



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 (00148)

Date Received

2/27/07
21-FEB-2007

Repository

Reference No.
10185158

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: MOUNTAIN State: AR Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]

E-mail Address: [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: _____ Date: 2/27/07

VEHICLE INFORMATION

17 digit vehicle identification number: Located at bottom of windshield on driver's side
JYARJ1286SA [REDACTED] Make: YAMAHA Model: YZF-R6 Model Year: 2006

Date Purchased: 16-FEB-06 Dealer's Name and Telephone Number: YAHAMA SPORT CENTER 501-624-5414
Original Owner: [REDACTED] Dealer's City: HOT SPRING State: AR Zip Code: 71913 Engine: [REDACTED] No. Cylinders: 4 Fuel Type: Gas

Transmission Type: MANUAL Antilock Brakes: Powertrain: REAR WHEEL DRIVE Vehicle Component Code: 180003 VEHICLE SPEED CONTROL
Cruise Control: Multiple Failure: 1

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s): 21-FEB-2006 Failure Mileage: 1000 Failure Speed: 40

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 DOT183AB3006): _____ Original Equipment: Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILDSIAT FAILURE

Name: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

Number of Persons Injured: 1 Number of Deaths: 0 Reported to Police: Y
Crash Type: Fire No Fire Yes No

Please describe (X) events leading up to the failure, (Y) failure and its consequences, and (Z) what was done to correct the failure; include repairs and/or replaced (and if old part is available).

THE CONTACT OWNS A 2005 YAMAHA R6 WITH AN ODOMETER READING OF 1800 MILES. THE CONTACT STATED THAT WHILE GOING AROUND A CURVE AT 40 MPH AND SHIFTING INTO THIRD GEAR THE THROTTLE FROZE IN AN OPEN POSITION AND THE MOTORCYCLE STARTED TO RAISE UP. THE CONTACT PULLED THE MOTORCYCLE TO THE SIDE, CRASHED, AND THE MOTORCYCLE CAUGHT ON FIRE. THE CONTACT LATER RECEIVED THE RECALL 06M48000 WHICH WAS THE SAME FAILURE AS THE CONTACT'S VEHICLE HAD RIGHT BEFORE THE CRASH. THE CONTACT CALLED THE MANUFACTURER, BUT SINCE THE MOTORCYCLE HAD BEEN DESTROYED DUE TO THE FIRE THEY TOLD THE CONTACT THAT THE BURDEN OF PROOF WAS ON HIM THAT THE CRASH WAS A RESULT OF THE RECALL.

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

The Privacy Act of 1974 (5 U.S.C. 552) provides that this information is requested pursuant to a authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to answer this questionnaire. Your response may be used to assist the NHTSA in determining whether a safety recall is warranted. You are under no obligation to correct a safety defect. If the NHTSA proves to your satisfaction the effectiveness or effectiveness of a recall, you are under no obligation to pay for the recall. If you do not wish to participate in a recall, you are under no obligation to pay for the recall. If you do not wish to participate in a recall, you are under no obligation to pay for the recall.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

The police report states My son says he
dropped a wheeling, that was no the correct
statement he gave. He said when he shifted
to 3rd it came up on the back tire and kept
coming back & he kept it away from him. That
is why he would not kicked
sign police report.

ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADMIN
400 PENN ST NW
WASHINGTON DC 20590
OFFICIAL BUSINESS



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE



US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214



Think your vehicle
has a safety defect?



If so:

Use the enclosed
form to file a report.

