

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

156

Date Received

06-JUN-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

863071

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 on vehicle's belt)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4MZKS56H9V332004	BUELL	M2 CYCLONE	1997	

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 <input 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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Motorized <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input 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 type="checkbox"/> Motorcycle	Body Style <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
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03601000	Part Name(s) BRAKES:MECHANICAL SERVICE:DISC BRAKES	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
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No. of Failures	Date(s) of Failure(s) 31-MAY-2000	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 17	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)		

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	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)

WHILE DRIVING MOTORCYCLE FRONT WHEELS LOCKED UP, CAUSING A CRASH AND INJURIES.
PLEASE PROVIDE 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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 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) [Redacted] 612781		Date Received: 06 JUN 27 PM 3:56 OFFICE INVESTIGATION Reference No. 863071 Work Number [Redacted] Home Num [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of a signature, please print name and address to the vehicle manufacturer.			
Signature of Owner: [Redacted]		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Date: 6/20/00	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) 4MZKS56H9V332004	Vehicle Make BUELL	Vehicle Model M2 CYCLONE	Vehicle Year 1997
Purchase Date: 2-14-98 <input checked="" type="checkbox"/> New <input type="checkbox"/> Used		Dealer's Name: MITCHELL H-D & BUELL City: MODESTO State: CA Zip Code:	Engine Size (CID/CC): 1200cc No. Cylinders: 2 <input type="checkbox"/> Turbo Diesel Fuel Injection <input checked="" type="checkbox"/> Gas Fuel Injection
Transmission Type: <input 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 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	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 03401000	Part Name(s) BRAKES:MECHANICAL SERVICE:DISC BRAKES	Location <input checked="" type="checkbox"/> Left Front <input type="checkbox"/> Right Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 31-MAY-2000 Mileage at Failure(s) 17115 Vehicle Speed at Failure(s) Approx 50-60 MPH	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities
Estimated Property Damage UNKNOWN		Reported to Police <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No INCORRECT	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING MOTORCYCLE FRONT WHEELS LOCKED UP, CAUSING A CRASH AND INJURIES. PLEASE PROVIDE FURTHER INFORMATION. *AK MERGING ONTO SLOW LANE OF FREEWAY ACCELERATING APPROXIMATE SPEED 50-MPH - 60 MPH FRONT BRAKE LOCKED UP CAUSING ME TO CRASH. AFTER CRAWLING TO SHOULDER OF THE ROAD I THEN LOOKED AT THE MOTORCYCLE AND SAW A 6" FLAME COMMIN FROM THE CALIBER ON THE FRONT WHEEL			
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 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.			