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 1368

Date Received	Repository
26-OCT-2004 2004 NOV 17 PM 3:57	Reference No. 10097739

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address		
City ROYAL PALM BEACH	State FL	Zip Code [redacted]
	Evening Telephone 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 [redacted] Date 11/15/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JKBVNKA1X3B[redacted] Engine VNT600E001427 Frame VNC001378	KAWASAKI	KAWASAKI Vulcan Classic Motorcycle	2003

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
4-15-03	Palm Beach Cycle			2	Gasoline
Original Owner ☒	Dealer's City West Palm Bch	State FL	Zip Code 334		

Transmission Type	Antilock Brakes / Cruise Control	Powertrain	Vehicle Component Code
Manual Toe-Shift	☐ Antilock Brakes ☐ Cruise Control	Drive Shaft	071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
04-OCT-2004	25128	15	

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: DOTMAL9ABCD98)	☐ 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 Data)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1		Y

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).

AFTER A 15 MPH FRONTAL CRASH FUEL TANK STARTED TO LEAK. MOTORCYCLE WAS TOWED. DEALERSHIP WILL BE NOTIFIED. *AK

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

Kawasaki Motors Corp., U.S.A.

P.O. Box 25252, Santa Ana, California 92799-5252

VULCAN® 1600 CLASSIC MUFFLER BRACKET CRACKING

WARNING AND RECALL NOTICE

FEBRUARY 2004

[redacted]

ROYAL PALM BEACH, FL [redacted]

VN1600A1 MC04-05
ENGINE: VNT60AE001424
FRAME : 0001378
JKBVNKA1X3A[redacted]

FLORIDA TRAFFIC CRASH REPORT
LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0557

DO NOT WRITE IN THIS SPACE

Time & Location

DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
09 / 18 / 04	1950 ☐ AM ☒ PM	1955 ☐ AM ☒ PM	2000 ☐ AM ☒ PM	04-22626	

COUNTY / CITY CODE	FEET	or MILE(S)	N S E W	CITY OR TOWN (Check if in City or Town)	COUNTY
06/94				WEST PALM BEACH ☐	PALM BEACH

AT NODE NO.	or FEET	or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	1. DIVIDED 2. UNDIVIDED	ON STREET, ROAD OR HIGHWAY
					1		OKEECHOBEE BLVD

AT THE INTERSECTION OF (street, road, or highway): I-95 | or FEET | MILE(S) | N S E W | FROM INTERSECTION OF (street, road or highway)

Section 1 — Vehicle

DRIVER ACTION (1. Phantom 2. Hit & Run 3. N/A)	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
3	03	KAWASAKI	11	01	[redacted]	FL	JKBVNKA1X3A[redacted]

TRAILER OR TOWED VEHICLE INFORMATION — TRAILER TYPE

VEHICLE TRAVELING: N ☐ S ☐ E ☐ W ☒ ON OKEECHOBEE BLVD AT I-95 | Est MPH: 15 | Posted Speed: 45 | EST. VEHICLE DAMAGE | 1. Disabling 2. Functional 3. No Damage: 2 | EST. TRAILER DAMAGE

SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S): 1

16. Underriage 18. Overturn 20. Windshield 21. Trailer

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP): STATE FARM | POLICY NUMBER: [redacted] | VEHICLE REMOVED BY: KAUFFS | 1. Tow Rotation List 2. Driver 3. Tow Owners Request 4. Other: 3

NAME OF VEHICLE OWNER (Check Box If Same As Driver) ☒: [redacted] | CURRENT ADDRESS (Number and Street): ROYAL PALM BEACH FL [redacted] | CITY AND STATE | ZIP CODE

Pedestrian ☐

NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY & STATE / ZIP CODE | US DOT or ICC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN | CURRENT ADDRESS (Number and Street) | CITY & STATE / ZIP CODE | DATE OF BIRTH

DRIVER LICENSE NUMBER	STATE	DL TYPE	ENDT	ALC/DRUG TEST TYPE (1 Blood 3 Urine 5 None 2 Breath 4 Refused)	RESULTS	ALC/DRUG	PHYS.DEF	RES.	RACE	SEX	INJ.	SEAT POS.	EJECT.
[redacted]	FL	E							1	1	2	5	

