDACTED]					
Gender FEMALE	License Number [REDACTED]	License State PA	Class C	Expiration Date 09/20/2013	Owner/Driver PRIVATE VEHICLE OWNED/LEASED BY DRIVER
Driver Presence DRIVER OPERATED VEHICLE		Physical Condition APPARENTLY NORMAL		Primary Vehicle Code Violation NONE	
Person Charged NO					
Alcohol/Drugs Suspected NO		Alcohol Test Type TEST NOT GIVEN		Alcohol Test Results	
Driver Action NO CONTRIBUTING ACTION					
Pedestrian Action		Pedestrian Signals		Pedestrian Clothing	Pedestrian Location
1st Harmful Event HIT CONCRETE OR LONGITUDINAL BARRIER		Left or Right Side LEFT	Most Harmful NO	Utility Pole Number	
2nd Harmful Event OVERTURN/ROLL OVER		Left or Right Side	Most Harmful YES	Utility Pole Number	
3rd Harmful Event		Left or Right Side	Most Harmful	Utility Pole Number	
4th Harmful Event		Left or Right Side	Most Harmful	Utility Pole Number	

Vehicle information

Owner First Name [REDACTED]		Owner MI [REDACTED]	Owner Last Name or Business Name [REDACTED]		Suffix
Street Address [REDACTED]		City PITTSBURGH		State PA	Zip Code [REDACTED]
Vehicle Type AUTOMOBILE		Special Usage NOT APPLICABLE		Government Equipment Number	
Model Year 2005	Vehicle Make NISSAN	Vehicle Model MAXIMA		Vehicle Color BLACK	VIN 1N4BA41E5C [REDACTED]
License Plate [REDACTED]	Reg. State PA	Est. Speed 065	Vehicle Towed YES	Towed By INTERSTATE EMERGENCY SERV	
Insurance YES	Insurance Company GEICO		Policy Number [REDACTED]		Expiration Date 02/21/2011
Direction of Travel EAST	Vehicle Position LEFT LANE		Vehicle Movement GOING STRAIGHT		Initial Impact Point 11 O'CLOCK
Damage Indicator DISABLING	Gradient LEVEL	Road Alignment STRAIGHT	Possible Vehicle Failures TIRES		
# of Units 0	Type Unit 1	Tag Number		Tag Year	Tag State
Unit Make		Unit Owner			
Type Unit 2	Tag Number		Tag Year	Tag State	
Unit Make		Unit Owner			
Engine Size cc	Passenger?		Saddle Bag/Trunk?		Trailer?
Driver Education?					
Driver Helmet Type	Helmet Stayed On?	DOT/Snell Designation?	Eye Protection?	Long Sleeves?	Long Pants?
Over Ankle Boots?					
Passenger Helmet Type	Helmet Stayed On?	DOT/Snell Designation?	Eye Protection?	Long Sleeves?	Long Pants?
Over Ankle Boots?					
Passenger?		Helmet?			
Head Lights?		Rear Reflectors?			

er: T04-4029400

Commonwealth of Pennsylvania

Police Crash Report

REPORTABLE CRASH

es:

- DUI
- Fatality
- Hit and Run
- Commercial Vehicle
- State Police Vehicle
- Local Police Vehicle
- N/A
- Work Zone
- ATV
- Snowmobile
- Commonwealth Vehicle
- Local Gov Vehicle

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	001	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	Street Address			City		State	Zip Code
	[REDACTED]			PITTSBURGH		PA	[REDACTED]
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
	[REDACTED]	YES	DRIVER	FEMALE	MINOR INJURY		
Seat Position			Safety Equipment 1				
DRIVER - ALL VEHICLES			LAP AND SHOULDER BELT USED				
Safety Equipment 2			Extrication				
MULTIPLE AIRBAGS DEPLOYED			FREED BY NON-MECHANICAL MEANS				
Ejection			Ejection Path				
NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE				

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	002	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	Street Address			City		State	Zip Code
	[REDACTED]			PITTSBURGH		PA	[REDACTED]
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
	[REDACTED]	YES	PASSENGER	MALE	MINOR INJURY		
Seat Position			Safety Equipment 1				
FRONT SEAT RIGHT SIDE			LAP AND SHOULDER BELT USED				
Safety Equipment 2			Extrication				
MULTIPLE AIRBAGS DEPLOYED			NOT APPLICABLE				
Ejection			Ejection Path				
NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE				

Witness	First Name	MI	Last Name	Suffix	Phone Number
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Street Address			City	State	Zip Code
[REDACTED]			INDIANAPOLIS	IN	[REDACTED]

Police Crash Report

ves:

