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
DEC 0 1 2010	☐
30-AUG-2010	Reference No. 10352704

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number SAME	
City ELKMOUND **State** WI **Zip Code** [redacted]		

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
5VPSD36D093[redacted]	VICTORY CYCLE	VISION	2009

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
4-7-10	SEE PACKAGE SENT 11-15-10		
Original Owner ☐	Dealer's City / State / Zip Code		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
	☐ Antilock Brakes ☑ Cruise Control	BELT		15-MAR-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	15	0

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/of all 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(les).
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 2009 VICTORY VISION. THE CONTACT STATED THAT THE MOTORCYCLE INTERMITTENTLY ~~ACCELERATED~~ WITHOUT WARNING. THE CONTACT STATED THAT THE ~~ACCELERATION~~ WOULD COME AND GO AND THE RPMS WOULD NOT DECREASE LESS THAN 1500. THE DEALER WAS UNABLE TO DETECT THE WHAT CAUSED ~~THE FAILURE~~. THE FAILURE MILEAGE WAS 15 AND THE CURRENT MILEAGE WAS 3091.

RE
DOES NOT ACCELERATE DOES NOT SLOW DOWN BELOW 1500 RPM SINCE NEW
AS OF 11-15-10 4012 MILES
JUST SENT PACKAGE OF PAPER WORK TODAY 11-15-10
GOT YOUR LETTER TODAY ALSO LOTA INFO IN PACKAGE SENT TODAY ANY ?? LET ME KNO THANK YOU

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