



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

FOR AGENCY USE ONLY 100079

Date Received: 03 APR 25 2003 11:35
Repository:
Reference No.: 10012525

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: KEIZER State: OR Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
Evening Telephone Number: [Redacted]
E-mail Address: [Redacted]

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: 4/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 5VPCS1503Y3001146
Make: VICTORY Model: V925C SPORTCRUISE Model Year: 2000

Date Purchased: 7-17-2002 Dealer's Name and Telephone Number: MOUNT HOOD POLARIS 503-663-3544
Engine: No: Cylinders: Fuel Type:

Original Owner: Dealer's City: BORING State: OR Zip Code: 97009

Transmission Type: Antilock Brakes: Powertrain: Cruise Control:
Vehicle Component Code: 072100 FUEL SYSTEM, GASOLINE:DELIVERY:FUEL PUMP
Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 26-MAR-2003 Failure Mileage: Failure Speed:

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: DOTMALSABC036) Original Equipment 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: Yes No Fire: Yes No
Number of Persons Injured: Number of Deaths: Reported to Police: N

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).

THE CONSUMER RECEIVED A RECALL REGARDING THE FUEL PUMP ON NOVEMBER 23, 2002. THE CONSUMER MADE AN APPOINTMENT WITH THE DEALER. THE FIRST TIME THE VEHICLE WAS TAKEN FOR REPAIRS THE DEALER INDICATED THAT NOT PARTS WERE AVAILABLE. FOR THE LAST THREE MONTHS THE PART HAS NOT BEEN AVAILABLE. THE DEALER ALSO STATED THE THEY DIDN'T HAVE TIME TO FIX THE MOTORCYCLE. (MANGER NAME IS GARDNER). *NLM

Part was available on 1-31-03 per letter from polaris. Dealer claimed he'd call me when he was ready to do the work. Stated he had some new stuff to get done before he had time for my motorcycle. As of 4-15-03 he has still not done the recall repairs.

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 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.

