

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) 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	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received 21-NOV-2012 <i>NOV 28 2012</i>		Repository <input type="checkbox"/> Reference No. 10485386	
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	
City		State		Evening Telephone Number	
COBENTRY		COVENTRY RI		Zip Code	
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	
5VTEC16B353		VICTORY		NESS VEGAS	
Model Year		Date Purchased		Dealer's Name and Telephone Number	
2005		2006		Advanced Auto Motive 860-376-8687	
Engine: No: Cylinders		Original Owner		Dealer's City	
2		[X]		Griswold	
Fuel Type: Gasoline		State		Zip Code	
[X]		CT		06351	
Transmission Type		Antilock Brakes		Powertrain	
5-Speed		[X]		Belt Drive	
Cruise Control		Multiple Failure:		Incident Date(s)	
[X]				07-OCT-2012	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 180000 VEHICLE SPEED CONTROL				Failure Mileage	
				Failure Speed	
				15 mph	
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: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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	
[X] Yes [] No		[] Yes [X] No		1	
				Number of Deaths	
				0	
				Reported to Police	
				N (to State)	
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 2005 VICTORY NESS VEGAS MOTORCYCLE. THE CONTACT WAS APPROACHING A STOP LIGHT WHEN THE THROTTLE BECAME STUCK AND CAUSED THE VEHICLE TO ACCELERATE ERRONEOUSLY. THE CONTACT STATED THAT THE FAILURE CAUSED THE FRONT TIRE TO CRASH INTO THE REAR TIRE OF ANOTHER VEHICLE. THE CONTACT SUSTAINED INJURIES TO THE BACK, LEFT ARM, SHOULDER AND LEFT KNEE. THE VEHICLE WAS TOWED TO THE DEALER BUT THE DEALER HAD NOT STATED WHAT CAUSED THE FAILURE. THE FAILURE AND THE CURRENT MILEAGE WAS UNKNOWN.					
Mileage approx 18,000. Bike still at dealer as of 12/12/12					
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.					

Motorcycle Recall

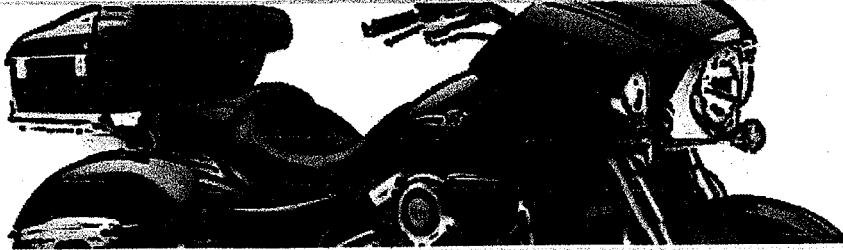
Ads by Google

Victory Motorcycle

Polaris Victory

Motorcycle Bike

Victory Jackpot



Recalls by Make

American Ironhorse
Aprilia
Batavus
Benelli
Big Bear Choppers
Big Dog
BMW
BRP
Buell
Cagiva
Derbi
Ducati
Garelli
Harley Davidson
Honda
Husaberg
Hyosung
Indian
Kannon
Kawasaki
KTM
Kymco
Moto Guzzi
Motobecane
MV Agusta
Negrini
Panzer
Piaggio
Polaris
Sparta
Suzuki
Triumph
Ural
Vespa
Victory
Yamaha

No image of the VICTORY-NESS VEGAS motorcycle available.

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CycleTrader.com/Sell-Parts

Car Sunroof Shatter?

Submit your complaint to national product defect attorneys.

