

Moisten Here

Moisten Here

Moisten Here



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

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: ●

Form Approved: O.M.B. No. 2127-0008

FOR AGENCY USE ONLY

Date Received: <u>9/19/01</u>	CD-9
Reference No.	CD-10
	CD-11
	CD-12

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) Marked at bottom of windshield on driver's side <u>L1H0LBSY2KY0471A5</u>		VEHICLE MAKE <u>HARLEY-DAVIDSON</u>	VEHICLE MODEL <u>FXSTO</u>	MANUFACTURE DATE <u>012800</u>	MODEL YEAR <u>2000</u>	
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 type="checkbox"/> Other <u>H.O. MOTORCYCLE</u> <input type="checkbox"/> Daihatsu <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW						
PURCHASE DATE <input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME <u>ROAD & TRACK</u>		CITY <u>MERIDIAN</u>	STATE <u>MS</u>	ZIP CODE	
ENGINE SIZE (CID/CC/L) <u>88</u>	FUEL SYSTEM <input type="checkbox"/> Turb. <input type="checkbox"/> Fuel Injector	FUEL TYPE <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	TRANSMISSION TYPE <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	ANTILOCK BRAKES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RESTRAINT SYSTEM <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2 Point Belt <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorcycle <input type="checkbox"/> 3-Point Belt	CRUISE CONTROL <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NO. CYLINDERS <u>2</u>	DRIVETRAIN <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear		VEHICLE TYPE <input type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input checked="" type="checkbox"/> Motorcycle		DOORS <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door	BODY STYLE <input type="checkbox"/> Hardtop <input type="checkbox"/> Sedan <input type="checkbox"/> Pick-Up Truck <input type="checkbox"/> Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brakes <input type="checkbox"/> Power Train <input checked="" 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 <u>REAR BRAKES</u>	NO. OF FAILURES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (Include all number and letters).	
	INCIDENT DATE <u>08/25/2000</u>	TIRE NAME <u>DUNLOP</u>	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT <u>2500</u>	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 <u>30 MPH</u>	FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF PERSONS INJURED <u>1</u> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Noisy <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Leaks <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Short <input type="checkbox"/> Disconnect/Fall Off <input checked="" type="checkbox"/> Locks/Sticks/Grass <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Broken	RESULT OF INCIDENT <input type="checkbox"/> Exposure/Fire <input checked="" type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Sign <input type="checkbox"/> Rollover <input type="checkbox"/> Shals <input type="checkbox"/> Swollen &/or other
	FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES <u>0</u> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		

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

Van Brakes Locked
up - Throwing Driver
off ground and into
Hood of a Pick-up
Truck - Driver
sustained 4 Broken
Ribs and injury to
Back

Rearend incident -
Did not lock up
Van Brakes, But
Brakes were dragging
Very Hard and
Brakes caught fire

Describe any additional incidents. (Include date and mileage)

Complete an additional page if necessary.
The Privacy Act of 1974—Public Law 93-579 The information is requested pursuant to authority vested in the National Highway Traffic Safety and subsequent amendments. You are under no obligation to respond to this request. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. The NHTSA proceeds with further review only if it has received a manufacturer's response or a third-party letter indicating or alleging a manufacturer's safety defect. A manufacturer's summary report may be used in support of the agency's action.
Marked by NCS EW-225206-1404421 HPO8 Printed in U.S.A.
© Copyright 1999 by National Computer Systems, Inc. All rights reserved.
HS Form 350 (Rev. 8/99)

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

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

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



VEHICLE
OWNER

QUESTIONNAIRE

(V)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

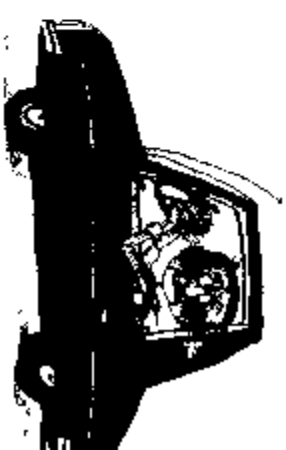
DASH 2 DOT

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

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