

 <b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> <b>To Report Vehicle Safety Defects</b> <b>1-888-DASH-2-DOT</b> <b>(1-888-327-4236)</b> <b>INTERNET: www.nhtsa.dot.gov/hotline</b>		FOR AGENCY USE ONLY 100148	
		Date Received 03-NOV-2008	Repository <input type="checkbox"/> Reference No. 10247592
<b>OWNER INFORMATION (Type or Print)</b>			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City	State	Zip Code	
GROVETOWN	GA		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.			
Signature of Owner _____		Date ____/____/____	
<b>VEHICLE INFORMATION</b>			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 4MZKP01D78		Make BUELL	Model BLAST
Model Year 2008		Engine: No: Cylinders	Fuel Type:
Date Purchased	Dealer's Name and Telephone Number		
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:
			Incident Date(s) 12-SEP-2008
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE		Failure Mileage 170	Failure Speed 0
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>			
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)
DOT No. (Example: DOTM9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:	
Tire Component Code		Tire Failure Type:	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0
		Reported to Police N	
<b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b> 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 OWNS A 2008 BUELL BLAST. THE CONTACT RECEIVED A RECALL NOTICE FOR NHTSA CAMPAIGN ID NUMBER 08V439000 (FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY) AND SCHEDULED AN APPOINTMENT WITH THE DEALER TO HAVE THE VEHICLE REPAIRED. THE CONTACT WAS INFORMED THAT THE PARTS FOR THE REPAIR WOULD BE UNAVAILABLE UNTIL OCTOBER. WHEN OCTOBER ARRIVED, HE CALLED THE DEALER AGAIN FOR AN APPOINTMENT, BUT THE PARTS WERE STILL UNAVAILABLE. HE CALLED THE DEALER BACK IN NOVEMBER AND WAS INFORMED THAT THE PARTS HAD TO BE RE-ORDERED. AS OF NOVEMBER 3, 2008, THE VEHICLE HAS NOT BEEN PROPERLY REPAIRED. THE CURRENT AND FAILURE MILEAGES WERE 170. REMAILED 12/08/08. *LJ			
Vehicle has been repaired. Left vehicle on a Saturday and repair was completed by 12 Nov 08 (Wednesday).			
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.			