



**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

**POSTED**  
**RECEIVED**  
 Date Received: **00 OCT 12 AM 8:17**  
 OFFICE DEFECTS INVESTIG  
**555600**  
 Reference No. \_\_\_\_\_  
 Daytime Telephone Number: \_\_\_\_\_

**OWNER INFORMATION (Type or Print)**

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: \_\_\_\_\_ Date: **10/5/00**

**PRODUCT INFORMATION**

Vehicle Identification No. (VIN.) (Located at bottom of windshield on driver's side): **1B1NEL19W1YB154603**

Make: **CHEV** Model: **ASTRO** Year: **1997**

Purchased Date: **AUG. 99** Dealer's Name: **TRELEN MOTORS** Engine Size (CID/COIL): **4.3** Turbo:  Diesel:  Gas:  Fuel Injection:

New  Used Dealer's City: **PARK RAPIDS** State: **MN** Zip Code: **56470** No. Cylinders: **6** Fuel Injection:

Manufacture Date (on driver's door or pillar): \_\_\_\_\_ Transmission Type:  Manual  Automatic Restraint System:  Driverside Air Bag  Motorbelt  Passenger Air Bag  2-Point Belt  3-Point Belt Cruise Control:  Yes  No Drivetrain:  Front  Rear  4-Wheel Vehicle Type:  Car  Sport Utility  Van  Truck  Minivan  Motorcycle  Other Body Style:  2-Door  4-Door  Stationwagon  Pick Up Truck  Other **2 Door**

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

Part Name(s): **2 AIR BAGS FAILED TO DEPLOY** Location:  Left  Right  Front  Rear Failed Part(s):  Original  Replacement Handicap Adaptive Equip:  Yes  No

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

Tire Brand: \_\_\_\_\_ Tire Name: \_\_\_\_\_ Complete Tire Size: \_\_\_\_\_

No. of Failures: \_\_\_\_\_ Date(s) of Failure(s): \_\_\_\_\_ Mileage at Failure(s): \_\_\_\_\_ Vehicle Speed at Failure(s): \_\_\_\_\_ Failed Part(s) Available?  Yes  No NHTSA Previously Contacted?  Yes  No

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash:  Yes  No Fire:  Yes  No Number of Persons Injured: **2** Number of Fatalities: **0** Reported to Manufacturer:  Yes  No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies):  
*6am Accident involving 2 vehicles at intersection. One van was hit on driver's corner. Both vehicles moving about 20 mph. One van was then knocked into head with parked vehicle - front of one van hit back of parked car. Air bags failed to deploy. FARGO, ND police accident report # 00-9972  
 GM sent test equipment and claims the airbags were in proper working order at the time of the accident. No explanation was given regarding why they failed to deploy - just called to tell us that GM would assume no liability.*

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 24 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If 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.