



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 100237

Date Received: **AUG 11 2011** RECD AUG 01 2011
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OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: WASHINGTON State: DC Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address:
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 at bottom of windshield on driver's side: 1GNDM19WXWB [REDACTED]
Make: CHEVROLET Model: ASTRO Model Year: 1998
Date Purchased: 03 OCT -2006 Dealer's Name and Telephone Number: VICTOR CAPOTA 905-265-2662
Original Owner: Dealer's City: Auto tron State: ON Zip Code: -
Transmission Type: Automatic Antilock Brakes: Powertrain: FRONT WHEEL DRIVE Multiple Failure: 1 Incident Date(s): 30-APR-2011
Cruise Control:

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 190000 TIRES, 980000 UNKNOWN OR OTHER
Failure Mileage: 293,841 km Failure Speed: 60

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: Firestone Tire Model (Name or Number): Firestone Tire with Uni-T, Ply Tire Size (Example P215/65R15): P225/70R15 100S
DOT No. (Example: DOTM19ABC036): VN UUD 100 2M Original Equipment Prior Repair Failure Location: IR-80 West (Right Lane)
Tire Component Code: Tire Failure Type: IR-80 West (Right Lane)

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE (P225/70R15 100S)

Make: / Date Manufactured: / Model No./Name: (100)
Seat Type: NO Installation System: NO
Child Seat Component Code: / Failed Part: /

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 Injured: - NO - Number of Deaths: - NO - 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).

1998 CHEVROLET ASTRO VAN, UNIT 1 WAS TRAVELING WEST ON IR 80 IN THE RIGHT LANE. UNIT 1 WENT OFF THE RIGHT SIDE OF THE ROADWAY, OVER CORRECTED, AND WENT SPINNING 270 DEGREES AND WENT OFF THE LEFT SIDE OF THE ROADWAY AND STRUCK THE MEDIAN BARRIER. THE DRIVER CHANGE HIS STORY AND SAID HIS TIRE BLEW OUT AND VAN LOST CONTROL. *BF (OHIO TRAFFIC CRASH REPORT # 10-0293-90)*JB

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.