

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 241

Date Received

13-APR-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

860289

 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
1HD1CGP14XK145042	HARLEY DAVIDSO	1200	1999	

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 checked="" type="checkbox"/> New <input 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 01110000	Part Name(s) STEERING:WHEEL:HANDLEBAR	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <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) 15-NOV-1999 Mileage at Failure(s) 500 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)

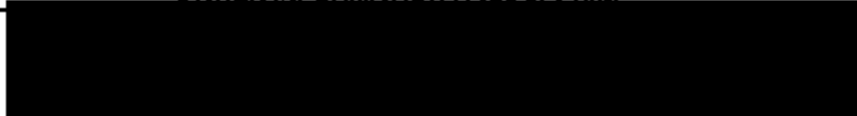
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/>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

99V290/ STEERING WHEEL HANDLE BARS: RECEIVED RECALL, AND UNABLE TO GET DEALER TO HONOR IT DUE TO LACK OF PARTS. NOTIFIED MANUFACTURE, AND INFORMED CONSUMER THAT NO PARTS WERE SENT TO DEALER BECAUSE DEALER DID NOT MAKE A REQUEST. MANUFACTURER REFUSED TO SEND THE PARTS UNLESS DEALER MADE THE REQUEST. SEEKING NHTSA HELP IN THIS MATTER. *AK

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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		Date Received		Od_or _____ rt_dt _____ od_rt _____ up_tr _____	
		MAY 12 AM 8:52 13-APR-2000 OFFICE DEFECTS INVESTIGATION		Reference No. 860289	
Signature of Owner _____		Date ____/____/____		Work Number _____ Home Number _____	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1HD1CGP14XK145042		HARLEY DAVIDS	1200	1999	
Purchase Date		Dealer's Name _____		Engine Size (CID/CC/L) _____	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		City _____ State _____ Zip Code _____		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train
<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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type		Body Style			
<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 checked="" type="checkbox"/> Other			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component	Part Name(s)		Location		Failed Part(s)
01110000	STEERING:WHEEL:HANDLEBAR		<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear		<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) _____		Mileage at Failure(s) _____	Vehicle Speed at Failure(s) _____	Failed Part(s) Available?
	15-NOV-1999		500		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
99V290/ STEERING WHEEL HANDLE BARS: RECEIVED RECALL, AND UNABLE TO GET DEALER TO HONOR IT DUE TO LACK OF PARTS. NOTIFIED MANUFACTURER AND INFORMED CONSUMER THAT NO PARTS WERE SENT TO DEALER BECAUSE DEALER DID NOT MAKE A REQUEST. MANUFACTURER REFUSED TO SEND THE PARTS UNLESS DEALER MADE THE REQUEST. SEEKING NHTSA HELP IN THIS MATTER. *AK					
CONTINUE ON BACK IF NEEDED					
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