



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 100147

Date Received

2003 SEP 12 AM 8:56
13-AUG-2003

Repository

Reference No.
10033835

OWNER INFORMATION (Type or Print)

Name

Address

City JASPER

State GA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of a signature, our name or address to the vehicle manufacturer.
Signature of Owner _____ Date 8/15/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

4MZWX125733475936

Make

BUELL

Model

LIGHTNING LOW

Model Year

2003

Date Purchased

7/16/03

Dealer's Name and Telephone Number

EARLSMILLS HARLEY DAVIDSON 770-919-0000

Engine:

No: Cylinders

2

Fuel Type:

GAS

Original Owner

Dealer's City

State

Zip Code

Transmission Type

5 SPEED

Antilock Brakes

Cruise Control

Powertrain

BELT DRIVEN

Vehicle Component Code

072200 FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING, .

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
04-AUG-2003

Failure Mileage
425

Failure Speed
STANDING

THE GAS OVERFLOW LINE ALLOWS GAS TO DRIP ON MUFFLER EXHAUST PIPE.

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: DOTM1SABC036)

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).

WHEN FILLING MOTORCYCLE WITH GAS THE OVERFLOW HOSE WOULD LEAK ON MUFFLER. DEALER NOTIFIED. *AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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.