

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

07-AUG-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

867085

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 |
|--|--------------|---------------|--------------|--------------------------|
| 4MZSS56J6Y3220071 | BUELL | X1 LIGHTNING | 2000 | |

| | | | |
|---|---------------------------------------|-----------------------------|--|
| Purchase Date | Dealer's Name _____ | Engine Size (CID/CCL) _____ | <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 <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"/> Inert Inert <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 |
|--|---|---|--|--|---|---|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------|---|--|---|
| Component 02460000 | Part Name(s) SUSPENSION: SINGLE AXLE: REAR: SHOCK ABSORBER | 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) 01-JUL-2000 Mileage at Failure(s) 2000 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 <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)

RECALL 00Y163 000/REAR SHOCK ABSORBER: DEALER UNABLE TO HONOR RECALL BECAUSE NO PARTS WERE AVAILABLE. RECALL NOTICE STATED AT PARTS WOULD BE AVAILABLE 24 JULY 2000. MANUFACTURER CONTACTED, AND INFORMED CONSUMER THAT PARTS WERE AVAILABLE. CAN NHTSA HELP IN THIS MATTER. *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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Date Received **00 AUG 30 PM 2:52**

07-AUG-2000
 DEFECTS INVESTIGATION

Reference No.
867085

Work Number _____
 Home Number _____

OWNER INFORMATION (Type or Print)

[Redacted Name and Address]

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 on driver's side)</small> 4MZSS58J6Y3220071 | Vehicle Make BUELL | Vehicle Model X1 LIGHTNING | Vehicle Year 2000 | Current Odometer Reading _____ | | |
| Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | Dealer's Name _____ City _____ State _____ Zip Code _____ | Engine Size (CID/CC/L) _____ No Cylinders _____ | <input type="checkbox"/> Turbo <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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag | 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"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <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 02460000 | Part Name(s) SUSPENSION:SINGLE AXLE:REAR:SHOCK ABSORBER | 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 |
| No of Failures _____ | Date(s) of Failure(s) 31-JUL-2000 Mileage at Failure(s) 2050 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 |

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)

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①

8-22-00

Dear Boogie,

My name is Steve Anderson and the reason I'm writing is to ask for your help with my Buell X-1 Lightning motorcycle. My bike was recalled on July 24th because of a defective rear shock. In the letter it states that the parts would be shipped out to the dealer from the Buell Dist. center in Milwaukee, WI. I purchased my bike in March of 2000 from Quarel Harley Davidson in Loma Linda, Calif. I started to make phone calls to Quarel and other Harley dealers in my area to make an appointment to get my bike repaired so that I could continue to ride it to work. My bike is my only means of transportation and since my bikes recall I've had to find alternate means of transportation, bumming rides etc. for almost a month now. No one has offered to give me a loaner car or help in anyway. I've even called Buell customer service several times to find out what the status was on them shipping the part out to the dealers to get my bike fixed. I've talked to Jackie twice and a guy named Ed 3

(2)

times. And everytime I talk to them they have told me that the parts have been shipped, they are on the way. But when I call the dealers, the parts just never show-up.

The last time I called Ed at Buell on 8-16-00 he was very rude to me on the phone so I asked to talk to his supervisor and he refused to let me talk to his boss, which I couldn't believe as I've worked in retail for 15 years and I've always been taught the customer is always right and if an individual can't help you then there is always someone higher that can. I then asked for his full name so I could write a letter of complaint and he refused to give me his name, all I know is that it is Ed at Buell customer service Telephone # (414) 343-8400 and FAX # (414) 343-8358.

I then called Harley Davidson customer service and explained what had happen with Ed and the situation with my bike. The young lady said she would contact Ed's boss and have him call me, and as of today 8-22-00 no one has called and tried to help me. That is reason I'm writing you this letter and sending a copy of it to the CEO of Harley Davidson and Buell, and to the National Highway Traffic & Safety Administration.

(3)

I'm married, have 5 kids, and alot of bills. I had confidence in Harley and Buell to spend \$13,000 for a motorcycle that I really liked and needed to get to work to pay for it and our other bills. This past month has been very hard trying to get back and forth to work 36 miles round trip. I feel that Harley and Buell should stand by the products they sell and apparently they don't. If I could give my bike back today I would, and then I'd buy another one from a better company. I've always of owning a Harley for almost 30 years and now that dream has been crushed by the poor customer service I've received. I would appreciate any help you and Channel 2 news can give me, I'm really at wits end to know what else to do. Thanks Boogie!!!

1cc CEO Harley Davidson Sincerely
1cc CEO Buell Dist.
1cc Dept. of Transportation

(4)

Buell Dist. Corp
3700 W. Juneau Ave.
P.O. Box 653
Milwaukee, Wi. 53201-0653
(Ed) Customer Service
Phone # (414) 343-8400
Fax # (414) 343-8358

Harley Davidson
135 S. La Salle, Dept. 8529
Chicago, IL 60671-8529
Phone # (414) 343-4056

Bike;
Buell X-1 Lightning 2000 Bought March 2000
Quail Harley Davidson
25160 Redlands Blvd.
Loma Linda, CA. 92354
Phone # (909) 796-8399 Fax # (909) 796-8609
(Matt Quail) Salesman