



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 1387

Date Received

2004 APR 20 AM 8:42
22-MAR-2004

Repository

Reference No.

10063569

OWNER INFORMATION (Type or Print)

Name: [Redacted] Number: [Redacted] E-mail Address: [Redacted]
Address: [Redacted]
City: GRANVILLE State: MA Zip Code: [Redacted] Number: [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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: _____ Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1HFSC47083A203154
Make: HONDA Model: GL1800A Model Year: 2003

Date Purchased: 3/03 Dealer's Name and Telephone Number: POPOLIS YAMAHA 413-552-5661 Engine: No. Cylinders: 6 Fuel Type: Gas
Original Owner: Dealer's City: WESTFIELD State: MA Zip Code: 01085

Transmission Type: Standard Antilock Brakes Cruise Control Powertrain: Honda Vehicle Component Code: 181100 STRUCTURE: FRAME AND MEMBERS: UNDERBODY SHIELDS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 08-MAR-2004 Failure Mileage: 8300 Failure Speed: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOTMALBABC036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

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 Yes No Fire Yes No Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: N

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).

DEALERSHIP INDICATED THAT THE MOTORCYCLE'S FRAME WAS NOT REPAIRABLE. THE FRAME CRACKED FURTHER THAT STATED IN FRAME WELD RECALL 03V350000.*AK

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.