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

2008 JUN -9 AM 7:25

FOR AGENCY USE ONLY 100148	
Date Received 10-MAY-2008	Repository ☐
	Reference No. 10228035

OWNER INFORMATION (Type or Print)

Name			
Address		Daytime Telephone Number	E-mail Address
City ST PETERSBURG	State FL	Zip Code	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of a *our name or address to the vehicle manufacturer.*
Signature of Owner _____ Date 05/23/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
LAWTEBAA97	VENTO	TRITON	2007

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
11.17.07	Barney's Motorcycle	727 576-1148	No: Cylinders	
Original Owner ☒	Dealer's City 10411 Gandy Blvd; St. Pete	State FL / Zip Code 33702		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Vehicle Component Code: 061000 ENGINE AND ENGINE COOLING:ENGINE
			Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
24-NOV-2007	100		

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	0	0	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).

TL*THE CONTACT OWNS A 2007 VENTO TRITON SCOOTER. WHILE DRIVING AT ANY SPEED, THE VEHICLE WOULD SUDDENLY LOSE POWER AND SHUT OFF. THE FAILURE OCCURS EVERY TIME THE VEHICLE IS DRIVEN, AND THE CONTACT DID NOT NOTICE ANY DIFFERENCES IN THE VEHICLE PRIOR TO THE FAILURE. THE VEHICLE HAS BEEN DIAGNOSED BY THE DEALER, BUT THE FAILURE STILL PERSISTS. THE CURRENT MILEAGE WAS 1,000 AND FAILURE MILEAGE WAS 100.

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