



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

03-APR-2001

Ord. or
rt. dt
od. rt
rp. ltr

Reference No.

884995

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 windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
5TMBS1332YD005653	TITAN	PHOENIX	1999			
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 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 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"/> 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 type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02491000	Part Name(s) SUSPENSION: MOTORCYCLE FRONT	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	Date(s) of Failure(s) 19-AUG-2000 1800 Mileage 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE BEARING TO LEFT AT 45-50 MPH FRAME HIT GROUND WITH DRIVER AND PASSENGER, INSIDE. PASSENGER FELL OUT. THEN, FRONT END DROPPED OFF, AND FLIPPED DRIVER OFF MOTORCYCLE. DEALER / MANUFACTURER WERE NOT NOTIFIED AT THIS TIME. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK

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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
Vehicle Owner's Questionnaire (VOQ)
 DOT Auto Safety Hotline
 NATIONWIDE 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241

Date Received: 03-APR-2001

Reference No. 884995

Work Number: [Redacted]

Home Number: [Redacted]

OWNER INFORMATION (Type or Print)

684463

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) 6TMBE132YD006553

Vehicle Make TITAN Vehicle Model PHOENIX

Vehicle Year 2000 Current Odometer Reading 1868

Purchase Date 6-13-2000

Dealer's Name Griffin Motors Profs Inc 3700 State St City Schenectady State N.Y. Zip code 12304

Engine Size (C/D/C/L) No Cylinders 2

Fuel Injection Turbo Diesel Gas

Transmission Type Manual Automatic

Antilock Brakes Yes No

Restrain System 3-Point Belt Motorized 2-Point Belt Driver Side Airbag Passenger Side Airbag

Crash Control Yes No

Drive Train Front Rear 4-Wheel

Vehicle Type Car Van Minivan Other Sport UT Truck Motorcycle

Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

Component 02491000 **Part Name(s)** SUSPENSION: MOTORCYCLE FRONT

Location Left Right Front Rear

Failed Part(s) Original Replacement

No of Failures 19-AUG-2000 **Date(s) of Failure(s)** Mileage at Failure(s) 1868 **Vehicle Speed at Failure(s)**

Failed Part(s) Available? Yes No

Failed Part(s) 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 2 **Number of Fatalities** 0 **Estimated Property Damage** \$2,500

Reported to Police Yes No

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

WHILE BEARING TO LEFT AT 45-50 MPH FRAME HIT GROUND WITH DRIVER AND PASSENGER, INSIDE PASSENGER FELL OUT, THEN, FRONT END DROPPED OFF, AND FLIPPED DRIVER OFF MOTORCYCLE. DEALER / MANUFACTURER WERE NOT NOTIFIED AT THIS TIME. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK

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CONTINUE ON BACK IF NEEDED