DUI

Fatality

Hit and Run

Commercial Vehicle

REPORTABLE CRASH

State Police Vehicle

Local Police Vehicle

N/A

Work Zone

ATV

Snowmobile

Commonwealth Vehicle

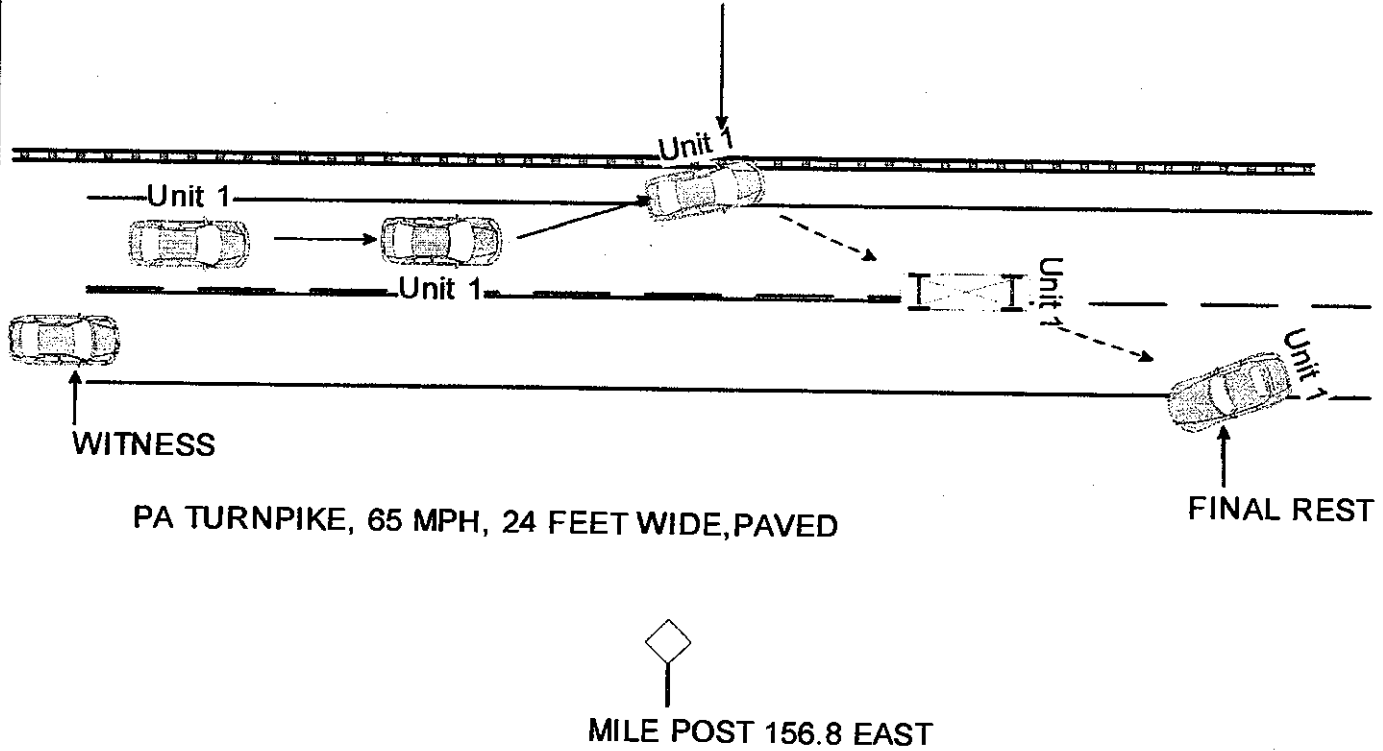
Local Gov Vehicle

BREEZEWOOD INTERCHANGE-MP 161.4 4.6 MILES

N

CONCRETE BARRIER/ INITIAL IMPACT POINT

Diagram



Crash Synopsis

This crash occurred as oper 1 was driving east on the PA Turnpike in the Left lane. The left front tire blew out causing oper 1 to crash into the jersey barrier and then roll over. Both the oper and passenger was transported to Bedford Hospital with minor injuries. No charges will be filed.

Narrative

This crash occurred as oper. 1 was driving east on the Pa Turnpike in the Left lane. The Left front tire of unit 1 blew out causing oper. 1 to crash into the Jersey barrier. After impacting the barrier unit 1 rolled over 1 complete time while crossing the Right eastbound lane. Unit 1 traveled approx. 50 feet and came to final rest partially on the South berm and the Right lane facing West.

Initial point of impact determined by black paint from unit 1 on the barrier.

Physical evidence: Black paint on Jersey barrier, scrapes all over unit 1, flat left front tire on unit 1.

On 03/27/10 at 1115 hrs. at scene: I interviewed the witness. She related she was several car lengths behind oper 1. Oper 1 was going approx. the speed limit and all of the sudden swerved into the barrier as if the tire was flat.