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

DEC 28 2012

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
16-NOV-2012	Reference No. 10484900

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City: LAS VEGAS	State: NV	Zip Code: [redacted]	Evening Telephone Number: [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
JKAEXEE13CD[redacted]	KAWASAKI	EX650ECFL	2012

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
	Carter Powersports (702) 795-2000				
Original Owner ☑	Dealer's City: Las Vegas	State: NV	Zip Code: 89117	twin	

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s): 17-OCT-2012

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	300	35

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).

TL* THE CONTACT OWNS A 2012 KAWASAKI EX650ECFL MOTORCYCLE. THE CONTACT STATED THAT WHILE DRIVING 35 MPH, THE REAR BREAK PEDAL FAILED, CAUSING THE DRIVER TO LOSE CONTROL OF THE VEHICLE. THE CONTACT STATED THAT THE DRIVER WAS UNABLE TO STOP THE MOTORCYCLE AND CRASHED INTO A WALL. THE DRIVER SUSTAINED A BROKEN SHOULDER BONE, FRACTURED RIBS. IN ADDITION, THREE BONES IN HIS SPINE WERE FRACTURED AND BOTH LUNGS WERE BRUISED. A POLICE REPORT WAS FILED. THE VEHICLE WAS TAKEN TO THE DEALER AND WAS DEEMED AS DESTROYED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE AND CURRENT MILEAGE WAS 300.

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

Allstate.
You're in good hands.

December 4, 2012

To Whom It May Concern:

Claim Number: [redacted]

Please be advised that the 2012 Kawasaki Ex650 VIN JKAEXEE13DC[redacted] owned by [redacted] has been deemed a total loss due to the loss of October 17, 2012. The mileage at the time of the loss was 300.

If you have any questions or wish to discuss this further, please do not hesitate to call me at 480-927-7120.

Sincerely,

Beatrice Valles
Total Loss Adjuster
Allstate Insurance Company