LieffCabraser.com/CarSunroofDefect

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Vehicle Record Check. Get Unbiased Automotive Information

www.edmunds.com

AdChoices [D]

Manufacturer	POLARIS INDUSTRIES, INC.
Manufactured between	10/21/2003 - 12/16/2004
Recalled on	3/15/2005
Influenced by	POLARIS INDUSTRIES, INC.
Owners Notified on	4/1/2005
# Affected	774
Recalled for	VEHICLE SPEED CONTROL
Description	ON CERTAIN MOTORCYCLES, THE THROTTLE TWIST GRIP MAY NOT RETURN TO THE FULLY CLOSED POSITION DUE TO METAL TO METAL CONTACT OR DEBRIS BETWEEN THE THROTTLE TWIST GRIP AND THE HANDLEBAR.
Consequences	RESTRICTED THROTTLE MOVEMENT COULD RESULT IN A LOSS OF CONTROL, INCREASING THE RISK OF A CRASH.
Corrective action	DEALERS WILL DISASSEMBLE THE THROTTLE MECHANISM, CLEAN THE TWIST GRIP ASSEMBLY AND HANDLEBAR, LUBRICATE MOVING PARTS AND REASSEMBLE. ANY WORN OR DAMAGED PARTS WILL BE REPLACED FREE OF CHARGE. THE RECALL BEGAN ON APRIL 1, 2005. OWNERS MAY CONTACT VICTORY AT 1-763-417-8650.
Notes	POLARIS/VICTORY RECALL NO. V-05-01. CUSTOMERS MAY ALSO CONTACT THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION'S VEHICLE SAFETY HOTLINE AT 1-888-327-4236 (TTY 1-800-424-9153), OR GO TO HTTP://WWW.SAFERCAR.GOV .

Safety recall

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AdChoices [D]

Terms | Contact Us

*Polaris-Victory
1-888-7045290
SVPEC16D353*



Manufacturer POLARIS INDUSTRIES, INC.
 Manufactured between 10/21/2003 - 12/16/2004
 Recalled on 3/15/2005
 Influenced by POLARIS INDUSTRIES, INC.
 Owners Notified on 4/1/2005
 # Affected 774
 Recalled for VEHICLE SPEED CONTROL
 Description ON CERTAIN MOTORCYCLES, THE THROTTLE TWIST GRIP MAY NOT RETURN TO THE FULLY CLOSED POSITION DUE TO METAL TO METAL CONTACT OR DEBRIS BETWEEN THE THROTTLE TWIST GRIP AND THE HANDLEBAR.
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USE BLUE OR BLACK INK ONLY

Motor Vehicle Accident Report

FOR DMV USE ONLY

CASE NO.

IMPORTANT NOTICE

If your accident involved an **UNINSURED MOTORIST**, please include with your report an itemized estimate of damage to your vehicle and/or property and any medical bills and/or lost wages. **DO NOT SUBMIT AN ITEMIZED ESTIMATE** if all vehicles involved in the accident are **insured**. (read below for more information)

If you were directly or indirectly involved in a motor vehicle accident, you must submit one or more of the following (if applicable) pursuant to R.I.G.L. § 31-31 "Safety Responsibility Administration – Security Following Accident":

If there was **damage to your vehicle** and the amount of damage is in excess of \$1000.00 you must provide any and all documents to this department (i.e. itemized estimates of repair, completed and signed by the repair shop and/or a letter from an insurance company, if vehicle was totaled). Please make sure that the repair estimate includes make, model and year of the vehicle, as well as the VIN. Also include the date and location of the accident.

If there was **damage to your property** (non-vehicle) and the amount of damage is in excess of \$1000.00 you must provide any and all documents to this department (i.e. itemized estimates of repair, including materials and labor; copy of all receipts for expenses incurred to repair property damaged, and any other documents you feel are necessary). Also include the date and location of the accident (address), and include the type of property damaged (i.e. mailbox, fence, building, etc).

If you, as an operator, passenger or pedestrian, incurred medical expenses as a result of an injury stemming from an accident please provide an **attending physician report** detailing the description of injuries, probable period of disability, whether or not hospitalization was needed and the total estimated expenses, including fees. The Division of Motor Vehicles Accident Office also will accept alternative rehabilitative statements/bills (i.e. physical therapy).

In addition to providing an attending physician report, if you have experienced the loss of wages as a result of a motor vehicle accident you must provide verification of loss of wages from your employer which details number of hours missed, hourly rate or salary, and a calculated estimate of wages lost per time period stated. The report from your employer should contain the following information: Name, address, gender, age and occupation of injured and the employer's name, title, address, contact phone number and signature. The Division of Motor Vehicles Accident Office will not accept this form unless it is also signed by the injured party.

