



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 117

Date Received

13-FEB-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_ltr _____

Reference No.

880481

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>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
FILL IN	YAMAHA	GTS1000	1994	

Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
--	--	---	--

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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle	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 03601000	Part Name(s) BRAKES:MECHANICAL SERVICE:DISC BRAKES	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 10-NOV-2000 Mileage at Failure(s) 10 Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	---------------------------	---

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

WAS TRAVELING 10MPH & STARTED TO SLOW DOWN MOTORCYCLE, WHEN REAR WHEEL BRAKES LOCKED UP. MOTORCYCLE FELL TO RIGHT A BIT & THEN SLID UNDER BUMPER OF VEHICLE IN FRONT. HAVE TAKEN MOTORCYCLE TO DEALERSHIP & BRAKES WERE REPAIRED.*AK

CONTINUE ON BACK IF NEEDED

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.

The Privacy Act of 1974 (Public Law 93-579) The 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.

CONTINUE ON BACK IF NEEDED

SEE ENCLOSED PAGE

REPAIRED: AK
 VEHICLE IN FRONT. HAVE TAKEN MOTORCYCLE TO DEALERSHIP & BRAKES WERE
 BRAKES LOCKED UP. MOTORCYCLE FELL TO RIGHT A BIT & THEN SLID UNDER BUMPER OF
 WAS TRAVELING 10MPH & STARTED TO SLOW DOWN MOTORCYCLE, WHEN REAR WHEEL

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

Crash	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Fine	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Number of Persons Injured	ONE	Number of Failures	NONE	Estimated Property Damage	\$ 2500.00	Reported to Police	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
-------	--	------	---	---------------------------	-----	--------------------	------	---------------------------	------------	--------------------	---

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

APPLICATION INCIDENT INFORMATION

No of Failures	ONE	Date(s) of Failure(s)	10-NOV-2000	Mileage at Failure(s)	10	Vehicle Speed at Failure(s)	10 MPH	Failed Part(s) Available?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Failed Part(s) NHTSA Previously Contacted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
----------------	-----	-----------------------	-------------	-----------------------	----	-----------------------------	--------	---------------------------	---	--	---

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	03601000	Part Name(s)	BRAKES:MECHANICAL SERVICE:DISC BRAKES	Location	Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/>	Failed Part(s)	Original <input checked="" type="checkbox"/> Replacement <input type="checkbox"/>
Transmission Type	Automatic <input type="checkbox"/> Manual <input checked="" type="checkbox"/>	Antilock Brakes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Restraint System	3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driver's Airbag <input type="checkbox"/> Passenger's Airbag <input type="checkbox"/>	Drive Train	Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel <input type="checkbox"/>
Vehicle Type	Car <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other <input type="checkbox"/>	Body Style	2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <input checked="" type="checkbox"/>				

Purchase Date	1/95	Dealers Name	BOB'S HONDA	City	MEMPHIS	State	TN	Zip Code	
Engine Size	1000cc	Engine Type	Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Turbo <input type="checkbox"/> Fuel Injection <input checked="" type="checkbox"/>						

Vehicle Ident No. (VIN)	[REDACTED]	Vehicle Make	YAMAHA	Vehicle Model	GTS1000	Vehicle Year	1994	Current Odometer Reading	101050
-------------------------	------------	--------------	--------	---------------	---------	--------------	------	--------------------------	--------

VEHICLE INFORMATION

Signature of Owner: [REDACTED] Date: 2/13/01

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.

OWNER INFORMATION (Type or Print)	674521	Home Number	[REDACTED]	Work Number	[REDACTED]
-----------------------------------	--------	-------------	------------	-------------	------------

U.S. Department of Transportation	NATIONAL HIGHWAY Traffic Safety Administration	Vehicle Owner's Questionnaire (VOQ)	DOT Auto Safety Hotline
NATIONWIDE 1-888-DASH-2-DOT	1-888-327-4236	www.nhtsa.dot.gov/hotline	
Date Received	13-FEB-2001	Reference No.	880481
Od or		od or	
nd it		nd it	
up It		up It	

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

(Page 1 through Page 1)

