

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

Date Received

07-SEP-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

730617

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Listed at front of windshield or driver's door)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4MZKS56J1Y3320241	BUELL	M2 CYCLONE	2000	

Purchase Date 01-JUN-2000	Dealer's Name _____	Engine Size (CID/CC/L) 1200	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☒ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02400000	Part Name(s) SUSPENSION:SINGLE AXLE:REAR	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash ☐ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

I CONTACTED DEALER FOR INFORMATION ON THE RECALL AND RECIEVED NO INFO RELATING TO BEING ABLE TO SAFELY CONTINUE TO OPERATE (IT BEEN OVER A MONTH SINCE THE RECALL) THE MOTORCYCLE OR STOP RIDING IT, THE DEALER RESPONSE WAS THAT THEY HAD THE SAME INFO I WAS SENT REF. THE RECALL AND THEY HAD NO IDEA OF THE SAFETY FACTOR. THEY MADE NO ATTEMPT AT THAT TIME TO CONTACT THE MANUFACTURER FOR FURTHER INFO. I TRIED 4 TIMES TO CONTACT THE MANUFACTURER VIA PHONE WITHOUT RESULT; I EVEN WENT SO FAR AS TO LET THEM PICK A TIME TO CALL ME BACK (I LEFT A MESSAGE VIA VOICE MAIL FOR THEM ON THEIR CUST.SERVICE LINE) SO I WOULDN'T HAVE TO WAIT AT HOME WHICH I DID FOR 3 HOURS ONE DAY FOR A CALL BACK. ALL I WISH IS INFO ON WHETHER OR NOT IT'S SAFE TO RIDE AND WHEN THE PRODUCT W

CONTINUED ON BACK OF FORM

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.

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