

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 117

Date Received

20-JAN-2000

Oid_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

855245

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.) <small>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1HD1GHV19YY312734	HARLEY DAVIDSO	FXD	2000	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <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 Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13100000 01243000 07200000	Par. Name(s) STRUCTURE:FRAME:MEMBERS AND BODY STEERING:4 WHEEL STEERING:REAR ACTUATOR POWER TRAIN:TRANSMISSION:STANDARD:MANUAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) 22-NOV-1999 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION INCIDENT INFORMATION

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


Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE FXD DYNA SUPER GLIDE MOTORCYCLE'S FRONT RIM WAS NOT STRAIGHT EDGED. THE SPEEDOMETER HAS ENGINE DELAY LIGHT. THE TRANSMISSION WOULD MAKE CLUNKING NOISE WHILE BEING SHIFTED. IT ALSO WAS HARD TO SHIFT. WOULD MAKE WHINNING NOISE WHILE JUST DRIVING. THE BRAKES WOULD DRAG WHEN APPLIED. THE MOTOR CYCLE WOULD ALSO LEAK OIL & THE BRAKE PADS MAKE NOISES. TAKING MOTORCYCLE BACK TO DEALERSHIP. ^AK

CONTINUED ON BACK PLEASE

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.

Auto Safety Hotline		FOR AGENCY USE ONLY 117	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) [Redacted] 585850		Date Received: FEB 15 AM 8:05 20-JAN-2000 OFFICE DEFECTS INVESTIGATION Reference No. 855245 Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an [Redacted] provide your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date 2, 9, 00	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 1HD1GHV19YY312734		Vehicle Make HARLEY DAVIDS	Vehicle Model FXD
Vehicle Year 2000		Current Odometer Reading 280 MILES	
Purchase Date NOV. 22, 1999	Dealer's Name WARREN HARLEY-DAVIDSON	Engine Size (CID/CC) 88/110	<input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used	City Cortland State OH Zip Code	No Cylinders 2	
Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 13160000 01243006 07200000	Part Name(s) STRUCTURE:FRAME:MEMBERS AND BODY STEERING:4 WHEEL STEERING:REAR ACTUATOR POWER TRAIN:TRANSMISSION:STANDARD:MANUAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) 22-NOV-1999	Mileage at Failure(s)	Vehicle Speed at Failure(s)
Failed Part(s) Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons injured	Number of Fatalities
Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
THE FXD DYNA SUPER GLIDE MOTORCYCLE'S FRONT RIM WAS NOT STRAIGHT EDGED. THE SPEEDOMETER HAS ENGINE DELAY LIGHT. THE TRANSMISSION WOULD MAKE CLUNKING NOISE WHILE BEING SHIFTED. IT ALSO WAS HARD TO SHIFT. WOULD MAKE WHINNING NOISE WHILE JUST DRIVING. THE BRAKES WOULD DRAG WHEN APPLIED. THE MOTOR CYCLE WOULD ALSO LEAK OIL & THE BRAKE PADS MAKE NOISES. TAKING MOTORCYCLE BACK TO DEALERSHIP. *AK (FOR 500 MILE AND 1000 MILE CHECK-UPS)			
I ALSO PURCHASED A NEW PART (FRONT FENDER) WHICH IS THE WRONG color, because of a MISTAKE OF THE DEALER, would NOT EXCHANGE OR replace (FROM HARLEY)			
CONTINUE ON BACK IF NEEDED			
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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO. *

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

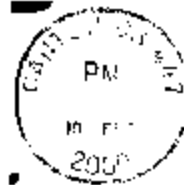
THE FRONT RIM WAS Replaced

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation, NSA-10.01 400 7th Street, SW Washington, DC 20590

