



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

DEFECTS INVESTIGATION

FOR AGENCY USE ONLY
Date Received
18-DEC-2002
OFFICE

Repository
Reference No.
10001114

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City SIMPSONVILLE State SC Zip Code _____

Daytime Telephone Number _____
Evening Telephone Number _____

E-mail Address _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 1/14/03

VEHICLE INFORMATION

Make AMERICAN IRONHORSE		Model SLAMMER	Model Year 2002
Date Purchased 6-14-02	Dealer's Name and Telephone Number		Engine: No. Cylinders
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type 6 Speed	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 034510 SERVICE BRAKES, HYDRAULIC; FOUNDATION COMPONENTS
Multiple Failure:			

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 02-SEP-2002	Failure Mileage	Failure Speed	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM4SABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

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 Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER STATED THAT THE FRONT BRAKE CALIPERS ARE LEAKING. WHILE DRIVING, CONSUMER NOTICED DID NOT HAVE BRAKES. CONSUMER HAS ALREADY HAD 5 CALIPERS AND THE MASTER CYLINDER REPLACED. TS

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.

Manufactures name, address and telephone number:

**American Ironhorse Motorcycle Company
4600 Blue Mound Road
Fort Worth, TX 76106
817-665-2000**

Please note we purchased the motorcycle in Greenville, SC. The dealership in Greenville, SC was closed and moved to Charleston, SC on 11/21/02.

Dealer's name, address and telephone number:

**East Coast Ironhorse
4141 Dochester Road
Charleston, SC 29405
843-554-7433**