



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

12-SEP-2001

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

Reference No.

896229

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>(Locate at bottom of and/or on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1HFSC470X1A004393	HONDA MOTORCY	GL1800	2001			
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 Utl <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 checked="" type="checkbox"/> Other _____

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

Component 02700000	Part Name(s) <b>TIRES</b>	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) 10-AUG-2001 4 Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA 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 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 Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**MOTORCYCLE WOBBLER AT 40 MPH WHEN DECELERATING. ALSO, PROBLEM WITH TIRES. HAD NOT CONTACTED DEALER.\*AK**

CONTINUED ON REVERSE

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.

**FOR AGENCY USE ONLY** 1039

Date Received: 01 OCT - 1 AM 11  
12-SEP-2001  
OFFICE OF SAFETY EFFECTS

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
www.nhtsa.dot.gov/hotline  
1-888-327-4236  
NATIONWIDE 1-888-DASH-2-DOT

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

OWNER INFORMATION (Type or Print)

714552

Work Number: [REDACTED]  
Home Number: [REDACTED]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES  NO

In the absence of an authorized signature, your name and address to the vehicle manufacturer.

Signature of Owner: [REDACTED]

Date: 9/24/01

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN): 1HFC470X1A004593  
Vehicle Make: HONDA MOTORC  
Vehicle Model: GL1800  
Vehicle Year: 2001

Current Odometer Reading: [REDACTED]

City: CARROLL HILLS, MD  
State: MD  
Zip Code: [REDACTED]

Dealers Name: FRESH START CYCLE  
Purchase Date: 7/3/01  
New  Used

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

Transmission Type:  Manual  Automatic

Antilock Brakes:  Yes  No

Restraint System:  3-Point Belt  Motorbelt  Overlap A bag  2-Point Belt  Passenger-side Airbag

Cruise Control:  Yes  No

Drive Train:  Front  Rear  4-Wheel

Vehicle Type:  Car  Van  Minivan  Motorcycle  Truck  Station wagon  Pick Up  Truck

Body Style:  2-Door  4-Door  Station wagon  Truck  M/c

**APPLICATION INCIDENT INFORMATION**

Component: 02700000  
Part Name(s): TIRES

Location:  Front  Left  Right  Rear

Failed Part(s):  Original  Replacement

No. of Failures: [REDACTED]

Date(s) of Failure(s): 10-AUG-2001  
Mileage at Failure(s): 2400  
Vehicle Speed at Failure(s): [REDACTED]

Failed Part(s):  Yes  No  
Previously Failed:  Yes  No

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

Crash:  Yes  No  
Fire:  Yes  No  
Number of Persons Injured: 0  
Number of Fatalities: 0  
Estimated Property Damage: 0  
Reported to Police:  Yes  No

MOTORCYCLE WOBBLER AT 40 MPH WHEN DECELERATING. ALSO, PROBLEM WITH TIRES. HAD NOT CONTACTED DEALER. AK

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CONTINUE ON BACK IF NEEDED

