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

2003 NOV -5 AM 10:57

FOR AGENCY USE ONLY 100146	
Date Received: 30-SEP-2003	Repository ☐
	Reference No. 10041879

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number	
City MAHOPAC	State NY	Zip Code [redacted]	

Do you authorize NHTSA to furnish 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 [redacted] Date 10/17/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
5CDMTBS91G000943	INDIAN	SCOUT	2001

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
Original Owner ☒	INDIAN MOTORCYCLE Beacon Falls (203) 888-8896	2	Reg. Gas
	Dealer's City: BEACON FALLS, CT State: CT Zip Code: 06403		

Transmission Type		Powertrain	Vehicle Component Code
5 Speed wet clutch	☐ Antilock Brakes ☐ Cruise Control	Belt DRIVE	063200 ENGINE AND ENGINE COOLING:EXHAUST SYSTEM:MANIFOLI
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
30-SEP-2003			

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

THREE RECALLS HAVE BEEN ISSUED FOR THE 2001, INDIAN, MOTORCYCLE; HOWEVER, DEALER STATED RECALLS CANNOT BE HONORED BECAUSE MANUFACTURER IS OUT OF BUSINESS. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY