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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

2004 OCT -6 PM 3

FOR AGENCY USE ONLY 100102

Date Received: 17 30-AUG-2004
Repository: ☐
Reference No.: 10080051

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: SHADY SPRING | State: WV | Zip Code: [redacted]
Daytime Telephone Number: [redacted]
Evening Telephone Number: [redacted]
E-mail Address:

Do you authorize N[redacted] to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of a[redacted]ovide your name or address to the vehicle manufacturer.
Signature of Owne[redacted] Date 9 [illegible] 2004

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1HD1DDV104[redacted]	HARLEY DAVIDSON	DYNA GLIDE FLHT	2004

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
6-23-04	NEW RIVER GORGE HARLEY DAVIDSON 304 658-9300	2	Gas

Original Owner	Dealer's City	State	Zip Code
☒	HICO WV	WV	25854

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☐ Antilock Brakes ☐ Cruise Control	REAR WHEEL DRIVE	021600 SUSPENSION:FRONT:WHEEL BEARING Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
26-AUG-2004	844	60 MPH

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC038)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

CONSUMER JUST PURCHASED A NEW HARLEY-DAVIDSON, AND THE FRONT WHEEL BEARINGS WERE DEFECTIVE, CAUSING THE FRONT WHEEL TO WOBBLE. THIS PROBLEM OCCURRED ONCE AT 844 MILES. THEN, IT HAPPENED AGAIN AT 1149 MILES. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

First Incident Bike was Repaired at COLE HARLEY DAVIDSON BLUEFIELD, W.V. 844 MILES

Second Incident, 1198 Miles Bike Was Repaired at New River Horse Harley Davidson HCO WV25854, NO WHEEL BEARING SPACER WAS IN FRONT WHEEL. 9-10-04

Department
Transportatio

National Hig
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00 Seventh S
Washington,

Official Bus
Penalty for

ate Use $300

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 79179 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, NVS-216
400 7th Street, SW
Washington, DC 20590

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VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT

US Department of Transportation
National Highway Traffic Safety Administration
http://www.nhtsa.dot.gov/hotline

N, (9520-76D (Rev. 1200)

☐ OUTSIDE LABOR BILL ATTACHED
AMOUNT: $ _____

☐ LABOR CODE REQUIRED
TIME: _____

Harley-Davidson Motor Company

DATE OF PROBLEM
MO. DAY YEAR
9 / 01 / 04

1600
DEALER NO.

1HD1 DBV 104 Y [redacted]
VIN NO.

DATE REPAIRS COMPLETED
MO. DAY YEAR
9 / 10 / 04

SERVICING DEALER

OWNER [redacted]

ODOMETER READING
1198

ADDRESS

ADDRESS [redacted]

TOTAL PARTS $ REQUESTED

CITY, STATE, ZIP

CITY, STATE, ZIP
SHADY SPRING WV [redacted]

TOTAL LABOR $ REQUESTED

SELLING DEALER
1600

PURCHASE DATE
6-23-04

	QTY.	REPLACED PART NO.	SEE	PART DESCRIPTION	LABOR CODE	TIME
ADD'L PARTS & LABOR	2	5247		BEARING		
	1	43617-00		SPACER, WHL, RR, SLEEVE		
ADD'L PARTS & LABOR						
ADD'L PARTS & LABOR						

...that the information on this form is complete ...curate, and the repairs were performed pursuant ... Davidson warranty policy and procedures.

DEALER'S AUTHORIZED SIGNATURE Larry K Woods

I certify that all work on this form has been performed ... satisfaction under the Harley-Davidson ... procedure, and I have ...