



Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393  
 DC METRO AREA (202) 366-0123  
 INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.

CORRECT MARK: ●

### FOR AGENCY USE ONLY

Date Received <b>8/17/01</b>	OD-#
Reference No.	od-n
	od-r
	od-t

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)	VEHICLE MAKE <b>HARLEY DAVIDSON</b>	VEHICLE MODEL <b>FLHTCUI</b>	MANUFACTURE DATE	MODEL YEAR <b>1998</b>		
VEHICLE MANUFACTURER <input type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input checked="" type="radio"/> Other <b>HARLEY DAVIDSON</b> <input type="radio"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW	PURCHASE DATE <input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME <b>GOWANDA HARLEY</b>	CITY <b>GOWANDA</b>	STATE <b>N.Y.</b>	ZIP CODE	
ENGINE SIZE CC/D/CYL <b>1340</b>	FUEL SYSTEM <input type="radio"/> Turbo <input type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input checked="" type="radio"/> Manual <input type="radio"/> Automatic	ANTILOCK BRAKES <input type="radio"/> Yes <input checked="" type="radio"/> No	RESTRAINT SYSTEM <input type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input type="radio"/> Passengerside Airbag <input type="radio"/> Motorbel: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> 4-Point Belt	CRUISE CONTROL <input type="radio"/> Yes <input checked="" type="radio"/> No
DRIVETRAIN <input type="radio"/> Front <input type="radio"/> 4-Wheel <input checked="" type="radio"/> Rear	VEHICLE TYPE <input type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other <input type="radio"/> Van <input type="radio"/> Sport Utility <input checked="" type="radio"/> Motorcycle	DOORS <input type="radio"/> 2-Door <input type="radio"/> 4-Door	BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick-Up Truck <input type="radio"/> Stationwagon			

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

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input checked="" type="radio"/> Fuel System/Exhaust <input type="radio"/> Heater, Defrost, Ventilator <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other	NO. OF FAILURES <b>2</b>	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE <b>6-28-01</b>	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT <b>20,000</b>	TIRE BRAND	
	VEHICLE SPEED AT INCIDENT <b>35</b>	<input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other	
FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement	HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" type="radio"/> No	FAILED PART(S) AVAILABLE? <input type="radio"/> Yes <input checked="" type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input checked="" type="radio"/> No

### APPLICABLE 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="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF PERSONS INJURED <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	CAUSE OF INCIDENT <input type="radio"/> Wear/Comped/Hust <input type="radio"/> Noisy <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Leaks <input type="radio"/> Cut/Torn <input type="radio"/> Short <input type="radio"/> Loose/Loose/Fel Off <input type="radio"/> Locks/Bricks/Grabs <input type="radio"/> Engine/Poor Performance <input type="radio"/> Stability/Vibration <input type="radio"/> Excessive Effort <input checked="" type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Roll-over <input checked="" type="radio"/> Stall <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9		

PLEASE DO NOT WRITE IN THIS AREA



03645

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

ON 6-28-01 MY MOTORCYCLE  
SPUTTERED AND I GOT STUCK IN  
WAS STUCK IN TAHOE. I HAD TO  
GET HELP IN MOVING IT OFF THE  
ROAD. AFTER TWO HOURS OF TRYING  
TO START THE BIKE IT WOULD SPARK  
BUT NOT START. I HAD IT TOWED TO  
DEWITT MOBILE. THEY SAID THE BIKE  
FOR WEEKS, BUT COULD NOT FIND THE  
PROBLEM - THEY SAID THAT THE BIKE  
STARTED WHEN THEY GOT THE BIKE ON  
THE FIRST DAY - 4 DAYS AFTER I GOT THE  
BIKE BACK THE SAME THING HAPPENED AGAIN  
AFTER ANOTHER WEEK OR SO THEY FOUND THAT  
THE FUEL PUMP WAS BROKEN - THEY TOLD  
ME THAT THIS WAS THE FIRST TIME  
THAT THEY HAD BEEN REPAIRED AND  
I CONSIDERED SERVICE OF HONDA  
POORER THAN I CONSIDER THIS A SAFETY  
ISSUE AND THAT IN THE FUTURE HONDA SHOULD  
HARDEN OR THE TANK VALVE I WOULD HAVE  
BEEN KILLED - CUSTOMER SERVICE ONLY  
DID NOT WANT TO TALK ABOUT IT, THE  
ALSO REFUSE TO REMINDERS ARE FOR REPAIRS

Combine on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

The Privacy Act of 1974—Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration. You are invited to participate in the questionnaire. Your responses may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect in the NHTSA products with administrative enforcement or litigation against a manufacturer. Your responses, or a statistical summary thereof, may be used in support of the agency's action.

