



U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**

# Auto Safety Hotline

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

### FOR AGENCY USE ONLY 241

Date Received

12-JUN-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

890212

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)<br><small>(Locate at bottom of windshield and driver's side door)</small> |                                                                        | Vehicle Make                                                                                                                         | Vehicle Model                                                          | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                           |
| 5CDCNB519XG00486                                                                                   |                                                                        | INDIAN                                                                                                                               | CHIEF                                                                  | 1999                                                                                                                                         |                                                                                                                                                                                                    |
| Purchase Date                                                                                      | Dealer's Name                                                          |                                                                                                                                      | Engine Size<br>(CID/CC/L)                                              | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                    |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                              | City _____ State _____ Zip Code _____                                  |                                                                                                                                      | No Cylinders _____                                                     |                                                                                                                                              |                                                                                                                                                                                                    |
| Transmission Type                                                                                  | Antilock Brakes                                                        | Restraint System                                                                                                                     | Cruise Control                                                         | Drive Train                                                                                                                                  | Vehicle Type                                                                                                                                                                                       |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                              | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other                                                                 |
|                                                                                                    |                                                                        | <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt                                                          |                                                                        |                                                                                                                                              | <input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other                                                      |
|                                                                                                    |                                                                        |                                                                                                                                      |                                                                        |                                                                                                                                              | Body Style                                                                                                                                                                                         |
|                                                                                                    |                                                                        |                                                                                                                                      |                                                                        |                                                                                                                                              | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other |

### FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                                                                       |                                                                                                                                          |                                                                                             |
|-----------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>02490000 | Part Name(s)<br>SUSPENSION: MOTORCYCLE ONLY                           | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Date(s) of Failure(s)<br>06-MAR-2001<br>9500<br>Mileage at Failure(s) | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|

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

MOTORCYCLE EXPERIENCING SEVERE SHAKING IN FRONT WHILE TRAVELING AT 50 MPH OR MORE, AND REAR SHOCKS WERE REPLACE ON TWO OCCASIONS. BUT, PROBLEM STILL REOCCURRING. FEEL FREE TO PROVIDE US WITH ANY FURTHER DETAILS ON THIS MATTER. \*AK

COPIES OF REPORTS - FREE -

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.



U.S. Department  
of Transportation  
National 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

01 JUN -3  
12-JUN-2001

DEFECTS INVE

On for  
rt dt  
cc dt: 12  
up\_ltr  
Reference No.  
890212

## OWNER INFORMATION (Type or Print)

696564

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
In the absence of an address and address to the vehicle manufacturer.

☒ YES☐ NO

Signature of Owner

Date 6/26/01

## VEHICLE INFORMATION

|                                                                             |              |               |              |                          |
|-----------------------------------------------------------------------------|--------------|---------------|--------------|--------------------------|
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 5CDCNB519XG00486                                                            | INDIAN       | CHIEF         | 1999         | 10800                    |

Purchase Date

Dealer's Name Indian Motorcycle of WaterfordEngine Size (CID/CC/L) 88 CID

☐ Turbo  
☐ Diesel  
☒ Gas  
☐ Fuel Injection

☒ New ☐ UsedCity Waterford State Mi Zip Code 48329No Cylinders 2

|                                                                                                       |                                                                                           |                                                                                                                                                                                                                                        |                                                                                          |                                                                                                                               |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input checked="" type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbot<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input checked="" type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other<br><input checked="" type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input checked="" type="checkbox"/> Motorcycle | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                                                                                                                  |                                                                                                                                                           |                                                                                                                   |
|-----------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Component<br>02490000 | Part Name(s)<br>SUSPENSION: MOTORCYCLE ONLY                                                                      | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input checked="" type="checkbox"/> Rear | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input checked="" type="checkbox"/> Replacement |
| No. of Failures<br>3  | Dates of Failure(s) <u>06-MAR-2001</u><br>Mileage at Failure(s) <u>9500</u><br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                          | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input checked="" 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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

MOTORCYCLE EXPERIENCING SEVERE SHAKING IN FRONT WHILE TRAVELING AT 50 MPH OR MORE, AND REAR SHOCKS WERE REPLACE ON TWO OCCASIONS. BUT, PROBLEM STILL REOCCURRING. FEEL FREE TO PROVIDE US WITH ANY FURTHER DETAILS ON THIS MATTER.  
\*AK

CONTINUE ON BACK IF NEEDED

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|                                                                                                                                                                                                                     |   |   |  |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|--|--|--|--|--|--|--|--|--|--|--|--|------|--|--|--|--|
| Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail                                                                                                                                   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |
| INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)                                                                                                                                                                      |   |   |  |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |
| TIRE IDENTIFICATION NO.*                                                                                                                                                                                            |   |   |  |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |
| D                                                                                                                                                                                                                   | O | T |  |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |
| MANUFACTURER/TIRE NAME                                                                                                                                                                                              |   |   |  |  |  |  |  |  |  |  |  |  |  |  | SIZE |  |  |  |  |
| * The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire. |   |   |  |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |
| NARRATIVE DESCRIPTION (CONTINUED)                                                                                                                                                                                   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |

Rear Shocks And mounting Bolts have been breaking on other motorcycles as well. When a Bolt <sup>or shock</sup> Breaks the Rear Fender collapses onto the rear wheel.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
**Information Management Staff NSA-10.01**  
400 7th Street, SW  
Washington, DC 20590

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page 1 through Page 6)







