



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 936**

Date Received

31-AUG-2001

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

895611

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1HD1DDV131Y611191	HARLEY DAVIDSO	FLHT	2001			
Purchase Date <input type="checkbox"/> New <input checked="" 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 Injectio		
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 Bel <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 Utl <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 06200000	Part Name(s) FUEL:FUEL CARBURETION	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 Failure 0	Date(s) of Failure(s) 08-AUG-2001 300 Mileage at Failure(s) 0	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 0	Number of Fatalities 0	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

WHILE RIDING MOTORCYCLE AT 70 MPH IT STARTED TO BLOW OUT OIL THROUGH CARBURETOR ONTO CONSUMER'S LEGS. WHILE OIL WAS BURNING, CONSUMER HAD TO KEEP FOCUS ON ROAD TO AVOID AN ACCIDENT. PLEASE PROVIDE ANY FURTHER INFORMATION.\*AK

COPIED FROM NHTSA FORM 301

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.

 <p><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire (VOQ)</b>          U.S. Department of Transportation          National Highway Traffic Safety Administration          NAT:ONWIDE 1-888-DASH-2-DOT          1-888-327-4236          www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY</b> 335</p> <p>Date Received: <u>08-AUG-2001</u>          Office: <u>CT'S INVESTIGATION</u></p> <p>Od_r _____          rt_dt _____          od_rt _____          up_tr _____</p> <p>Reference No. <u>895611</u></p> <p>Work Num _____          Home Num _____</p>
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>Address: [Redacted] <u>712443</u></p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of [Redacted] address to the vehicle manufacturer.  
 Signature of [Redacted] Date 9/17/01

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield or driver's side)</small> <u>1HD1DDV131Y611191</u>	Vehicle Mak <u>HARLEY DAVIDS</u>	Vehicle Mode <u>FLHT</u>	Vehicle Year <u>2001</u>	Current Odometer Reading <u>1,100</u>	
Purchase Date <u>10-4-2000</u>	Dealer's Name <u>Dubois H.O. Shop</u>		Engine Siz (CID/CC/L) <u>2</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injecto	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>9.H.H.</u> State <u>WY</u> Zip Code <u>82718</u>	No. Cylinders <u>2</u>			
Transmission Type <input checked="" type="checkbox"/> Manua <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 Bel <input type="checkbox"/> Passengerside Airbag	Cruise Contro <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Tra <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input checked="" 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 <input checked="" type="checkbox"/> Truck					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>08200000</u>	Part Name(s) <u>FUEL:FUEL CARBURETION - Oil Pump</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacemen
No. of Failures <u>0</u>	Date(s) of Failure(s) <u>08-AUG-2001</u>	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) <u>300</u>		
	Vehicle Speed at Failure(s) <u>0</u>		

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>my self + 2 others</u>	Number of Fatalities <u>0</u>	Estimated Property Damage <u>\$1300.00</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

**WHILE RIDING MOTORCYCLE AT 70 MPH IT STARTED TO BLOW OUT OIL THROUGH CARBURETOR ONTO CONSUMER'S LEGS. WHILE OIL WAS BURNING, CONSUMER HAD TO KEEP FOCUS ON ROAD TO AVOID AN ACCIDENT. PLEASE PROVIDE ANY FURTHER INFORMATION. AK**