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	Repository ☐
2007 MAR 19 AM 7:41 16-FEB-2007	Reference No. 10182761

OWNER INFORMATION (Type or Print)

Name			
Address		Daytime Telephone Number	E-mail Address
City LEESBURG	State FL	Zip Cod	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 an a... NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 3/2/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
5VPCB15D1X	VICTORY	V92C	1999

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
	TRICOUNTY CYCLE			No: Cylinders 2	Gas
Original Owner ☒	Dealer's City LEESBURG	State FL	Zip Code 34748		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☐ Cruise Control	REAR WHEEL DRIVE	072100 FUEL SYSTEM, GASOLINE:DELIVERY:FUEL PUMP Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
22-NOV-2005			

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	0	0	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).

TL* - THE CONTACT STATED THAT HE RECEIVED A RECALL ON THE 1999 VICTORY V92C WITH 78000 CURRENT MILEAGE ON NOVEMBER 22, 2006, WHICH STATED THAT ON DECEMBER 18, 2006 THE FUEL PUMP NEEDED TO BE REPLACED. THE CONTACT STATED THAT HE CALLED THE DEALER, AND WAS NOTIFIED THAT THE RECALL REPAIR WOULD NOT BE SCHEDULED UNTIL JUNE 2007. THERE HAD NOT BEEN A FAILURE TO DATE.*AK

The Recall is for
Rear Spocket + Transmission
Also Was Told not To ride The Bike

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

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

Needs Rear sprocket Replaced and Trans. Needs attention

Was Told not To ride the bike, Recall will not be Taken care of until June of 2007

ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADM
400 7TH ST SW
WASHINGTON DC 20590

OFFICIAL BUSINESS

ORLANDO FL 328

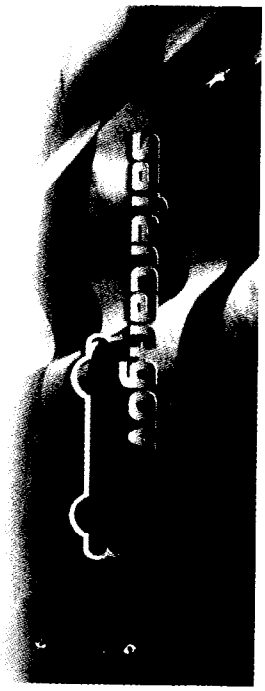
05 MAR 2007 PM 5 T

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

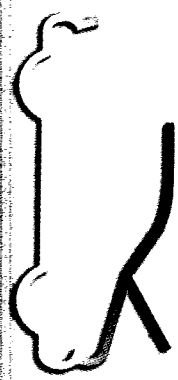
BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE

US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline

888-327-4236

www.nhtsa.gov

NHTSA

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