TRANSPORTED BY EMS: 2 | FLAGGED: 2 | RECOMMEND DRIVER'S REVIEW: 2 | DRIVER'S PHONE NO.: [redacted]

Section 2 — Vehicle

DRIVER ACTION (1. Phantom 2. Hit & Run 3. N/A)	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
3	02	Nissan	01	01	[redacted]	FL	1N4BL11D12C[redacted]

TRAILER OR TOWED VEHICLE INFORMATION — TRAILER TYPE

VEHICLE TRAVELING: N ☐ S ☐ E ☐ W ☒ ON OKEECHOBEE BLVD AT I-95 | Est MPH: 15 | Posted Speed: 45 | EST. VEHICLE DAMAGE | 1. Disabling 2. Functional 3. No Damage: 2 | EST. TRAILER DAMAGE

SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S): 8

16. Underriage 18. Overturn 20. Windshield 21. Trailer

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP): GEICO | POLICY NUMBER: [redacted] | VEHICLE REMOVED BY: Driver | 1. Tow Rotation List 2. Driver 3. Tow Owners Request 4. Other: 3

NAME OF VEHICLE OWNER (Check Box If Same As Driver) ☒: [redacted] | CURRENT ADDRESS (Number and Street): ROYAL PALM BEACH FL [redacted] | CITY AND STATE | ZIP CODE

Pedestrian ☐

NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY & STATE / ZIP CODE | US DOT or ICC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN | CURRENT ADDRESS (Number and Street) | CITY & STATE / ZIP CODE | DATE OF BIRTH

DRIVER LICENSE NUMBER	STATE	DL TYPE	ENDT	ALC/DRUG TEST TYPE (1 Blood 3 Urine 5 None 2 Breath 4 Refused)	RESULTS	ALC/DRUG	PHYS.DEF	RES.	RACE	SEX	INJ.	SEAT POS.	EJECT.
[redacted]	FL	E							2	2	1	2	1

TRANSPORTED BY EMS: 2 | FLAGGED: 2 | RECOMMEND DRIVER'S REVIEW: 2 | DRIVER'S PHONE NO.: [redacted]

Code Information

VEHICLE TYPE
01 Automobile
02 Van
03 Light Truck / P.U. - 2 or 4 rear tires
04 Medium Truck - 4 rear tires
05 Heavy Truck - 2 or more rear axles
06 Truck Tractor (Cab-Sleeper)
07 Motor Home (RV)
08 Bus (driver + 9 seats for 9 - 15)
09 Bus (driver + seats for over 15)
10 Bicycle
11 Motorcycle
12 Moped
13 All Terrain Vehicle
14 Train
15 Low Speed Vehicle
77 Other

VEHICLE USE
01 Private Transportation
02 Commercial Passengers
03 Commercial Cargo
04 Public Transportation
05 Public School Bus
06 Private School Bus
07 Ambulance
08 Law Enforcement
09 Fire / Rescue
10 Military
11 Other Government
12 Farm
13 Construction
14 Garbage or Refuse
15 Cargo Van
77 Other

TRAILER TYPE
01 Single Axle Trailer
02 Tandem Axle Trailer
03 Tank Trailer
04 Multiple Mount Rollout
05 Boat Trailer
06 Utility Trailer
07 House Trailer
08 Pole Trailer
09 Towed Vehicle
10 Auto Transport
77 Other

RESTRICTION (Driver / Ped.)
1 County of Crash
2 Elsewhere in State
3 Non-Resident Out of State
4 Foreign 5 Unknown

DL TYPE
1 A 2 B 3 C
4 D/ Chauffeur
5 E/ Operator
6 E/ Oper.-Rest.
7 Other

REQUIRED EQUIPMENT?
1 Yes
2 No
3 No Endorsement Required

RACE
1 White
2 Black
3 Hispanic
4 Other

SEX
1 Male
2 Female

PHYSICAL DEFECTS
1 No Defects Known
2 Eyesight Defect
3 Fatigue / Asleep
4 Hearing Defect
5 Illness
6 Seizure, Epilepsy, Blackout
7 Other Physical Defect

INJURY SEVERITY
1 None
2 Possible
3 Non-Incapacitating
4 Incapacitating
5 Fatal (Within 30 Days)
6 Non-Traffic Fatality

