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 100148	
Date Received	Repository ☐
15-JUL-2005	Reference No. 10128902

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City CLEVELAND	State TN	Zip Code [redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of [redacted] your name or address to the vehicle manufacturer.
Signature of Owne [redacted] Date 08/09/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side)	Make	Model	Model Year
JH2PC350X4M[redacted]	HONDA	CBR600RR	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
20-MAY-05				No: Cylinders 2	Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☐ Antilock Brakes ☐ Cruise Control	REAR WHEEL DRIVE	121000 EXTERIOR LIGHTING:HEADLIGHTS Multiple Failure: 30

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
15-JUN-2005	650		

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: DOTMAL9ABC036)	☐ 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).

DT:WHEN TURNING ON BRIGHT LIGHT SWITCH WHILE DRIVING THE ENGINE DIES AND THE LIGHTS GO OUT, THIS INTERMITTENT IN NATURE. DID CONTACT MANUFACTURER, WHO NOT CONCERNED, TOLD CONSUMER TO TAKE TO DEALER. CONSUMER TOOK T VCHICLE O THE DEALER. WHO SAID DID NOT HAVE TO REPLACE PART BECAUSE THIS WAS GROUND WIRE PROBLEM AFTER BEING ORIGINALLY DIAGNOSED AS A BATTERY ISSUE WHICH WAS REPLACED AND DID NOT REMEDY PROBLEM. DEALER AGREED TO FIX PROBLEM WHICH CONSUMER HAD TO PAY FOR, BUT HAS NOT HAD ANY PROBLEMS SINCE REPAIR.*AK

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