

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

118

Date Received

26-APR-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

860993

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1HD1FRW18XY612190	HARLEY DAVIDSON	FLT	1999	

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

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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag	<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 Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Manual <input type="checkbox"/> 2-Point Belt			<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06121000	Part Name(s) FUEL:FUEL EMISSION CONTROL:LINE:VAPOR VENT	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 1500 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes 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	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)

RECALL 99V292000 HARLEY-DAVIDSON/FUEL TANK VENT SYSTEM; OWNER HAS CONTACTED DEALERSHIP 3 TIMES IN REFERENCE TO RECALL CAMPAIGN. OWNER HAS CONTACTED MANUFACTURER TWICE. NOTHING HAS BEEN DONE TO CORRECT CAMPAIGN. OWNER RECEIVED NOTIFICATION 6 MONTHS AGO. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUE ON BACK IF NEEDED

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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OWNER INFORMATION (Type or Print)

605440

860993

FOR AGENCY USE ONLY 118

RECEIVED

Date Received

26-APR-2000

00 JUN 18 PM 3:38

up hr

860993

Work Number
Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

and address to the vehicle manufacturer.

Signature of _____

Date 5/10/00

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)

1HD1FRW18XY612190

Purchase Date

Dealer's Name

City State Zip Code

Transmission Type

Antilock Brakes

Restraint System

Failed Component(s)/Part(s) Information

Corrosion 08121008

No of Failures

Application Incident Information

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

RECALL 99V29200 HARLEY-DAVIDSON/FUEL TANK VENT SYSTEM; OWNER HAS CONTACTED DEALERSHIP 3 TIMES IN REFERENCE TO RECALL CAMPAIGN. OWNER HAS CONTACTED MANUFACTURER TWICE. NOTHING HAS BEEN DONE TO CORRECT CAMPAIGN. OWNER RECEIVED NOTIFICATION 6 MONTHS AGO. PLEASE PROVIDE ANY FURTHER INFORMATION. AK

Crash

Fire

Number of Persons Injured

Number of Failures

Estimated Property Damage

Reported to Police

Crash Yes No

Fire Yes No

Number of Persons Injured Yes No

Number of Failures Yes No

Estimated Property Damage Yes No

Reported to Police Yes No

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