



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: 2007 AUG 24 2007 AM 7:12
Repository
Reference No. 10195365

OWNER INFORMATION (Type or Print)

Name: [REDACTED] Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
Address: [REDACTED] Evening Telephone Number: [REDACTED]
City: SALEM State: AL 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 an authorized signature, please print your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 8/16/2007

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: JH2RC5006 [REDACTED]
Make: HONDA Model: VT750C Model Year: 2007
Date Purchased: 16-JUN-07 Dealer's Name and Telephone Number: HONDA SUZUKI OF OPELIKA 334-745-6357 Engine: No: Cylinders 2 Fuel Type: Gas
Original Owner: Dealer's City: OPELIKA State: AL Zip Code: 36801
Transmission Type: MANUAL Antilock Brakes Cruise Control Powertrain: UNKNOWN Vehicle Component Code: 100000 POWER TRAIN Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 02-JUL-2007 Failure Mileage: 630 Failure Speed: 5

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: 1 Number of Deaths: 0 Reported to Police: 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).

TL*THE CONTACT OWNS A 2007 HONDA SHADOW AERO VT750C. WHILE ATTEMPTING TO ACCELERATE FROM A STOP AT 5 MPH, THE VEHICLE FAILED TO SHIFT INTO FIRST GEAR OR ANY OTHER GEAR. THE FAILURE OCCURRED WITHOUT WARNING AND THE HAZARD WARNING LIGHTS FAILED TO ACTIVATE. THE VEHICLE WAS REAR-ENDED AND THE CONTACT RECEIVED INJURIES TO HIS BACK AND NECK. THE VEHICLE IS CURRENTLY AT THE DEALER. A POLICE REPORT WAS FILED. THE POWERTRAIN WAS UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 630.

*This vehicle has NO HAZARD LIGHTS!!!
ALL vehicles should be equipped with HAZARD LIGHTS!*

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.

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

MOTORCYCLE ~~BEING~~^{CHOKED} DOWN IN TRAFFIC. The person behind me ran me over. I believe this accident could have been avoided had I had emergency flashers. EMERGENCY FLASHERS SHOULD BE ON ALL MOTORCYCLES!!!

ALSO, MOTORCYCLE NEEDS INDICATOR LIGHT FOR FIRST GEAR. MOTORCYCLE IS DIFFICULT TO GET IN FIRST AFTER MAKING AN ABRUPT STOP. I STARTED OUT IN 2ND GEAR, YET I REPEATEDLY TRIED TO GET THE MOTORCYCLE IN FIRST

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20590



RECEIVED
OCT 13 2005

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**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



8/16/2007

To:

Motorcycle Division,
American Honda Motor Co., Inc.
P.O. Box 2200
Torrance, CA 90509-2200
Mail stop: 100-4C-7B
Telephone: (866) 784-1870

From:

[REDACTED]
Salem, Al [REDACTED]
Home/Work/Cell 334-297-4004 / 334-468-0116 / 334-468-0148
Product Honda Shadow Aero [REDACTED]
Vin#: JH2RC5000 [REDACTED]
Date of Purchase: 6/16/2007

Dealer name and address:

Honda- Suzuki of Opelika
1110 Frederick Road
Opelika, Al 36801
334-745-6357

To Whom It May Concern:

I am writing this letter to Honda because I was involved in a motorcycle accident Monday, July 2nd, 2007.

On July 2nd, I had to stop abruptly for a red light and had no time to down shift gears. The light took a minute to change so I had plenty of time to make sure I got my bike in first gear. After tapping the gears several times, I was sure I was OK and in first until the light changed. When the light changed the bike accelerated OK initially but I quickly learned I was in second. Once the clutch fully engaged the bike choked down. Due to a curb I was unable to pull off the road. I frantically looked for how I could signal to oncoming traffic that I was having trouble. Unfortunately, I was hit very hard from behind from this oncoming traffic. The bike was nearly destroyed. I actually walked away from the accident but I am very sore as my neck and back endured a severe impact.

I was very grateful for my dealership who insisted I purchase all the appropriate safety gear and clothing. If I had not purchased this clothing I would have suffered more injuries with severe road burns.

With this accident, I have started the process of reflection of how to avoid an accident like this in the future.

First off, I do not understand why motorcycles are not required to have Hazard Lights. All other vehicles are required to have these life saving devices but not motorcycles?

SEATING

Other Involved Unit (Circle One)

12 - Pedestrian
13 - Rider of Domestic Animal
14 - Occ. of Non-Motorized Vehicle
15 - Victim of Other Circumstance/ Codes Not Applicable

Other Involved Safety Equipment

Other Involved Unit (Circle One)

12 - Pedestrian
13 - Rider of Domestic Animal
14 - Occ. of Non-Motorized Vehicle
15 - Victim of Other Circumstance/ Codes Not Applicable

Other Involved Safety Equipment

CODES

SAFETY EQUIPMENT

- 01 - None Installed
- 95 - Not Applicable
- 99 - Unknown (Any Type)
- Lap Belt Only**
- 11 - Fastened
- 12 - Not Fastened
- Lap/Shoulder Harness**
- 21 - Lap Only Used
- 22 - Neither Used
- 23 - Shoulder Only Used
- 24 - Both Used
- Motorcycle Helmet**
- 31 - None Used
- 32 - Used
- Air Bags**
- 41 - Deployed, Belts Used
- 42 - Not Deployed, Belts Used
- 43 - Deployed, Belts Not Used
- 44 - Not Deployed, Belts Not Used
- Child Restraint**
- 81 - Child Restraint Used
- 82 - Other Restraint Used
- 83 - None Used
- Pedal Cycle/Pedestrian**
- 91 - Contrasting Clothing
- 92 - Non-contrasting Clothing

