



U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

Auto Safety Hotline

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

24-OCT-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

753614

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above dashboard)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1HFSC47051A000445	HONDA MOTORCY	GOLDWING	2001	

Purchase Date 01-NOV-2000	Dealer's Name _____	Engine Size (CID/CC/L 1800CC	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
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### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02700000	Part Name(s) TIRES	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No of Failure 3	Date(s) of Failure(s) _____ Mileage at Failure(s) 3500 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
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### APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE FRONT TIRE CUPS SEVERELY BY 3500 TO 4000MILES.MY AIR PRESSURE IS CHECKED VERY OFTEN AND IS KEPT BETWEEN 38 & 40 LBS COLD. IF YOU CHECK GL1800 WEB SITES YOU WILL FIND LOTS OF DISCUSSION ABOUT THIS PROBLEM AND THE FRONT END WOBBLE THIS CAUSES. HONDA DENIES THERE IS A PROBLEM AND SAYS 4000 MILES IS ACCEPTABLE MILEAGE.THE TIRES WILL WEAR LONGER THAN 4000 MILES BUT ARE UNSTABLE. I HAVE REPLACED MY TIRES 3 TIMES AND THEY ALL HAVE SEVERE CUPPING BY 3500 MILES. LOOKING AT OTHER 2001 GOLDWINGS I HAVE YET TO SEE ONE THAT DID NOT HAVE A CUPPED FRONT TIRE. \*AK

CONTINUED ON REVERSE

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 to 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.



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rt. dt  
pd. rt  
rp. ltr

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**OWNER INFORMATION (Type or Print)**

RANDALL WEEKS 723626  
1606 YONKEE  
SHERIDAN WY 82801

Work Number

Home Number 307 672 8736

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
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Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN.) <small>(Lowercase letters and numbers only)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1HFSC47051A000445	FIRESTONE	G7815	1900	

Purchase Date 01-NOV-2000	Dealer's Name _____	Engine Size (CID/CC/L 1800CC	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual	Antilock Brakes <input type="checkbox"/> Yes	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt	Cruise Control <input checked="" type="checkbox"/> Yes	Drive Train <input type="checkbox"/> Front	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door
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