



POSTED

**DOT Auto Safety Hotline
Vehicle Owner's Questionnaire**
TO REPORT VEHICLE SAFETY DEFECTS
1-888-DASH-2-DOT
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received

QC'd RECEIVED
COPIED
01 FEB -2 00 9:07
Reference No.

Od. or _____
L. of _____
od. of _____
up. of _____
Reference No.

DISCLOSE
DEFECTS INVOLVED

559364

OWNER INFORMATION (Type or Print)

Name _____
Street _____
City _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized representative, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____

Date 01/26/01

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (Located at bottom of windshield on driver's side)					Make	Model	Year												
1	B	9	R	T	1	1	H	4	9	3	1	3	3	2	5	0	Buell	SZ	1995
Purchased Date		Dealer's Name					Engine Size (CID/CC/L)		<input type="checkbox"/> Turbo		<input type="checkbox"/> Diesel		<input type="checkbox"/> Fuel Injection						
9/29/94		Charlotte Harley Davidson					1200cc		<input type="checkbox"/> Carb		<input type="checkbox"/> Fuel Injection								
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		Dealer's City			State		Zip Code		No. Cylinders										
Charlotte		N.C.		28214		2													
Manufacture Date (on driver's door or pillar)		Transmission Type		Restraint System		Cruise Control		Drive/In		Vehicle Type		Body Style							
1994		<input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic		<input type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel		<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		<input type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other							
												<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other							

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) <u>gas tank, brakes, swing arms, frame, body parts, ect., ect.</u>		Location		Failed Part(s)		Handicap Adaptive Equip	
		<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear		<input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand		Tire Name		Complete Tire Size			
No. of Failures		Date(s) of Failure(s)		Failed Part(s) Available?		NHTSA Previously Contacted?	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Mileage at Failure(s)					
		Vehicle Speed at Failure(s)					

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash		Fire		Number of Persons Injured		Number of Fatalities		Reported to Manufacturer	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		N/A		N/A		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).
gas tank leak, cowl cracked, rear cowl cracked, oil sending unit nut fell off, cables on carb loose, recall on brakes, recall on gas tank (twice), frame replaced, stabilizer replaced, recall on instrument panel, wheel lock inop, wires loose, nuts + bolts loose, kick stand inop

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.