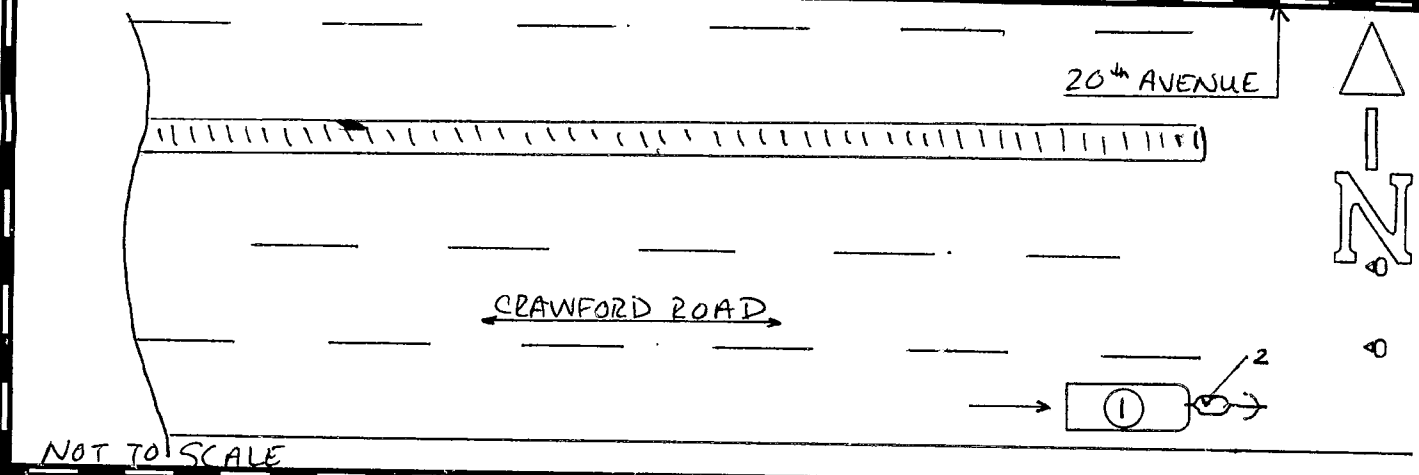
VICTIMS

Name	Address	Unit No	Seat Pos	Injury Type	Age	Sex	Ejec-tion	First Aid By
Taken To		Taken By						
Name	Address							
Taken To		Taken By						

CODES

Injury Type	Ejected	First Aid By
K - Killed B - Bruise/Abrasion/Swelling	N - Not Fully F - Fully P - Partially	A - Ambulance Attended D - Doctor
A - Visible or Carried Nom Scene C - Not Visible—Has Pain/Faint	T - Trapped U - Unknown A - Not Applicable	M - Paramedic O - Other P - Police U - Unknown N - None

NARRATIVE AND DIAGRAM



Officer's Opinion of What Happened: Rider of veh.2 stated that he was stopped at the traffic signal eastbound on Crawford Road at 20th Avenue. Rider stated that when the light turned green he attempted to go, but his motorcycle was not in first gear and he stalled it. Veh.1 then hit him from behind. Driver of veh.1 stated he was stopped at the traffic signal behind veh.2. When the light turned green he stated veh.2 moved forward then stalled and he hit veh.2 in the rear.

ROADWAY ENVIRONMENT

Unit 1	Contributing Road Defects	Surface Construction	Condition	Accident In Or Related To Road Construction Zone?	Material In Roadway (Contributing)	Material Source	Character
1	None 1 - Shoulders Low	Asphalt 2 - Concrete	Dry 2 - Wet	No	None 2 - Rocks 3 - Trees/Lin/bs 4 - Dirt	Not Applicable 2 - Natural Environment 3 - Dropped From Vehicle 4 - Already in Road, But Fell From Vehicle 8 - Other	1 - Straight—Level 2 - Straight—Down Grade 3 - Straight—Up Grade 4 - Straight—Hillcrest 5 - Curve—Level 6 - Curve—Down Grade 7 - Curve—Up Grade 8 - Curve—Hillcrest
2	Shoulders High 3 - Hoies, Bumps, Etc. 8 - Other	Brick 4 - Unpaved 8 - Other	icy 4 - Snowy/Slushy 5 - Muddy 8 - Other	Yes	5 - Gravel 6 - Oil/Petrol 8 - Other	9 - Unknown	9 - Unknown

Light
1 - Daylight
2 - Dawn
3 - Dusk

Weather
1 - Clear
2 - Cloudy
3 - Rain
4 - Snow

Locale
1 - Open Country
2 - Residential
3 - Shop or Business
4 - Mfg. or Industrial

Non-Vehicular Property Damage
1 - None Visible
2 - Light
3 - Moderate
4 - Severe

Property Damage Description
NA

Investigation
Time Police Notified: 08:07
Time Police Arrived: 08:18
Time EMS Arrived: NA
Name of Photographer: NA

Witness Full Name: NA
Address: _____
Telephone: _____

Name of Investigating Officer: Off. Darryl Williams
Officer ID: 464
Agency ORI: AL 0570100

Name of Other Investigating Officers at Scene: Cpl. Jeff Freyman
Officer ID: 310
Agency ORI: AL 0570100

Supervisor Reviewed: _____