

**UNITED STATES DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION**

1200 New Jersey Avenue, SE
West Building, W41-326
Washington, DC 20590

In re:)	
)	
EA15-001)	STANDING GENERAL ORDERS
Air Bag Inflator Rupture)	2015-01 AND 2015-02
)	DIRECTED TO VEHICLE AND
PE15-027)	INFLATOR MANUFACTURERS
Air Bag Inflator Rupture)	
)	APPENDIX A

AIR BAG INFLATOR RUPTURE INCIDENT REPORT

Report Type (i.e., initial, amended, supplemental, final):

Report Prepared By:

Tel. No.

Title:

Date:

Employer:

Vehicle Occupant Information

Notification Date:

Name(s):

Legal Representative:

Attorney's Tel. No.

Vehicle Information

Make:

Model:

Model Year:

VIN:

Vehicle Registration (i.e., state):

Vehicle Build Date:

Inflator Information

Inflator Manufacturer:

Inflator Serial Number:

Original Equipment:

Replacement Equipment:

Unknown:

Inflator Location (e.g., driver/passenger, front/rear seat, side, curtain, knee):

Inflator Type (e.g., pyrotechnic/stored gas/hybrid):

Inflator Family (e.g., PSDI-4):

Inflator Build Date:

Incident Information

Incident Date:

Incident Location:

Description of the Incident: (Attach additional pages if necessary.)

Number of Fatalities:

Number of Injuries:

Description of the Injuries:

Occupant Seat Location(s):

Information Regarding Your Investigation

Have you confirmed a rupture?	Yes	No		
Have you confirmed that no rupture occurred?		Yes	No	N/A
Has a vehicle inspection been scheduled?	Yes	No		

If yes, when?

What is your current understanding as to the nature of the incident and/or the root cause of the inflator rupture? (Attach additional pages if necessary.)

Are you aware of any failures during lot acceptance testing (LAT) or conformance of production (CoP) testing involving the type of inflator identified in this report?

Is there any other information relevant to your investigation that we should know? (e.g., vehicle history, production history, related field incidents) (Attach additional pages if necessary.)