MOTOR VEHICLE ACCIDENT REPORT – INSTRUCTIONS

Instructions for completing the accident report:

1. Print in all areas required, except for signatures.
2. Answer all questions to the best of your knowledge. Give facts only. Do not guess or assume.
3. When multiple choices are provided, select the best choice.
4. When reporting, enter YOUR information under "YOUR VEHICLE" and the other driver's information under "OTHER VEHICLE."
5. If more than two (2) vehicles were involved, more than two (2) persons were injured or property belonging to more than one person was damaged, use an additional accident report to complete the appropriate sections.
6. Print one letter per box. Leave a blank in one box between each word. Do not use periods of commas.
7. Please remember to **SIGN** the accident report.
8. IF YOU ARE MAILING IN YOUR REPORT: Make sure the report is securely sealed in an envelope and mail it to the RI DMV, located at 600 New London Avenue, Cranston, RI 02920-3024, Attention: Accident Office

MONTH 10	DAY 07	YEAR 2012	DAY OF WEEK <input type="checkbox"/> MONDAY <input type="checkbox"/> THURSDAY <input checked="" type="checkbox"/> SUNDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> SATURDAY			HOUR 2	MIN 00	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	TOTAL VEHICLES INVOLVED 2	TOTAL INJURED INVOLVED 1	TOTAL PEDESTRIANS INVOLVED 0
ACCIDENT OCCURRED ON (PRINT NAME OF STREET OR HIGHWAY) Service Road						HOW MANY FEET FROM NEAREST INTERSECTION?					
ACCIDENT OCCURRED IN (NAME OF CITY OR TOWN) Providence						IN WHAT DIRECTION? <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W FROM					
IF AT INTERSECTION (NAME OF INTERSECTING STREET OR HIGHWAY) Broadway						NAME NEAREST INTERSECTING STREET OR HIGHWAY					
OPERATOR'S NAME (FIRST, MIDDLE INITIAL, LAST) [REDACTED]				DATE OF BIRTH MO DAY YEAR [REDACTED]		SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>		OPERATOR'S LICENSE NUMBER [REDACTED]		STATE RI	
RESIDENCE ADDRESS (NUMBER & STREET, CITY OR TOWN, STATE & ZIP CODE) [REDACTED] Coventry RI [REDACTED]				VEHICLE PLATE NUMBER AND STATE [REDACTED] RI		TELEPHONE [REDACTED]		DIRECTION OF TRAVEL <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W			
VEHICLE OWNER (COMPLETE NAME & ADDRESS) Same				OWNER'S LICENSE NUMBER Same		VEHICLE IDENTIFICATION NUMBER (VIN) 5VPEC16D353 [REDACTED]					
OWNER'S DATE OF BIRTH MO DAY YEAR [REDACTED]		VEHICLE MAKE Victory		VEHICLE MODEL Ness Vegas		YEAR 2005		REGISTRATION CLASSIFICATION (PASSENGER, COMMERCIAL, MOTORCYCLE, CAMPER, ETC.) MC [REDACTED]		TELEPHONE [REDACTED]	
OPERATOR'S NAME (FIRST, MIDDLE, LAST) [REDACTED]				DATE OF BIRTH MO DAY YEAR [REDACTED]		SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>		OPERATOR'S LICENSE NUMBER [REDACTED]		STATE RI	
RESIDENCE ADDRESS (NUMBER & STREET, CITY OR TOWN, STATE & ZIP CODE) [REDACTED] West Warwick RI 02893				VEHICLE PLATE NUMBER AND STATE [REDACTED] RI		TELEPHONE [REDACTED]		DIRECTION OF TRAVEL <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W			
VEHICLE OWNER (COMPLETE NAME & ADDRESS – LINE 1) Same				VEHICLE IDENTIFICATION NUMBER (VIN) [REDACTED]							
(NAME & ADDRESS – LINE 2, IF NEEDED)		VEHICLE MAKE Harley Davidson		VEHICLE MODEL Heritage Softail		YEAR 2003		REGISTRATION CLASSIFICATION (PASSENGER, COMMERCIAL, MOTORCYCLE, CAMPER, ETC.) MC		TELEPHONE [REDACTED]	

