



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 241

Date Received

24-JUN-2002

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

Reference No.

8012509

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)<br><small>(Locate at bottom of<br/>windshield or driver's side)</small> |                                                                        | Vehicle Make                                                                                                                                                                                                                   | Vehicle Model                                               | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                                                                                |
| JH2RC44D12M613991                                                                                |                                                                        | HONDA MOTORCY                                                                                                                                                                                                                  | SHADOW                                                      | 2002                                                                                                                                         |                                                                                                                                                                                                                                                         |
| Purchase Date                                                                                    | Dealer's Name _____                                                    |                                                                                                                                                                                                                                | Engine Size<br>(CID/CC/L _____)                             | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                                                         |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                            | City _____ State _____ Zip Code _____                                  |                                                                                                                                                                                                                                | No Cylinders _____                                          |                                                                                                                                              |                                                                                                                                                                                                                                                         |
| Transmission Type                                                                                | Antilock Brakes                                                        | Restraint System                                                                                                                                                                                                               | Cruise Control                                              | Drive Train                                                                                                                                  | Vehicle Type                                                                                                                                                                                                                                            |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                            | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle |
|                                                                                                  |                                                                        |                                                                                                                                                                                                                                |                                                             |                                                                                                                                              | Body Style                                                                                                                                                                                                                                              |
|                                                                                                  |                                                                        |                                                                                                                                                                                                                                |                                                             |                                                                                                                                              | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____                                                           |

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

|                        |                                    |                                                                                                                                          |                                                                                             |
|------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>026000000 | Part Name(s)<br>WHEELS             | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure          | Dates of Failure(s)<br>12-JUN-2002 | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                |
|                        | Mileage at Failure(s)<br>630       |                                                                                                                                          |                                                                                             |
|                        | Vehicle Speed at Failure(s)        |                                                                                                                                          |                                                                                             |

### APPLICATION INCIDENT INFORMATION

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

|                                                                   |                                                                  |                           |                      |                          |                                                                                |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|
| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|

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

BOTH FRONT TIRES WERE LOSING AIR. VEHICLE TAKEN TO A REPAIR SHOP, AND INFORMED THAT BOTH FRONT WHEELS WERE OUT OF ROUND. DEALER NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.\*AK

COPIES OF REPORTS - FREE -

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 241

Date Received

02 JUN 2002

24 JUN 2002

DEFECTS INVESTIGATION

Od or

rt dt

od rt

up tr

Reference No.

8012509

Work Number

Home No.

## OWNER INFORMATION (Type or Print)

760692

PORT WASHINGTON

WI

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 7/5/02

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)

JH2RC44012M613991

Vehicle Make

HONDA MOTORCY

Vehicle Model

SHADOW

Vehicle Year

2002

Current Odometer Reading

1505

Purchase Date

5-29-02

Dealer's Name

Cedar Creek Motor Sports

Engine Size

CID/CC/L 750

☐ Turbo☐ Diesel☒ Gas☐ Fuel Injectio☒ New ☐ Used

City

Cedarburg

State

WI

Zip Code

53012

No Cylinders

2

Transmission Type

☒ Manual☐ Automatic

Antilock Brakes

☒ Yes☐ No

Restraint System

☒ 3-Point Belt☐ Driverside Airbag☐ Passengerside Airbag☐ Motorbelt☐ 2-Point Bel

Cruise Control

☐ Yes☒ No

Drive Train

☒ Front☒ Rear☒ 4-Wheel

Vehicle Type

☐ Car☐ Van☐ Minivan☐ Other☐ Sport Util☐ Truck☒ Motorcycle

Body Style

☐ 2-Door☐ 4-Door☐ Stationwagon☐ Pick Up☐ Truck

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

Component  
02600000Part Name(s)  
WHEELS

Location

☐ Left☒ Front☐ Right☐ Rear

Failed Part(s)

☒ Original☐ Replacement

No. of Failures

AT 4 times

Date(s) of Failure(s)

12-JUN-2002

Mileage at Failure(s)

630

Vehicle Speed at Failure(s)

45-55 MPH

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)

BOTH FRONT TIRES WERE LOSING AIR. VEHICLE TAKEN TO A REPAIR SHOP, AND INFORMED THAT BOTH FRONT WHEELS WERE OUT OF ROUND. DEALER NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.\*AK

AT 45 TO 55 MPH FRONT Wheel Hops/Bounces, Handlebars shake - informed dealer @ 600 mi. check - dealer changed wheel and tire, (over)

CONTINUE ON BACK IF NEEDED

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

Improved somewhat - Taken back to dealer - Found wheels have flat spots - Factory informed - Approx. 5 wheels were tested by dealer, all were found to be bad (flat spots) presently working w/ dealer to buy machine back or replace with a new machine - conflicting stories of defect at dealership mechanics say flat wheels and may be engine vibrations - owner says all Shadow Spirit models are bad - same defect - owner ALSO stated that the manufacturer (HONDA) was aware of the problem.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300

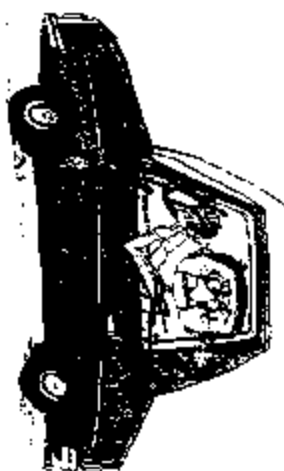
**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
DOT Auto Safety Hotline, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



U.S. Dept. of Transportation  
National Highway Traffic Safety  
Administration  
<http://www.nhtsa.gov/hotline>



DOT Auto Safety Hotline  
(DASH) 2 DOT

**1-888-DASH-2-DOT**  
**1-888-327-4236**

and dial toll free at

**DASH2DOT**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DOT AUTO SAFETY HOTLINE**

**VEHICLE  
OWNER'S  
QUESTIONNAIRE**