ALCOHOL / DRUG USE
1 Not Drinking or Using Drugs
2 Alcohol - Under Influence
3 Drugs - Under Influence
4 Alcohol & Drugs - Under Influence
5 Had Been Drinking
6 Pending ALC/DRUG Test Results

SAFETY EQUIPMENT IN USE
1 Not In use
2 Seat Belt / Shoulder Harness
3 Child Restraint
4 Air Bag - Deployed
5 Air Bag - Not Deployed
6 Safety Helmet
7 Eye Protection

LOCATION IN VEHICLE
1 Front Left
2 Front Center
3 Front Right
4 Rear Left
5 Rear Center
6 Rear Right
7 In Body Of Truck
8 Bus Passenger
9 Other

EJECTED
1 No
2 Yes
3 Partial

HSMV-90003 (rev. 1/01)

FLORIDA TRAFFIC CRASH REPORT
NARRATIVE / DIAGRAM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY)	TIME EMS ARRIVED (FATALITIES ONLY)	DATE OF CRASH	COUNTY / CITY CODE	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
☐ AM ☐ PM	☐ AM ☐ PM	09 / 18 / 04	06/94	04-22626	

(NARRATIVE)

ON SATURDAY 9/18/-04 AT 2000 HOURS I RESPONDED TO OKEECHOBEE AND I-95 IN REFERENCE TO A CAR VS. MOTOR CYCLE ACCIDENT.UPON ARRIVAL I MET WITH OFFICERS FROM THE WEST PALM BEACH POLICE DEPARTMENT WHO ASSISTED ME ON TRAFFIC CONTROL WITH THIS CALL. I SPOKE [redacted] DRIVER OF V2 (TAN NISSAN ALTIMA). [redacted] SAID SHE WAS IN THE FAR RIGHT LANE HEADING WEST ON OKEECHOBEE BLVD AT I-95. WHILE APPROACHING THE ABOVE INTERSECTION HER CAR WAS SUDDENLY JERKED FORWARD FROM BEHIND. SHE STOPPED HER VEHICLE JUST WEST OF THE TRAFFIC SIGNAL ON OKEECHOBEE.

I SPOKE WITH [redacted] DRIVER OF THE MOTORCYCLE(NUETRAL KAWASAKI) V1.

[redacted] SAID HE WAS HEADING WEST ON OKEECHOBEE BLVD IN THE FAR RIGHT LANE AT I-95. HE WAS WATCHING THE STOP LIGHT AT THIS INTERSECTION PREPARING TO STOP, WHEN HE MADE CONTACT WITH THE REAR OF V2 BEFORE HE COULD ENGAGE HIS BRAKES.

AT THE INTERSECTION OF OKEECHOBEE AND I-95 , I OBSERVED A MOTORCYCLE LAYING ON THE GROUND EAST OF THE INTERSECTION WITH VERY LITTLE OBVIOUS DAMAGE. ON THE WEST SIDE OF THE INTERSECTION I OBSERVED A TAN NISSAN WITH MINOR DAMAGE TO THE REAR BUMPER. V1 WAS TRANSPORTED TO GOOD SAM BY WPBFR. AND V2 DENIED ANY INJURIES.

SEC. #	PASS. #	PASSENGER NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC.	INJ.	S. EQUIP	EJECT.

Violator(s)

SECTION #	NAME OF VIOLATOR	FL. STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP
KATE HERAKOVICH	369 GREENSPRINGS PL	WPB FL	33409 (561-683-9866)				

FIRST AID GIVEN BY - NAME: WPBFR — 1 Physician or Nurse 2 Paramedic or EMT 3. Police Officer 4 Certified 1st Aider 5. Other: 2

INJURED TAKEN TO: GOOD SAMARITAN HOSPITAL — BY - NAME: WPBFR

WAS INVESTIGATION MADE AT SCENE? 1 YES 2 NO: 1 — IF NO, THEN WHERE?

IS INVESTIGATION COMPLETE? 1 YES 2 NO: 1 — IF NO, THEN WHY?

