10103940

Hornickle, Bob

From: [redacted]
Sent: Wednesday, May 25, 2005 4:08 PM
To: TIS

Re:Case ODI # 10103940

Would you please furnish the name and address of the deceased person noted in the above documented case. Thanks for your cooperation.

Very truly yours,

[redacted] on behaof of:

[redacted]

Michael 6/3/05

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

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

FOR AGENCY USE ONLY 100192	
Date Received: 16-DEC-2004	Repository ☐
	Reference No. 10103940

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number [redacted]	
City WATERTOWN	State CT	Zip Code [redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	HARLEY DAVIDSON	FLHTCUI	2003

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☒	Dealer's City	State	Zip Code		Gas

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☐ Antilock Brakes ☐ Cruise Control	REAR WHEEL DRIVE	115000 ELECTRICAL SYSTEM:FUSES AND CIRCUIT BREAKERS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
16-MAY-2004		30	

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: DOTMAL9ABC036)	☐ 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	1	1	Y

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).

RECEIVED RECALL 04V134000 CONCERNING CIRCUIT BREAKERS. CONSUMER RECEIVED NOTIFICATION FROM THE MANUFACTURER ABOUT THIS RECALL. CONSUMER SCHEDULED AN APPOINTMENT TO HAVE THE VEHICLE SERVICED . CONSUMER SUFFERED A FATALITY ON MAY 16,2004 WHILE RIDING THE MOTORCYCLE PRIOR TO HAVING RECALL REPAIRS. INFORMATION WAS FURNISHED BY OWNER'S SISTER NAMED ABOVE. *AK

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