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline
888-327-4236

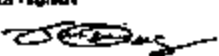
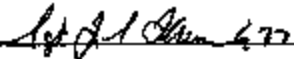
www.nhtsa.gov

NHTSA

Vehicle Owner's Dashboard NCO
U.S. Department of Transportation
National Highway Traffic Safety Administration



Arkansas Uniform Motor Vehicle Collision Report

S U M M A R Y	Date 02/26/2006	Day 3 - Tuesday	Time 02:04 PM	Time Collided 03:26 PM	Time Arrived 03:43 PM	Officer Assigned K-18
	Road/Street/Hwy ARKANSEAS 7		Latitude 36° 00.8	Longitude 091° 00.8	Station 8	Log Mile 9-4
	Address of the VMC		Dist at Intersection, But 08.10 MI	Direction NORTH	Off Reference Point MARKED MARKED #13.3	
	Officer	County HOT SPRING	County CLD AR 05 099	City	City CLD	
Road Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Within City, But 95-30 MI Direction SOUTH	Of Reference City HOT SPRING NATL PARK	Speed Limit Posted 75	Speed Limit 85	Speed Limit 2	
Number of Vehicles 1		Number of Witnesses 1		Pedestrian (Y/N) NO		Number of Pedestrians 0
E N V I R O N M E N T	Atmospheric Conditions CLEAR		Light Condition DAYLIGHT		Accident Locale RURAL	
	Surface Condition DRY		Road System STATE HIGHWAY		Road Surface ASPHALT	
	Road Alignment STRAIGHT		Road Profile LEVEL		Traffic Lane(s) TWO	
	Construction/Utility Lane(s) Zone NO		Roadway Defects NO DEFECTS		Traffic Lane(s) NOT DIVIDED	
	Relation to Junction NON-JUNCTION		Traffic Control LAKE MARKINGS			
	Traffic Control Device DEVICE FUNCTIONING PROPERLY				Type of Collision OTHER	
C I T A T I O N S	Defendant - Last Name [REDACTED]		Defendant - First Name [REDACTED]		Defendant - MI [REDACTED]	
	1 Charge CARELESS OR PROHIBITED		Status 27-01-104		Citation Number 1260781	
	2 Charge		Status		Citation Number	
	3 Charge		Status		Citation Number	
	4 Charge		Status		Citation Number	
R E M A R K S	Officer - Last Name CRESQUERA		Officer - First Name Jorge		Officer - MI L	
	Officer - Signature 		Officer - Badge Number 106		Officer - Department ASP - TROOP K	
			Reporting Officer		Date Filed 28-Sep-06	
	Rank SGT		Supervisor - Last Name GARMER		Supervisor - MI -	
Supervisor - Signature 		Supervisor - Badge Number 877		Supervisor - Subj Supervisor Co		
		Supervisor - Department ASP - Troop K				

Arkansas Uniform Motor Vehicle Collision Report

D R I V E R	Driver - Last Name [REDACTED]		Driver - First Name [REDACTED]		Driver - HS [REDACTED]	Driver - Sex [REDACTED]	Driver - Telephone # [REDACTED]																														
	Driver - Address [REDACTED]		Driver - City MT IDA		Driver - State AR	Driver - Zip Code [REDACTED]																															
	Driver - License Number [REDACTED]	DL State AR	DL Endorsement III	DL Class D	DL Restrictions [REDACTED]	Driver - Date of Birth 3/22/1967	Driver - Race CAUCASIAN	Driver - Sex MALE																													
	DMV Supplement Recd. NO	Driver - Ejection Code NOT EJECTED	Driver - Injury DISTORTED MEMBER		Driver - Vision Obscured NOT OBSCURED																																
1 Driver - Safety Equipment SELENEY																																					
Tire Rotated (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Driver - Condition APPEARED NORMAL		Driver - Impairment NONE		Sec/Brake/Lights Present																															
Tire(s) (Y/N) NO		Tire(s) ID		Registration State		Plate Number																															
V E H I C L E	Owner - Last Name [REDACTED]		Owner - First Name [REDACTED]		Owner - HS [REDACTED]	Owner - Sex [REDACTED]																															
	Owner - Address [REDACTED]		Owner - City MT IDA		Owner - State AR	Owner - Zip Code [REDACTED]																															
	License Plate (VIN) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Year 2008	Make YAMAHA	Model RS	Plate - Year 2007	Plate - State AR	Plate - Number [REDACTED]																														
	Vehicle - Body MC	Vehicle - Color 1 BLACK		Vehicle - Color 2		Vehicle Identification Number JYAR1P2E8M[REDACTED]																															
1 Insurance - Company Name PROGRESSIVE NORTHWESTE		Insurance - Policy Number [REDACTED]		Prior Damage NO	Estimated Damage \$8,000.00	Number of Passengers 0																															
Vehicle Damage																																					
Point of Initial Contact				Direction of Travel SOUTH		Vehicle Position OTHER																															
<p style="text-align: center;">TRAILER</p> <table style="margin: auto;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>TOP</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Unknown</td><td><input type="checkbox"/></td></tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	<p style="text-align: center;">CAR</p> <table style="margin: auto;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>TOP</td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Undercarriage</td><td><input type="checkbox"/></td></tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Undercarriage	<input type="checkbox"/>	Collision Damage DISABLED		First Party Event ON ROADWAY	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																			
<input type="checkbox"/>	TOP	<input type="checkbox"/>																																			
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<input type="checkbox"/>	Undercarriage	<input type="checkbox"/>																																			
Collision with Fixed Object NO COLLISION WITH FIXED OBJECT				Most Hazardous Collision With OTHER		Contributing Factors CARELESS PROHIBITED DRIVING																															
Vehicle Details NO DEFECTS				Prior Vehicle Damage NO		Damage Location																															
Vehicle Towed (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Name of Towing Service RAY'S WRECKER SERVICE		Address Vehicle Removed To 154 CROW RIDGE DR		City Vehicle Removed To AR																															
Injury Transported (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EMR Notified 03:38 PM		EMS Arrived 03:38 PM		Transported By LIFENET																															
Hospital Name ST. JOSEPH'S MERCY HEALTH CENTER				Hospital City HOT SPRING NATL PARK		Hospital State AR																															