DATE OF REPORT: 09 / 18 / 04

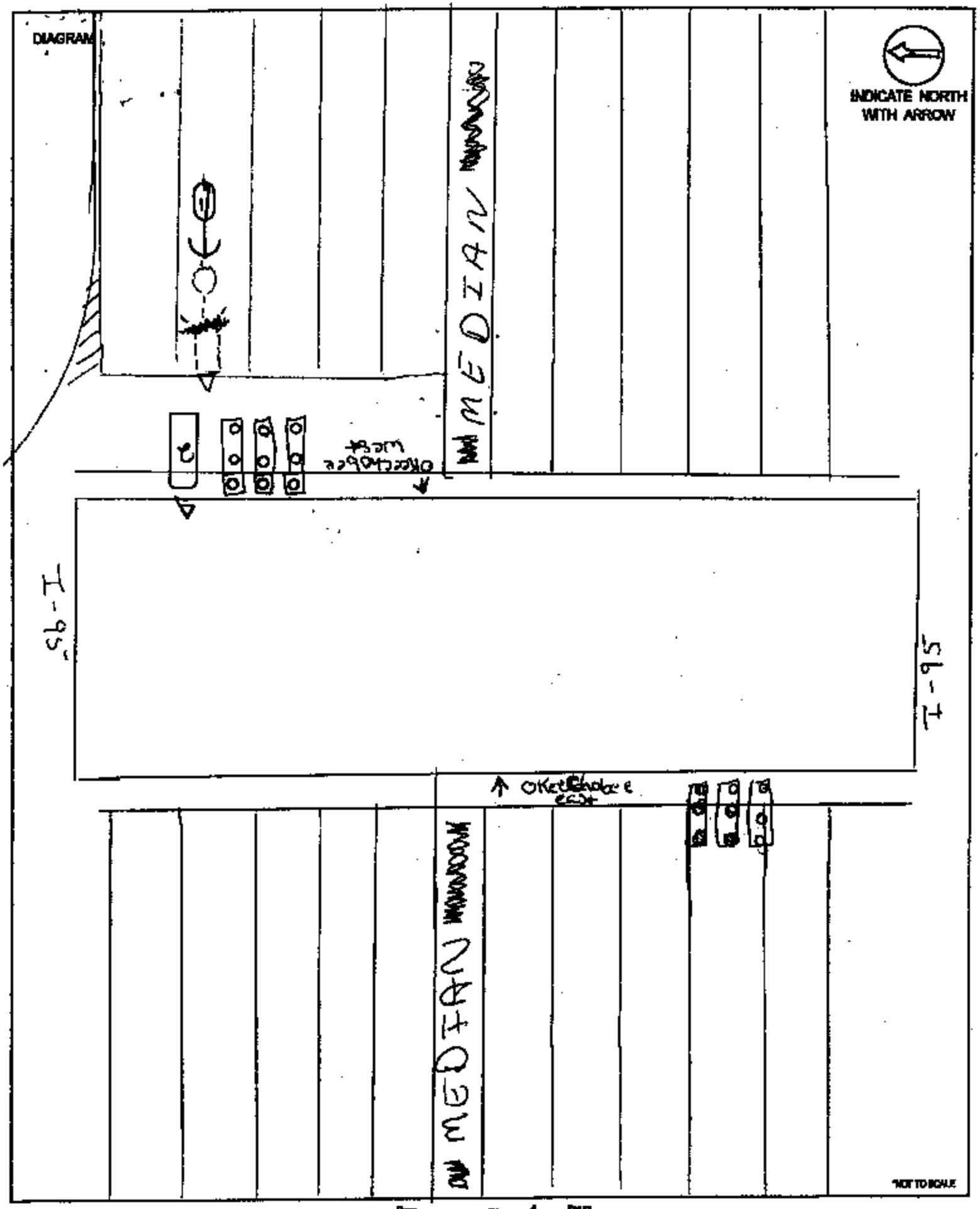
PHOTOS TAKEN? 1 YES 2 NO: 2 — IF YES, BY WHOM: 1. INVESTIGATING AGENCY 2. OTHER: ☐

INVESTIGATOR - RANK & SIGNATURE: OFC. PRICE R.

ID/BADGE NUMBER: 1616

DEPARTMENT: WEST PALM BEACH POLICE DEPARTMENT — FHP ☐ SO ☐ CPD ☒ OTHER ☐

HSMV 90005 (Rev. 1/02)



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