Form Approved: OMB No. 2127-0042

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** 1039

Date Received: 08-AUG-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 893830

[redacted]

*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.) (Locate at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Readin |
|---|---|---|---|---|
| VBKGSL4081M740599 | KTM | KTM | 2001 | |

| Purchase Dat | | Engine Size | |
|---|---|---|---|
| ☐ New ☒ Used | Dealer's Name_____ City_____ State_____ Zip Code_____ | (CID/CC/L ____ No Cylinders ____ | ☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio |

| Transmission Type | Antilock Brakes | Restraint System | Cruise Contro | Drive Trai | Vehicle Type | Body Style |
|---|---|---|---|---|---|---|
| ☐ Manual ☐ Automatic | ☐ Yes ☒ No | ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag | ☐ Yes ☒ No | ☐ Front ☐ Rear ☐ 4-Wheel | ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____ | ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____ |

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

| Component | Part Name(s | Location | Failed Part(s |
|---|---|---|---|
| 07100000 | POWER TRAIN:CLUTCH ASSEMBLY | ☐ Left ☐ Right ☐ Front ☐ Rear | ☐ Original ☐ Replacement |

| No of Failure | Date(s) of Failure(s)_____ Mileage at Failure(s)_____ | Failed Part(s) | NHTSA Previously |
|---|---|---|---|
| | | ☐ Yes ☐ No | ☐ 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 | Fire | Number of Persons Injured | Number of Fatalitie | Estimated Property Damag | Reported to Polic |
|---|---|---|---|---|---|
| ☐ Yes ☒ No | ☐ Yes ☒ No | | | | ☐ Yes ☒ No |

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

**CLUTCH ASSEMBLY COMES OUT OF ADJUSTMENT AND THE CLUTCH WILL NOT STAY IN A TIGHT ADJUSTMENT. THIS WILL MAKE CLUTCH LOOS AND FAIL. PLEASE SPECIFY MORE INFORMATION ON THE MAKE AND MODEL OF MOTORCYCLE.*AK**

CONTINUE ON REVERSE

Form Approved. O.M.B. No. 2127-0066

DOT Auto Safety Hotline

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

# Vehicle Owner's Questionnaire (VOQ)

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

FOR AGENCY USE ONLY 1039

Date Received: 08-AUG-2001

2001 AUG 28 AM 9:1
OFFICE OF DEFECTS INVESTIGATION

Od_or
rt_dt
od_rt
up_ltr

Reference No. 893830

## OWNER INFORMATION (Type or Print)

[redacted]

Work Numb[redacted]
Home Numb[redacted]

*Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? in the absence of an auth[redacted] and address to the vehicle manufacturer.* ☑ YES ☐ NO

Signature of Owner [redacted] Date 8/20/01

## VEHICLE INFORMATION

| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) | Vehicle Mak | Vehicle Mode | Vehicle Year | Current Odometer Readin |
|---|---|---|---|---|
| VBKGSL4081M740599 | KTM | KTM 640 LC4 | 2001 | 770 miles |

Purchase Date

☐ New ☒ Used

Dealer's Name PERFORMANCE PLUS

City MEMPHIS State TN Zip Code 38134

Engine Siz (CID/CC/L ____ No Cylinders 1

☐ Turbo ☐ Diesel ☑ Gas ☐ Fuel Injectio

| Transmission Type | Antilock Brakes | Restraint System | Cruise Contro | Drive Trai | Vehicle Type | Body Style |
|---|---|---|---|---|---|---|
| ☑ Manua ☐ Automatic | ☐ Yes ☒ No | ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Po nt Bel ☐ Passengerside Airbag | ☐ Yes ☒ No | ☐ Front ☐ Rear ☐ 4-Wheel | ☐ Car ☐ Sport Uti ☐ Van ☐ Truck ☐ Minivan ☑ Motorcycle ☐ Other ____ | ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck |

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

| Componen | Part Name(s) | Location | Failed Part(s |
|---|---|---|---|
| 07100000 | POWER TRAIN:CLUTCH ASSEMBLY - ADJUSTMENT PERCH AND - FUEL HOSE FROM TANK TO CARB | ☐ Left ☐ Right ☐ Front ☐ Rear | ☑ Original ☐ Replacemen |

| No of Failures | Date(s) of Failure(s) 3-24-01<br>Mileage at Failure(s) 35 MILES<br>Vehicle Speed at Failure(s) ABOUT 40 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 | Fire | Number of Persons Injured | Number of Fatalitie | Estimated Property Damag | Reported to Polic |
|---|---|---|---|---|---|
| ☐ Yes ☒ No | ☐ Yes ☒ No | 0 | 0 | 0 | ☐ Yes ☒ No |

## NARRATIVE DESCRIPTION OF FAILURE(S), INCID NT(S), INJURY(IES)

**CLUTCH ASSEMBLY COMES OUT OF ADJUSTMENT AND THE CLUT[illegible] WILL NOT STAY IN A TIGHT ADJUSTMENT. THIS WILL MAKE CLUTCH LOOS AND FAIL. PLEASE SPECIFY MORE INFORMATION ON THE MAKE AND MODEL OF MOTORCYCLE.*AK**

2001 KTM 640 LC4

ALSO, AT 600 MILES FUEL HOSE FAILED AND BEGAN LEAKING ON ENGINE DUE TO DESIGN FLAW. HOSE BENDS TWICE AND TRAVELS UP TO CARB CAUSING CRIMPS AND CRACKS TO LINE.

CONTINUE ON BACK IF NEEDED



UNSAFE CLUTCH DESIGN AND UNSAFE FUEL HOSE ROUTING.