



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

28-FEB-2001

Od_or _____
rt_dt _____
pd_rt _____
ip_ltr _____

Reference No.

881490

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) (Located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JKAZG9B13YB511297		KAWASAKI	VOYAGER XII	2000	
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
Transmission Type ☒ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 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 Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____					

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07230000	Part Name(s) POWER TRAIN:TRANSMISSION:5 SPEED AND UP	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures	Date(s) of Failure(s) 15-MAY-2000 Mileage at Failure(s) 3000 Vehicle Speed at Failure(s)	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

EXPERIENCING A GRINDING NOISE FROM 1ST TO 2ND GEAR AND FROM 2ND TO 3RD GEAR. DEALER NOTIFIED, AND SAID IT WAS NORMAL; MANUFACTURER WAS NOTIFIED, AND INFORMED CONSUMER THAT SOME OF MOTORCYCLES HAD 2ND GEAR PUT IN BACKWARD. TO TAKE IT BACK TO DEALER FOR REPAIRS, DEALER REFUSED. SEEKING HELP FROM NHTSA IN THIS MATTER. *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.



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

26-FEB-2001

 Od_or
rt_dt
od_r
up_tr

Reference No.

881490

OWNER INFORMATION (Type or Print)

676721

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 3/19/01

VEHICLE INFORMATION

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

Vehicle Make

KAWASAKI

Vehicle Model

VOYAGER XII

Vehicle Year

2000

Current Odometer Reading

6,463

Purchase Date

Dealer's Name

Steve M. Woodward

Engine Size

(CID/CC/L) 1200cc

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

City LEWISTOWN

State Pa

Zip Code 17044

No Cylinders 4

Transmission Type

☒ Manual☐ Automatic

Antilock Brakes

☐ Yes☒ No

Restraint System

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

Cruise Control

☒ Yes☒ No

Drive Train

☐ Front☒ Rear☐ 4-Wheel

Vehicle Type

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

Body Style

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
07230000

Part Name(s)

POWER TRAIN: TRANSMISSION: 5 SPEED AND UP

Location

☐ Left☐ Front☐ Right☐ Rear

Failed Part(s)

☒ Original☐ Replacement

No. of Failures

Date(s) of Failure(s) 15-MAY-2000

Mileage at Failure(s) 6000

Vehicle Speed at Failure(s)

Failed Part(s)
Available?☐ Yes☐ NoNHTSA Previously
Contacted?☐ 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

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail																
INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)																
TIRE IDENTIFICATION NO.*																
D	O	T											MANUFACTURER/TIRE NAME			SIZE
* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.																
NARRATIVE DESCRIPTION (CONTINUED)																

Thank you

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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)

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