Arkansas Uniform
Motor Vehicle Collision Report

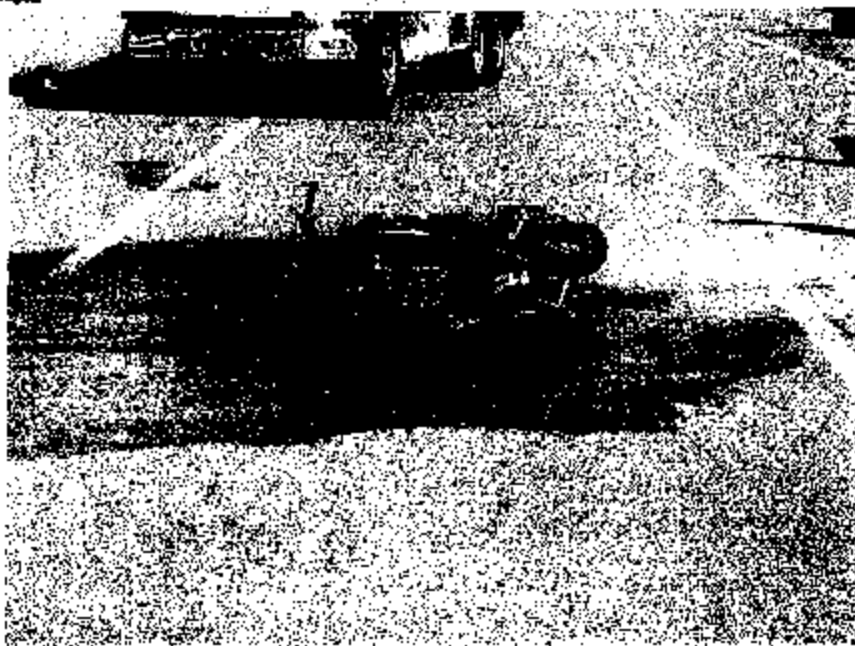
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Report Number
300906162

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Arkansas Uniform Motor Vehicle Collision Report

