



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

Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.  
CORRECT MARK: ●

### FOR AGENCY USE ONLY

Date Received <b>9/6/01</b>	Oil <input type="checkbox"/>
Reference No.	Flat <input type="checkbox"/>
	Minor <input type="checkbox"/>
	Major <input type="checkbox"/>

### OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) <b>JKAEXMF191A078548</b>		VEHICLE MAKE <b>KAWASAKI</b>	VEHICLE MODEL <b>NINJA 250</b>	MANUFACTURE DATE <b>082000</b>	MODEL YEAR <b>2001</b>	
VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input checked="" type="checkbox"/> Other <b>KAWASAKI</b> <input type="checkbox"/> Daimler/Chrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW						
PURCHASE DATE <b>4-22-01</b>	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	DEALER'S NAME <b>Cycle World</b>	CITY <b>BALTIMORE</b>	STATE <b>MD</b>	ZIP CODE <b>21225</b>	
ENGINE SIZE <b>248cc</b>	FUEL SYSTEM <input type="checkbox"/> Turbo <input type="checkbox"/> Fuel Injection <b>CARBURETOR</b>	FUEL TYPE <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas (93)	TRANSMISSION TYPE <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	ANTILOCK BRAKES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RESTRAINT SYSTEM <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger-side Airbag <input type="checkbox"/> Motorbel <input type="checkbox"/> 3-Point Belt <b>NONE</b>	CRUISE CONTROL <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DRIVETRAIN <input type="checkbox"/> Front <input type="checkbox"/> 4-Wheel <input checked="" type="checkbox"/> Rear	VEHICLE TYPE <input type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input checked="" type="checkbox"/> Motorcycle		DOORS <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door	BODY STYLE <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Stationwagon		

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

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarm <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input checked="" type="checkbox"/> Other <b>SPEEDOMETER</b>	NO. OF FAILURES <table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	1	2	3	4	5	6	7	8	9												
	1	2	3	4	5	6	7	8	9												
	INCIDENT DATE <b>8-23-01</b>	TIRE NAME	COMPLETE TIRE SIZE																		
MILEAGE AT INCIDENT <b>7803</b>	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other																				
VEHICLE SPEED AT INCIDENT <b>21 MPH</b>	FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement																				
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No																			

### APPLICABLE 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	NUMBER OF PERSONS INJURED <table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input checked="" type="checkbox"/> Work/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input checked="" type="checkbox"/> Disconnect/Fall Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input checked="" type="checkbox"/> Loose/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input checked="" type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input checked="" type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	1	2	3	4	5	6	7	8	9													
1	2	3	4	5	6	7	8	9														
FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES <table border="1"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	
0	1	2	3	4	5	6	7	8	9													
0	1	2	3	4	5	6	7	8	9													

PLEASE DO NOT WRITE IN THIS AREA



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Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

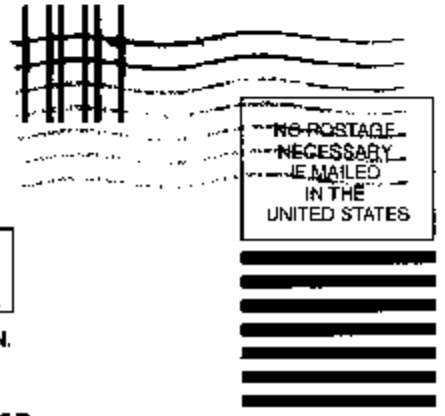
ON 8-23-01 AT THE CORNER OF BAGGINS RD AND STEIDER CRT IN HANOVER, MD, I WAS TAKING A RIGHT TURN ON MY MOTORCYCLE, WHEN I COMPLETED THE TURN, THE HANDLEBARS WOULD NOT STRAIGHTEN OUT, CAUSING ME TO LAY THE BIKE DOWN, DAMAGING THE GAS TANK, HANDLEBARS, RT. BUNKER, NUMEROUS SCRATCHES, AND INTERNAL CARBURETOR DAMAGE. I ALSO SCRAPED UP MY LEG IN THE PROCESS. AFTER ~~THE~~ MYSSIDE AND MY MOTORCYCLE MECHANIC INSPECTED THE BIKE FOR A CAUSE, WE NOTICED THE DISCONNECTED SPEEDOMETER CABLE AND SCRATCH EVIDENCE OF WHERE IT SWAGGED THE STEERING FORK. THIS HAS ALREADY COSTED ME \$400. DOLLARS AND COUNTING FOR REPAIRS. THANK YOU.

Continue on additional page if necessary.  
Describe any additional incidents. (Include date and mileage)  
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 other subsequent amendments. You are under no obligation to respond to this questionnaire. Your responses 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 an investigative enforcement of litigation against a manufacturer, your responses, or a statistical summary thereof, may be used in support of the agency's action.  
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HS Form 350 (Rev. 8/99)

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

400 Seventh St., S.W.  
Washington, D.C. 20590

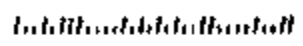
Official Business  
Penalty for Private Use \$300



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NSA-10.01  
400 7th Street, SW  
Washington, DC 20590



Complete and return or place in your car manual for future use



# VEHICLE OWNER'S QUESTIONNAIRE (VOQ)

## DOT AUTO SAFETY HOTLINE

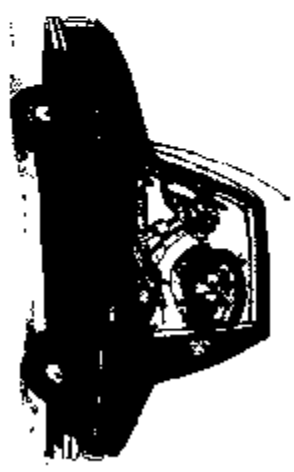
TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH 2 DOT**

and dial toll free at

**1-888-DASH-2-DOT**

1-888-327-4236  
DOT Auto Safety Hotline  
(DASH) 2 DOT



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[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)