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Use Form 2282298-11584241

U.S. Department of Transportation

National Highway Traffic Safety Administration

100 Seventh St., S.W. Washington, D.C. 20590

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U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

BUFFALO, NY NIXIE  
AUG 12 2001  
142

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

Complete and return or place in your car manual for future use



**VEHICLE OWNER'S QUESTIONNAIRE (VOQ)**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH 2 DOT**

and dial toll free at

**1-888-DASH-2-DOT**

1-888-327-4236  
DOT Auto Safety Hotline  
(DASH) 2 DOT



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

[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

Form Approved: O.M.B. No. 2127-C0C8



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# Vehicle Owner's Questionnaire

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INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.

CORRECT MARK: ●

### FOR AGENCY USE ONLY

Date Received <b>8/17-01</b>	Case No. _____
Reference No. _____	File No. _____
_____	up/lt _____

## OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

## VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)	VEHICLE MAKE <b>HARLEY DAVIDSON</b>	VEHICLE MODEL <b>FLHTCU</b>	MANUFACTURE DATE	MODEL YEAR <b>1998</b>																																																				
VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input checked="" type="checkbox"/> Other <b>HARLEY DAVIDSON</b> <input type="checkbox"/> Daimler/Chrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW	<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>9</td><td>0</td><td>1</td><td>2</td></tr> <tr><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td><td>0</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>9</td><td>0</td><td>1</td><td>2</td></tr> <tr><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td><td>0</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>9</td><td>0</td><td>1</td><td>2</td></tr> </table>				1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2
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NO. CYLINDERS <b>2</b>	RESTRAINT SYSTEM <input type="radio"/> Driverside Airbag <input type="radio"/> Passengerside Airbag <input type="radio"/> 3-Point Belt	CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No	DOORS <input type="radio"/> 2 Door <input type="radio"/> 4 Door																																																					
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## FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Fuses/Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input checked="" type="checkbox"/> Fuel System/Exhaust <input type="checkbox"/> Heater, Defrost/Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other _____	NO. OF FAILURES <b>2</b>	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE <b>6-27-01</b> <b>7-02-01</b>	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT <b>20,000</b>	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other _____	
	VEHICLE SPEED AT INCIDENT <b>35</b>	FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement	

HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" type="radio"/> No	FAILED PART(S) AVAILABLE? <input type="checkbox"/> Yes <input checked="" type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input checked="" type="radio"/> No
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## APPLICABLE 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="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF PERSONS INJURED <b>0</b>	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Loose <input type="checkbox"/> Disconnect/Fell Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort	<input type="checkbox"/> Nuts <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Lacks/Sticks/Greasy <input type="checkbox"/> Stability/Vibration <input checked="" type="radio"/> Broken	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input checked="" type="radio"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES <b>0</b>			

PLEASE DO NOT WRITE IN THIS AREA



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crash(es), location(s), and injury(ies). Include additional accidents if applicable.

ON 6-26-01 MY MOTORCYCLE  
SPUTTERED AND QUIT SUDDENLY  
I WAS RIDING IN TRAFFIC. I HAD TO  
GET OFF IN MORNING I SEE THE  
ROAD. AFTER TWO HOURS OF TRYING  
TO START THE BIKE IT WOULD CRANK  
BUT NOT START. I HAD IT TOWED TO  
ROSWATER MOTORS. THEY HAD THE BIKE  
FOR THREE DAYS BUT COULD NOT FIND THE  
PROBLEM. THEY SAID THAT THE ENGINE  
STALLED WHEN THEY GOT THE PIECE OF  
THE PISTON BODY - 4 DAYS AFTER I GOT THE  
BIKE BACK THE SAME THING HAPPENED  
AFTER MAKING WORK ON SO THEY FOUND THAT  
THE PISTON RING WAS FLUENT - THEY TOLD  
ME THAT THIS WAS THE FIRST TIME  
THAT THEY HAVE EVER REPLACED ONE  
I CONSIDERED SERVICE OF HARTLEY  
AND WILSON THAT I CONSIDER THIS A SERVICE  
ISSUE AND LEFT IF THE FAILURE WOULD HAVE  
HAPPENED AT THE TIME WHEN I WOULD HAVE  
BEEN RIDDEN - CUSTOMER SERVICE REALLY  
DID NOT WANT TO HEAR ABOUT IT, THEY  
ALSO REFUSED TO REIMBURSE ME FOR REPAIRS

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

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 the 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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HS Form 350 (Rev. 8/88)

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U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



Complete and return or place in your car manual for future use



**VEHICLE  
OWNER'S  
QUESTIONNAIRE  
(V00Q)**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH 2 DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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

[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)