DIAGRAM / PICTURE



Remarks

OPERATOR (M) WAS DRIVING SOUTH BOUND ON ARKANSAS 7, ON HIS MOTORCYCLE. OPERATOR LOST CONTROL OF HIS MOTORCYCLE AND IT FLIPPED SEVERAL TIMES, ON THE ROADWAY THROWING HIM OFF THE MOTORCYCLE. THE MOTORCYCLE CAME TO REST ON THE SOUTH BOUND LANE OF THE ROADWAY, THEN IT CAUGHT ON FIRE. OPERATOR WAS LYING ON THE EAST SHOULDER AREA OF THE ROADWAY, ON HIS BACK. UPON MY ARRIVAL, OPERATOR HAD HIS HELMET OFF BUT I WAS TOLD BY UNKNOWN CITIZENS (THAT WERE RENDERING AID) THAT HE HAD HIS HELMET ON AT TIME OF THE ACCIDENT. I SPOKE TO OPERATOR AND HE STATED THAT THE ACCIDENT HAD OCCURRED CALLED HIM WAS TRYING TO POP A WHEELIE AND I LOST CONTROL. WITNESS STATED THAT HE WAS AHEAD OF OPERATOR IN HIS VEHICLE, WHEN HE LOOKED BEHIND HIM AND SAW HIM LOSE CONTROL AND THE MOTORCYCLE THEN CAUGHT ON FIRE. NOTE: OPERATOR WAS TAKEN TO ST. JOSEPH'S MERCY HEALTH CENTER, FOR MEDICAL TREATMENTS. SEE THE ATTACHED DIAGRAM AND PHOTOS FOR FURTHER DETAILS OF THE ACCIDENT COLLISION.



ARKANSAS STATE POLICE

ASP-82
Rev. 04/03

Accident Supplement Driver/Witness Statement Form

300906162

Name: [Redacted] Report #: _____
(Print/Last, First, Middle)
 Date: 09/26/06 Time: 400 AM PM
(Month/Day/Year)
 Address: [Redacted] Little Rock, AR [Redacted]
City State Zip Code

Phone Number: [Redacted] Date of Birth: 11-08-56
Area Code Telephone (Month/Day/Year)

Drivers License #: _____ DL CDL State: _____

Vehicle Make: _____ Model: _____ Vehicle License #: _____ State: _____

Location of Accident: AR 7 South (Hot Spring County)

Statement of: Driver Passenger Witness Are You Injured? Yes No
(Check One) (Check One)

Driver/Passenger/Witness Statement

Look in mirror and see motorcycle flipping
 and [Redacted] Roll over off road - flower. Turned
 a U-Turn in Road and checked [Redacted] He
 was walking.

As the driver of the vehicle, were any of the following conditions a contributing factor in this accident?

- Unconsciousness Epileptic Condition
- Other nervous disorder or marked mental confusion
- Result of any physical disability, disease, disorder or any other medical condition

X [Redacted] Signature (Print/Last, First, Middle)
 #105
 Sgt. [Redacted] #105
 Signature of Officer (Print/Last, First, Middle, Last Night, Badge #)



ARKANSAS STATE POLICE

AR-51
(Rev. 06/81)

Accident Supplement Driver/Witness Statement Form

Name: [Redacted] 09-26-06 Time: 5:10 AM PM
(First/Last Name) (Month/Day/Year)

Address: 7014 Fida, Ar [Redacted]
City State Zip Code

Phone Number: [Redacted] [Redacted]
Area Code Telephone

Date of Birth: 03-25-87
(Month/Day/Year)

Drivers License #: [Redacted] DL CDL State: AR

Vehicle Make: 06 Yamaha Model: XC6 Vehicle License #: [Redacted] State: AR

Location of Accident: AR 7 South bound Highway Co. 7

Statement of: Driver Passenger Witness
(Check One)

Are You Injured? Yes No
(Check One)

Driver/Passenger/Witness Statement

I was trying to "pop" a wheelie when I lost control.

X Officer Lou Pat Osqueira
driven [Redacted] stated this statement
to me @ accident scene.
Unable to Sign/Injured

As the driver of the vehicle, were any of the following conditions a contributing factor in this accident?

- Unconsciousness Epileptic Condition
- Other nervous disorder or marked mental confusion
- Result of any physical disability, disease, disorder or any other medical condition

X Unable to Sign/Injured
Signature (Print/No/Last Name)

[Signature] #105
Signature of Officer (Print/First/Last Name/Back #)