

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

25-OCT-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

873796

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) _____ (lasted attempt at windshield or drivers side)		Vehicle Make HARLEY DAVIDSO	Vehicle Model SPORTSTER	Vehicle Year 2000	Current Odometer Reading
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type ☒ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____					

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07200000	Part Name(s) POWER TRAIN:TRANSMISSION:STANDARD:MANUAL	Location ☐ Left ☐ Right ☐ Frnt ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures 6	Date(s) of Failure(s) <u>05-MAY-2000</u> Mileage at Failure(s) <u>900</u> 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

INTERMITTENTLY THERE IS A NEUTRAL POSITION BETWEEN ALL GEARS. MOTORCYCLE HAS BEEN TO THE DEALERSHIP 6 TIMES FOR THIS PROBLEM. DEALERSHIP COULD NOT DUPLICATE THIS PROBLEM, NOTHING COULD BE DONE. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUED ON BACK (SEE)

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 03 DEC -4 PM 5: 25-OCT-2000 OFFICE EFFECTS INVESTIGATION	Od. or mdt od. rt up. ltr _____ _____ _____ _____ Reference No. 873796
OWNER INFORMATION (Type or Print)			
		650107	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of a _____ and address to the vehicle manufacturer. Signature of Owner _____ Date 11/6/00			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1HD1CAP30YK139059	Vehicle Make HARLEY DAVIDS	Vehicle Model SPORTSTER	Vehicle Year 2000 Current Odometer Reading APPROX. 3,400
Purchase Date 04/04/2000 ☒ New ☐ Used	Dealer's Name San Jose Harley Davidson City SAN JOSE State CA Zip Code 95128		Engine Size (CID/CC/L) 1200 No. Cylinders 2 ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection
Transmission Type ☒ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No Drive Train ☐ Front ☒ Rear ☐ 4-Wheel
Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other		Body Style ☐ Sport Utl ☐ Truck ☒ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other	
FAILED COMPONENT(S)/PART(S) INFORMATION			
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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)			
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Estimated Property Damage _____		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
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