



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 100222

Date Received  
*2004 NOV 12 PM 12:34*  
20-SEP-2004

Repository   
Reference No.  
10092871

**OWNER INFORMATION (Type or Print)**

Name   
Address   
City **SPARTANBURG** State **SC** Zip Code

Daytime Telephone Number   
Evening Telephone Number   
E-mail Address

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 *10/31/04*

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side **JKBZXJB164A**   
Make **KAWASAKI** Model **ZX636 B2** Model Year **2004**  
Date Purchased *6/28/04* Dealer's Name and Telephone Number *Palmetto Cycle Center* Engine: No: Cylinders Fuel Type: *Gasoline*  
Original Owner  Dealer's City *Spartanburg* State *SC* Zip Code *29301*  
Transmission Type  Antilock Brakes  Cruise Control Powertrain Vehicle Component Code **063200 ENGINE AND ENGINE COOLING:EXHAUST SYSTEM:MANIFOLD**  
*6-speed* Multiple Failure: 1

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

Incident Date(s) **17-SEP-2004** Failure Mileage **4430** Failure Speed **60**

**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: 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).

**EXHAUST BOLT FELL OFF WHILE DRIVING. MUFFLER FELL INTO THE STREET. DEALER FILED A CLAIM WITH THE MANUFACTURER, WHO STATED THIS WAS NOT A MANUFACTURING ISSUE. \*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 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.