<input type="checkbox"/> STATE PROPERTY		<input type="checkbox"/> CITY/TOWN PROPERTY		<input type="checkbox"/> PRIVATE PROPERTY		
OWNER'S NAME		OWNER'S ADDRESS (NUMBER & STREET, CITY OR TOWN, STATE & ZIP CODE)				
HOME PHONE	CELL PHONE	WORK PHONE	DAMAGE DESCRIPTION			
VEHICLE DAMAGE		APPROXIMATE COST TO REPAIR YOUR VEHICLE (VEHICLE 1) \$ 6081	APPROXIMATE COST TO REPAIR OTHER VEHICLE (VEHICLE 2) \$ 500			
INJURED	NAME AND ADDRESS OF INJURED (FIRST, MIDDLE INITIAL, LAST)		NUMBER & STREET	CITY/TOWN	STATE ZIP	
	AGE SEX		ACCIDENT SEVERITY CONDITION AT SCENE OF ACCIDENT		PERSON INJURED	
	M <input checked="" type="checkbox"/> F <input type="checkbox"/>		1 <input type="checkbox"/> FATAL	3 <input checked="" type="checkbox"/> BRUISES OR ABRASIONS	1 <input type="checkbox"/> PEDESTRIAN	5 <input type="checkbox"/> VEHICLE OPERATOR
			2 <input type="checkbox"/> BLEEDING OR BROKEN BONES	4 <input type="checkbox"/> COMPLAINT OF PAIN	2 <input type="checkbox"/> PEDALCYCLIST	6 <input type="checkbox"/> VEHICLE PASSENGER
NAME AND ADDRESS OF INJURED (FIRST, MIDDLE INITIAL, LAST)		NUMBER & STREET	CITY/TOWN	STATE ZIP	INJURED WAS RIDING IN VEHICLE #	
AGE SEX		ACCIDENT SEVERITY CONDITION AT SCENE OF ACCIDENT		PERSON INJURED		
M <input type="checkbox"/> F <input type="checkbox"/>		1 <input type="checkbox"/> FATAL	3 <input type="checkbox"/> BRUISES OR ABRASIONS	1 <input type="checkbox"/> PEDESTRIAN	5 <input type="checkbox"/> VEHICLE OPERATOR	
		2 <input type="checkbox"/> BLEEDING OR BROKEN BONES	4 <input type="checkbox"/> COMPLAINT OF PAIN	2 <input type="checkbox"/> PEDALCYCLIST	6 <input type="checkbox"/> VEHICLE PASSENGER	
		3 <input type="checkbox"/> PASSENGER IN BUS		3 <input type="checkbox"/> PASSENGER IN BUS	7 <input type="checkbox"/> MOTORCYCLE OPERATOR	
		4 <input type="checkbox"/> OTHER		4 <input type="checkbox"/> OTHER	8 <input type="checkbox"/> MOTORCYCLE PASSENGER	
ACCIDENT CONDITIONS	ACCIDENT INVOLVED COLLISION WITH ...					
	1 <input type="checkbox"/> PEDESTRIAN 4 <input checked="" type="checkbox"/> MOVING VEHICLE 7 <input type="checkbox"/> FIXED OBJECT 10 <input type="checkbox"/> OTHER _____					
	2 <input type="checkbox"/> PEDALCYCLE 5 <input type="checkbox"/> VEHICLE STOPPED IN ROAD 8 <input type="checkbox"/> OBJECT IN ROAD					
3 <input type="checkbox"/> NO COLLISION - RAN OFF ROAD 6 <input type="checkbox"/> PARKED MOTOR VEHICLE 9 <input type="checkbox"/> NO COLLISION - OVERTURNED						
IN YOUR OWN WORDS, PLEASE DESCRIBE WHAT HAPPENED:						
I turned from Atwells Avenue onto Service Road then was pulling up to the intersection of Broadway. My motorcycle throttle stuck and I grabbed the						
brake but was unable to stop. I tried to avoid the motorcycle in front of me but my front tire hit that motorcycles bag and my bike went over on my left						
side. I sustained injuries to my left side, back, shoulder and left knee. I went to the Urgent Care for treatment the next morning. Other operator was not						
injured. We were pulling up to the light to stop when the accident occurred. I was traveling about 15 mph. The other persons in our group heard						
my motorcycle engine revving before and after I went down.						
I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY THAT ALL STATEMENTS MADE ON THIS REPORT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.						
PRINT YOUR NAME: Paul F. Calanieto				DATE: 10/31/12		
POLICY INFORMATION	WAS YOUR VEHICLE OR THE VEHICLE YOU WERE OPERATING INSURED (LIABILITY INSURANCE) AT THE TIME OF THE ACCIDENT? IF "YES", COMPLETE ATTACHED FORM	NAME OF YOUR INSURANCE COMPANY (NOT AGENT) Progressive	POLICY NUMBER	POLICY EFFECTIVE DATES FROM: June 28 2012 TO: June 28 2013		
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF POLICYHOLDER	STREET ADDRESS	CITY/TOWN	STATE/ZIP	
		Coventry		RI		

