



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 151

Date Received

08-MAR-2002

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

8005178

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 windshield and driver's side door)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
	HONDA	GOLDWING	2002			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <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 _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05150020	Part Name(s) ENGINE:GASKETS	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
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ 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

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

WHILE TOWING MOTORCYCLE HOME ON A TRAILER OWNER NOTICED EXCESSIVE AMOUNTS OF OIL LEAKING FROM ENGINE. THIS WAS DUE TO A GASKET IMPROPERLY PLACED. IT HAS BEEN FIXED TWICE AND PROBLEM STILL EXISTS.\*AK

COPIED FROM NHTSA FORM 101

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.



U.S. Department of Transportation  
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

# Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

## FOR AGENCY USE ONLY 151

Date Received: 03-22-02  
08-MAR-2002  
Office: DEFECTS INVESTIGATION  
Od\_or: \_\_\_\_\_  
rt\_dt: \_\_\_\_\_  
od\_rt: \_\_\_\_\_  
Op\_tr: \_\_\_\_\_

### OWNER INFORMATION (Type or Print)

Owner Name: BALSAM  
Address: NC  
Zip Code: 742307

Reference No.: 8005178

Work Number: \_\_\_\_\_  
Home: \_\_\_\_\_

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an address to the vehicle manufacturer, \_\_\_\_\_  
Signature of Owner: \_\_\_\_\_ Date: 3/22/02

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 1HF5C47012A100981  
Vehicle Make: HONDA  
Vehicle Model: GOLDWING 1800  
Vehicle Year: 2002  
Current Odometer Reading: 48

Purchase Date: 2-16-02  
Dealer's Name: SELLING CHARLOTTE HONDA YAMAHA  
City: CHARLOTTE State: NC Zip Code: 28208  
Engine Size (CID/CC/L): 1800  
No. Cylinders: 6  
 Turbo  Diesel  Gas  Fuel Injection

Transmission Type:  Manual  Automatic  
Antilock Brakes:  Yes  No  
Restraint System: N.A.  
 3-Point Belt  Motorbelt  
 Driverside Airbag  2-Point Belt  
 Passengerside Airbag  
Cruise Control:  Yes  No  
Drive Train:  Front  Rear  4-Wheel  
Vehicle Type:  Car  Sport Utl  Van  Truck  Minivan  Motorcycle  Other  
Body Style:  2-Door  4-Door  Stationwagon  Pick Up  Truck  MC

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 05150020  
Part Name(s): ENGINE:GASKETS  
Location:  Left  Right  Front  Rear  
Failed Part(s):  Original  Replacement

No. of Failures: 2  
Date(s) of Failure(s): 2-16-02, 2-23-02  
Mileage at Failure(s): 01 MILE + 18 MILES  
Vehicle Speed at Failure(s): 0, FORTUNATELY  
Failed Part(s):  Yes  No  
NHTSA Previously:  Yes  No

### APPLICATION INCIDENT INFORMATION

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

Crash:  Yes  No  
Fire:  Yes  No  
Number of Persons Injured: \_\_\_\_\_  
Number of Fatalities: \_\_\_\_\_  
Estimated Property Damage: \_\_\_\_\_  
Reported to Police:  Yes  No

### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

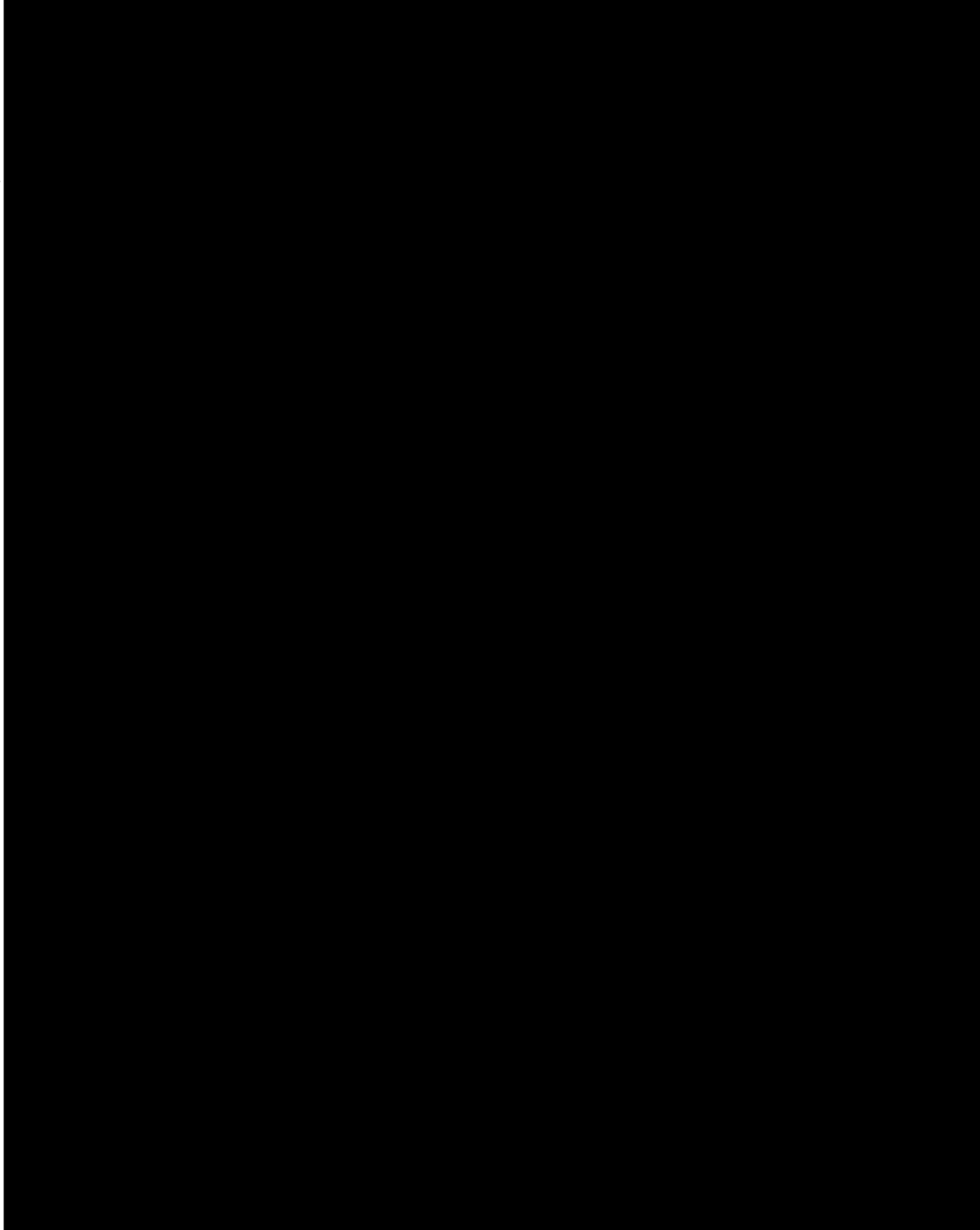
WHILE TOWING MOTORCYCLE HOME ON A TRAILER OWNER NOTICED EXCESSIVE AMOUNTS OF OIL LEAKING FROM ENGINE. THIS WAS DUE TO A GASKET IMPROPERLY PLACED. IT HAS BEEN FIXED TWICE (AND PROBLEM STILL EXISTS)\*AK  
REPAIR DEALER: M.R. MOTORCYCLE HONDA, 774 HENDERSONVILLE RD.  
ASHEVILLE, NC 28803  
SEE ATTACHMENTS

CONTINUE ON BACK IF NEEDED

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**THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

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