



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 100148

Date Received

13 SEP 22 11
09-AUG-2005

Repository

Reference No.
10132079

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: LORAIN State: OH Zip Code: [Redacted]
Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. YES NO
Signature of Owner: _____ Date: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1HD1DDV164 [Redacted]
Make: HARLEY DAVIDSON Model: TOURING Model Year: 2004
Date Purchased: 03-APR-04 Dealer's Name and Telephone Number: HARLEY DAVIDSON #00000516
Cleveland Motorcycle 216-252-3111
Original Owner: Dealer's City: Cleveland State: OH Zip Code: 44111
Fuel Type: Gas
Transmission Type: Antilock Brakes Cruise Control Powertrain: _____
Vehicle Component Code: 110000 ELECTRICAL SYSTEM
Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 03-APR-2004 Failure Mileage: _____ Failure Speed: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R16): _____
DOT No. (Example: DOTM16ABC038) 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 incident(s), crash(es), fire, 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).

DT: THE VEHICLE PULLED TO THE LEFT WHEN DRIVING. HAD BEEN TO THE DEALER 4 TIMES, AND WILL TAKE IT BACK ON AUGUST 15, 2005. FILED A COMPLAINT UNDER THE LEMON LAW. THEY SAID IT WAS NOT A PROBLEM. THE FIRST TIME CONSUMER TOOK VEHICLE TO THE DEALER IT HAD 479 MILES ON IT. HAD IT 8 DAYS AND FOUND JUST A COUPLE OF LOOSE BOLTS. *AK

vehicle has been in for service 5 times still pulls to the left

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

bike pulls to left- have had others take bike for a ride without awareness of problem at least 6 others noticed pulling without me knowing a word. But dealership says they don't feel if nothing already with bike

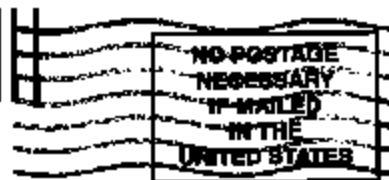
SHEETS IF NECESSARY

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 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, NVS-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

**TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM**

OR

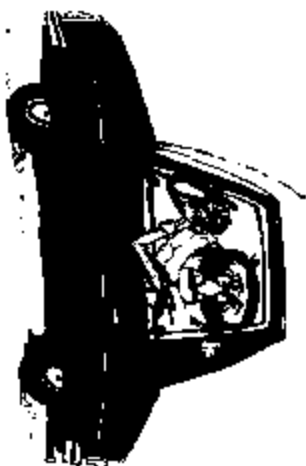
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and dial toll free at

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