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: AUG 31 2012 / 20-JUL-2012

Repository ☐

Reference No. 10466797

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City SPANAWAY | State WA | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number same

E-mail Address [redacted]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JH2RC50064M[redacted]	HONDA	VT750C	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
Aug-2009	SouthSide Honda 337-984-0401			No: Cylinders	
Original Owner ☐	Dealer's City: Lafayette, LA	State: LA	Zip Code: 70503		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
				03-SEP-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 010000 STEERING	Failure Mileage	Failure Speed
	8000	25

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	1	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). Overo

TL* THE CONTACT OWNS A 2004 HONDA SHADOW ARROW. THE CONTACT WAS GOING AROUND A CURVE AT 25 MPH WHEN THE WELD TO THE HANDLE BARS FRACTURED WHERE THE RISE ON THE VEHICLE MET THE HANDLE BARS. THE FAILURE CAUSED THE CONTACT TO CRASH INTO A DITCH, SUSTAINING INJURIES TO THE RIGHT ARM AND ANKLE. THE VEHICLE WAS DECLARED DESTROYED. THE FAILURE MILEAGE WAS 8,000.

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

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

My 750 was converted to a trike by Motor trike prior to me purchasing it. Contacted Honda and they accept no responsibility. Two of my friends with the same bike (not converted) found after checking their handle bars that they also had stress fracture + Discoloration in their welds. I feel there is a problem with their welding and this should have never happened. Compound fractures to my Right arm + ankle. I don't want this to happen to anyone else.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

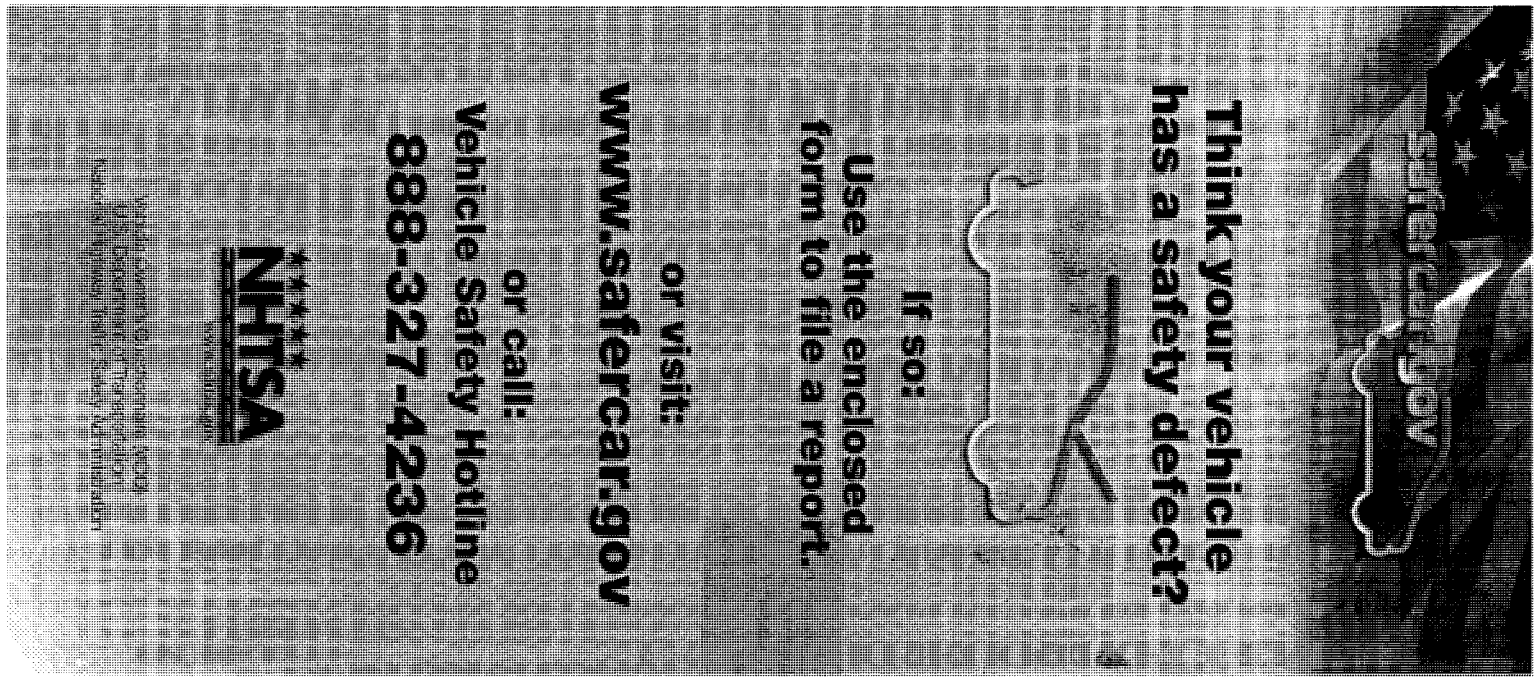
Official Business
Penalty for Private Use $300

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
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT

REPORT NO. 2742517

INTERSTATE ☐ CITY STREET ☐
STATE ROUTE ☒ OTHER ☐
COUNTY RD ☐ PRIVATE WAY ☐
FIRE RESULTED ☐
STOLEN VEHICLE ☐
HIT & RUN INVOLVED ☐

CASE #
LOCAL AGENCY CODING
TOTAL # OF UNITS 1 OBJECT STRUCK: DITCH
TRIBAL RESERVATION

DATE OF COLLISION: 09-03-2011 TIME (2400): 1417 COUNTY #: 27 MILES: 24.58 N ☐ S ☒ E ☐ W ☐ IN ☐ OF ☒ CITY #: 1280

ON (PRIMARY TRAFFIC WAY): S/R 7 INTERSECTION ☐ NON-INTERSECTION ☒
BLOCK NO. ☐ MILE POST ☒: 28.6
DISTANCE: 0.4 MILES ☒ FEET ☐ N ☐ S ☒ E ☐ W ☐ OF (REFERENCE OR CROSS STREET): MABEL PRAIRIE RD E

UNIT 01
MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE: [redacted]

LAST NAME: [redacted] FIRST NAME: [redacted] MIDDLE INITIAL: [redacted]
STREET / NEW ADDRESS ☐: [redacted]
CITY: SPANAWAY ST: WA ZIP: [redacted]
CDL: ENDORSEMENTS: RESTRICTIONS:
DRIVER'S LICENSE #: [redacted] STATE: WA SEX: F D.O.B.: [redacted]
ON DUTY ☐ STATUS: AIRBAG: 1 RESTR.: 1 EJECT: 2 HELMET USE: 1 INJURY CLASS: 6 NATURE OF INJURIES: POSSIBLE BROKEN BONES / TRANSPORTED
LICENSE PLATE #: [redacted] STATE: WA VIN#: JH2RC50064M[redacted]
TRAILER PLATE #: STATE: TRAILER PLATE #: STATE:
VEH. YEAR: 2004 MAKE: HONDA MODEL: VT750C STYLE: M/C VEHICLE TOWED YES ☒ NO ☐ TOWED BY: OWNER GOVT. VEHICLE YES ☐ NO ☒
REGISTERED OWNER INFO.: STARKS
LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY #: GEICO # [redacted]
VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION #: CHARGE:

VEHICLE NO. 1 SHADE IN DAMAGED AREA

UNIT 02
MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE:

LAST NAME: FIRST NAME: MIDDLE INITIAL:
STREET / NEW ADDRESS ☐:
CITY: ST: ZIP:
CDL: ENDORSEMENTS: RESTRICTIONS:
DRIVER'S LICENSE #: STATE: SEX: D.O.B.:
ON DUTY ☐ STATUS: AIRBAG: RESTR.: EJECT: HELMET USE: INJURY CLASS: NATURE OF INJURIES:
LICENSE PLATE #: STATE: VIN#:
TRAILER PLATE #: STATE: TRAILER PLATE #: STATE:
VEH. YEAR: MAKE: MODEL: STYLE: VEHICLE TOWED YES ☐ NO ☐ TOWED BY: GOVT. VEHICLE YES ☐ NO ☐
REGISTERED OWNER INFO.:
LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #:
VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION #: CHARGE:

VEHICLE NO. 2 SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT): T A B[redacted] BADGE OR ID #: [redacted] AGENCY: [redacted]

1 17 27
2 +
3 +
1 + 28
2 +
3 +
1 29
30
6 6
31
1 1
2 +
3 +
9 9
1 + 32
2 +
3 +
10 -
11 5 0
12 +
RCM TO
13 2 5 1 33
14 - RCM TO + 34
15 2 4 35
16 - - 36
17 - + 37
18 - + 38
0 39
19 - + 40
20 -
21 -
22 -
23 +
1 41
24 + - 42
25 +

STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT

1591972

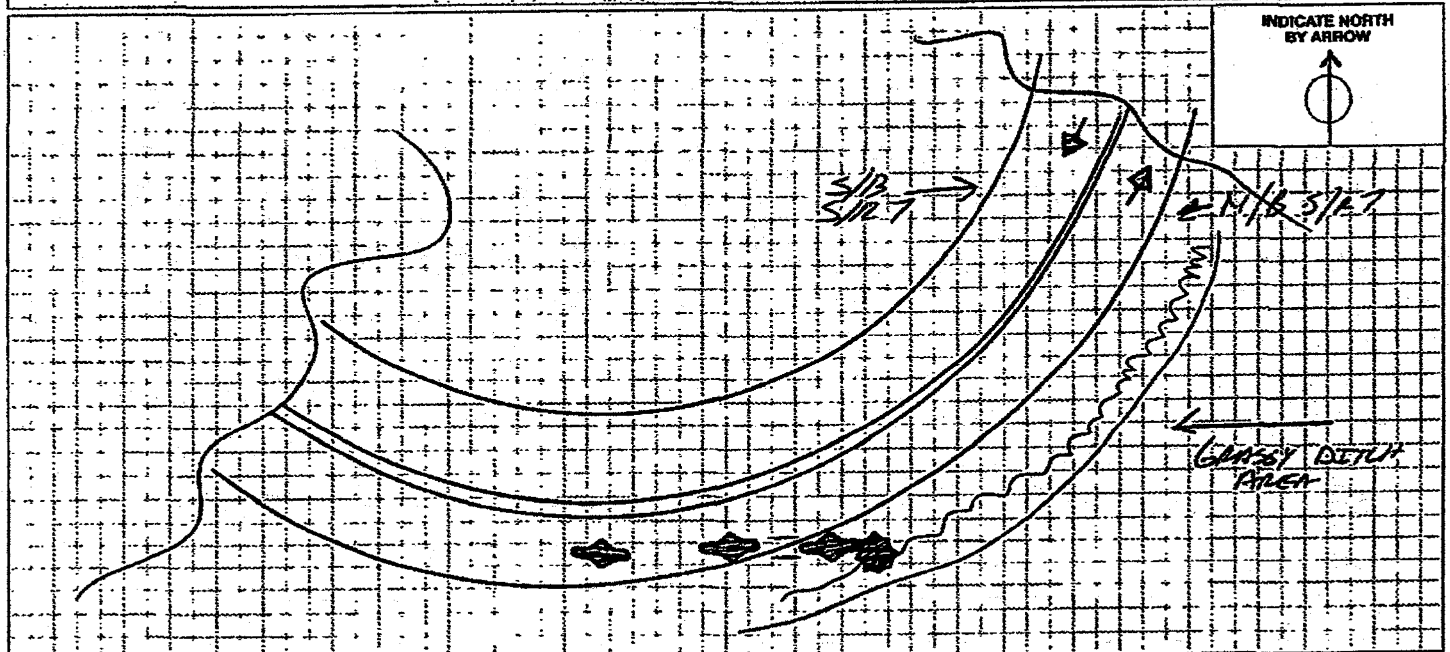
CORRECTION ☐ **REPORT NO.** 2742517

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #				SEX		D.O.B. MMDDYYYY					
PASSENGER ☐ WITNESS ☐	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #				SEX		D.O.B. MMDDYYYY					
PASSENGER ☐ WITNESS ☐	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #				SEX		D.O.B. MMDDYYYY					
PASSENGER ☐ WITNESS ☐	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

DIAGRAM



NARRATIVE

VEH. WAS TRAVELING NORTH ON S/R 7. THE VEHICLE LEFT THE ROADWAY TO THE EAST, ~~DUE TO~~ STRIKING THE DITCH. THE CAUSE OF THE COLLISION IS UNDETERMINED. THE DRIVER STATED THAT THE STEERING SYSTEM MALFUNCTIONED, CAUSING HER TO LOSE CONTROL OF THE VEHICLE AND LEAVE THE ROADWAY.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
[signature]	01/15	9-4-11	Pierce Co

APPROVED BY	DATE
[signature]	9-9-11

BADGE OR ID #	ORI #	TIME POLICE DISPATCHED	TIME POLICE ARRIVED
1044	WAWSP0115	1456	1547