



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

23-MAR-2006

Reference No.
10153522

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City NEW IBERIA State LA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number [REDACTED]

Do you authorize NHTSA to report to the manufacturer of your vehicle? YES NO
In the absence of a signature, provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 3/13/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: JYARN13E35A [REDACTED]
Make: UNKNOWN Model: UNKNOWN Model Year: 9999
Date Purchased: 15-DEC-05 Dealer's Name and Telephone Number: CYCLE WORLD OF HOUMA 1-866-289-8931 Engine: No: Cylinders Fuel Type: Gas
Original Owner: Dealer's City: HOUMA State: LA Zip Code: 70364
Transmission Type: MANUAL Antilock Brakes: Cruise Control: Powertrain: REAR WHEEL DRIVE Vehicle Component Code: 063000 ENGINE AND ENGINE COOLING: EXHAUST SYSTEM
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 23-MAR-2006 Failure Mileage: 600 Failure Speed: 0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTM19ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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: 0 Number of Deaths: 0 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).

DT*: THE CONTACT STATED WHILE DRIVING AT VARIOUS SPEEDS EXTREME HEAT IS FELT FROM THE EXHAUST PIPE DUE TO THE LACK OF A HEAT SHIELD ON THE LEFT SIDE. THE VEHICLE WAS NOT INSPECTED. THE MOTORCYCLE IS A 2005 YAMAHA R1.

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.