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

2004 APR 20 AM 9:30

FOR AGENCY USE ONLY 100079	
Date Received 22-MAR-2004	Repository ☐
	Reference No. 1006623

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number [redacted]	
City EAST BRIDGEWATER	State MA	Zip Cod [redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of a[redacted]T provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 4/2/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JYAVP14E93A005060	YAMAHA	ROAD STAR WARRIO	2003

Date Purchased	Dealer's Name and Telephone Number			Engine: 2 No: Cylinders	Fuel Type: (Gas)
Original Owner ☒	Dealer's City Brockton	State Ma	Zip Code 02301		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC Manual	☐ Antilock Brakes ☐ Cruise Control		103000 POWER TRAIN.AUTOMATIC TRANSMISSION
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
22-MAR-2004	None	None	

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: DOTMALBABCD36)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

ON JANUARY 9 2004 CONSUMER RECEIVED A RECALL LETTER REGARDING TRANSMISSION FAILURE. DEALERSHIP DID NOT HAVE THE PARTS AVAILABLE TO PERFORM RECALL REPAIRS. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.