



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 100148

Date Received  
700 001-47 11 2:15  
29-AUG-2006

Repository   
Reference No.  
10167007

**OWNER INFORMATION (Type or Print)**

Name [Redacted]  
Address [Redacted]  
City YUCAIPA State CA Zip Code 92399

Daytime Telephone Number [Redacted] E-mail Address [Redacted]  
Evening Telephone Number [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 authorized address to the vehicle manufacturer.  
Signature of Owner [Redacted] Date 9/18/06

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1HD1GN13 [Redacted]  
Make HARLEY DAVIDSON Model FXDLI Model Year 2006  
Date Purchased 15 JUN-06 Dealer's Name and Telephone Number Quaid Harley Davidson 909-796-8397  
Original Owner [X] Dealer's City Loma Linda State CA Zip Code 92354  
Engine: No: Cylinders 2 Fuel Type: Gas  
Transmission Type Manual Antilock Brakes  Cruise Control   
Powertrain Vehicle Component Code 060000 ENGINE AND ENGINE COOLING  
Multiple Failure: 2

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

Incident Date(s) 31-JUL-2006 Failure Mileage 1100 Failure Speed ANY

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/65R15) [Redacted]  
DOT No. (Example: DOTM9ABC036)  Original Equipment  Prior Repair Failure Location: [Redacted]  
Tire Component Code: [Redacted] Tire Failure Type [Redacted]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

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

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash  Yes  No Fire  Yes  No  
Number of Persons Injured [Redacted] Number of Deaths [Redacted] Reported to Police 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).

DT\*: THE CONTACT STATED THE MOTORCYCLE WAS LOSING POWER, AS IF IT LOST HALF THE POWER OF THE MOTOR. THIS OCCURRED WHETHER ACCELERATING OR NOT. IT HAS BEEN A CONSISTENT PROBLEM THAT HAS ALMOST CAUSED AN ACCIDENT. THE SERVICE DEALER COULD NOT DETERMINE THE CAUSE OF THE PROBLEM.

Actually only Loses power Accelerating OR AT steady throttle

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 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.

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).