



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

(1-800-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

EOR AGENCY USE ONLY 100182

Date Received

2004

JUL 15 04 7:14  
JUN 2004

Repository

Reference No.  
10075583

**OWNER INFORMATION (Type or Print)**

Name

Address

City POWDER SPRINGS

State GA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized signature, NHTSA will not provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 6/14/04

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

7HFCG520X3

Make

HONDA

Model

HONDA MOTORCYCLE

Model Year

2003

Date Purchased

6-27-02

Dealer's Name and Telephone Number

Firecrackerling 770-920-1033

Engine:

No. Cylinders

2

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

5 Speed  
Manual

Anti-lock Brakes

Cruise Control

Powertrain

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failure: 1

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

Incident Date(s)

02-JULY-2004  
July

Failure Mileage

100

Failure Speed

Above 15mph

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

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/85R15)

DOT No. (Example: DOTM19ABC036)

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).

CONSUMER STATED THAT THE SPEEDOMETER WAS INACCURATE. THE READING WAS OFF BY ABOUT 10%. CONSUMER CONTACTED THE MANUFACTURER, AND WAS TOLD IT WAS A COMMON PRACTICE, AND THAT THEY WERE ALLOWED 10% DEVIATION. \*AK

CONSUMER STATED THAT THE SPEEDOMETER WAS INACCURATE. THE READING WAS OFF BY ABOUT 10%. CONSUMER CONTACTED THE MANUFACTURER, AND WAS TOLD IT WAS A COMMON PRACTICE, AND THAT THEY WERE ALLOWED 10% DEVIATION. \*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.