DATE OF ACCIDENT:
10 7 2012

PLACE OF ACCIDENT:
Providence

FOR DMV USE ONLY
CASE NO.

DESCRIPTION OF VEHICLE INVOLVED IN ACCIDENT MUST CORRESPOND TO "YOUR VEHICLE" ON ACCIDENT REPORT

VEHICLE MAKE: Victory	TYPE: 5VPEC16D353	YEAR: 2005	VIN: 5VPEC16D353
NAME OF OPERATOR: [REDACTED]	STREET ADDRESS: [REDACTED]	CITY/TOWN: Coventry	STATE / ZIP: RI [REDACTED]
NAME OF OWNER: Same	STREET ADDRESS: [REDACTED]	CITY/TOWN: [REDACTED]	STATE / ZIP: [REDACTED]
NAME OF INSURANCE COMPANY (NOT AGENT): Progressive	POLICY NUMBER: [REDACTED]	EFFECTIVE PERIOD: FROM: June 28 2012 TO: June 28 2013	
NAME OF POLICYHOLDER: [REDACTED]	STREET ADDRESS: [REDACTED]	CITY/TOWN: Coventry	STATE / ZIP: RI [REDACTED]
NAME OF INSURANCE AGENT WHO ISSUED POLICY: Same	STREET ADDRESS: [REDACTED]	CITY/TOWN: [REDACTED]	STATE / ZIP: [REDACTED]
YOUR SIGNATURE: [REDACTED]	DATE SIGNED: [REDACTED]		

FOR USE BY INSURANCE COMPANY ONLY

DO NOT WRITE IN THIS AREA

RETURN THIS FORM ONLY IF NO STANDARD POLICY WAS IN EFFECT AS ALLEGED BY MOTORIST

WITH REGARD TO AN AUTOMOBILE LIABILITY INSURANCE POLICY FOR THE POLICYHOLDER NAMED ON THE REVERSE SIDE HEREOF, THE UNDERSIGNED INSURANCE COMPANY ADVISED YOU IN ACCORDANCE WITH THE ITEMS CHECKED BELOW:

- 1 No policy was in effect on the date of the accident.
- 2 Our policy for the named policyholder applies to him/her as the operator but it does not apply to the owner of the vehicle involved in the accident.
- 3 Our policy applies to the owner of the vehicle, but does not apply to the operator of the vehicle involved in the accident.
- 4 Our policy affords bodily injury coverage only.
- 5 Our policy affords property damage coverage only.

Remarks:

To: STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DIVISION OF MOTOR VEHICLES
600 NEW LONDON AVENUE
CRANSTON, RI 02920-3024

Name of Insurance Company

DATE: _____

By: _____
Authorized Representative