



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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
2008 NOV 24 14888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository <input type="checkbox"/>
22-SEP-2008	Reference No. 10243035

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address:		
City LOUDONVILLE	State NY	Zip Code
	Evening Telephone Number	

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 11/11/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1HD1CAP15T1	Make HARLEY DAVIDSON	Model 1200	Model Year 1996
Date Purchased 8-22-95	Dealer's Name and Telephone Number SPITZLE'S 456-7433	Engine: No: Cylinders 2	Fuel Type: GAS
Original Owner <input checked="" type="checkbox"/>	Dealer's City ALBANY	State NY	Zip Code 12205
Transmission Type MANUAL	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain BELT DRIVE	Vehicle Component Code 200000 WHEELS FRONT LOWER FORK TUBE LT LEG Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 14-SEP-2008	Failure Mileage 12254	Failure Speed 25-30mph	RIGHT LEFT SIDE LOWER FORK TUBE LEG FORK
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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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0	Reported to Police Y
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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).

TL*THE CONTACT OWNS A 1996 HARLEY DAVIDSON 1200 SPORTSTER. WHILE RIDING 30 MPH, FRONT DRIVER'S SIDE FORK TUBE SPLIT IN HALF. THE CALIPER CONNECTION POINT ALSO SNAPPED. THESE FAILURES CAUSED THE FRONT WHEEL TO LOCK UP AND THE BRAKE TO GO DOWN. THE CONTACT WAS THROWN FROM THE VEHICLE AND SUSTAINED INJURIES SUCH AS ROAD RASH ON BOTH ARMS, BRUISES ON HIS RIGHT HIP, MUSCLE SPASMS (FOR THREE DAYS AFTER), AND PAIN IN HIS LEFT HEEL. A POLICE REPORT WAS FILED. THE DEALER AND MANUFACTURER WERE CALLED, BUT THERE WAS NO CORRESPONDENCE. THE MANUFACTURER STATED THAT THEY WERE TURNING THE ISSUE OVER TO THE PRODUCT LIABILITY DEPARTMENT. THE CURRENT AND FAILURE MILEAGES WERE 12,254.

SEE ATTACHED EXPLANATION

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.

NHTSA Bike Accident Summary

On September 14, 2008 at approximately 4:06 PM I was traveling northbound on Wolf Road near Colonie Center. I slowed down for a red light at the intersection to the south entrance to the center and as the light turned green I started too accelerated thru intersection. I approached the crosswalk at approximately 25-30 mph and I heard a loud bang. The bike's front wheel locked up and turned to the left causing the bike to start to go down to the ground on the right side. I was thrown from the bike and hit the pavement in front of cars that were on the inside lane. I rolled and tumbled towards the curb stopping just before hitting the curb. I crawled to the side of the road and laid on the grass. The bike continued to slide on its right side down the road approximately 40' +/- before stopping on the yellow line dividing traffic. The EMS staff placed a neck collar on me, placed pads along the side of my head and taped them in place. They placed me on a blackboard and then put me on a stretcher to be transported to the hospital. Colonie police took a report at the accident scene. I was informed that my bike was being towed to Spenard's and I could pick it up at a later date. The police officer informed me that my bike was leaking fluid. The staff at Albany Memorial Hospital performed the following on me: X-rays of my back, neck, and right hip, a cat scan of my head, clean out the road rash on forearms, left thumb and left middle finger. The staff applied an antibacterial ointment to both forearms. The bike was picked up from Spenards on Monday morning September 15, 2008 by my father and a friend. The owner pointed to the front lower leg on the bike and stated that why I had the accident (see attached photos). The bike was transported to my house for storage. I had another friend come to the house to help unload the bike from the trailer because the front wheel will not turn. These three (3) people removed the bike from the trailer and put it the garage. I had one my friends who transported the bike to my house take pictures of the bike before it was stored in the garage. Tuesday September 16, 2008 I contacted Adirondack Harley Davidson and spoke to the service department (Chad) and questioned him to find out if he or anyone else had ever heard of or knew of the front lower leg breaking. They had never heard of this problem but they wanted to have the bike brought to them so they could inspect it. I told them they could come to my house to inspect the bike because it was not leaving my possession. I told him I could send him an email containing some pictures of the lower leg. Chad provided an email address (chudhd69@yahoo.com)and the pictures were forwarded to him and he informed that he would get back to me after speaking with Harley Davidson. See attached email response from Chad at Adirondack Harley Davidson. I then contacted Harley Davidson at 1 (414) 343-4056 and filed complaint in regards to the front lower leg failure and was informed that it was being turned over to the product liability department for their review and that I would hear back from them after they reviewed it. The claim number _____ was assigned to me. See attached photos of the bike and I have more pictures of the intersection if needed. I am the original owner of this bike and the current mileage is 12.254 which is the same mileage as the date of the accident.

New York State Department of Motor Vehicles POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
05-062530

AMENDED REPORT **DMV COPY**

19
60

1	Accident Date Month: 07 Day: 14 Year: 08	Day of Week SU	Military Time 1606	No. of Vehicles 1	No. Injured 1	No. Killed 0	Not Investigated at Scene <input checked="" type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20
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2	VEHICLE 1 State of Lic. NY	VEHICLE 2 State of Lic.	<input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN	21
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3	City or Town Coudersville NY	State	City or Town	State	Zip Code	22
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4	Date of Birth Month: 07 Day: 14 Year: 08	Sex	Unlicensed <input checked="" type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input checked="" type="checkbox"/>	Date of Birth Month: 07 Day: 14 Year: 08	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	23
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5	Name - exactly as printed on registration Driver	Sex	Date of Birth Month: 07 Day: 14 Year: 08	Name - exactly as printed on registration	Sex	Date of Birth Month: 07 Day: 14 Year: 08	24
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6	Plate Number	Vehicle Year & Make MCV	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	25
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7	Ticket/Arrest Number(s) HA/DA	Ticket/Arrest Number(s)	26
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8	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	27
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9	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 2 2 Box 2 - Most Damage	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 1 2 Box 2 - Most Damage	ACCIDENT DIAGRAM Rear End 1, Left Turn 3, Right Angle 4, Right Turn 5, Head On 7, Sideswipe (same direction) 2, Left Turn 0, Right Turn 6, Sideswipe (opposite direction) 8.	28
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10	Vehicle Towed: By Spenards	Vehicle Towed: To	29
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11	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	Place Where Accident Occurred: County Albany <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of Colonie Road on which accident occurred 910B (Wolf Rd) at 1) intersecting street Colonie Center Road (South) or 2) - - <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of - - Feet Miles (Milepost, Nearest intersecting Route Number or Street Name)	30
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12	Reference Marker 990B 1101 1002	Coordinates (if available) Latitude/Northing: - Longitude/Easting: -	Accident Description/Officer's Notes Operator of V1 states he was heading N/B on Wolf Rd when motorcycle just came out from under here. Upon further investigation it appears forks and front brake collar broke a run from frame causing crash. Witness:	31
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8	9	10	11	12	13	14	15	16	17	18	BY / TO	Names of all involved	Date of Death Only
A	1	1	6	3	99	M	12	11	6	M42133	0103		
B													
C													
D													
E													
F													

13	Officer's Rank and Signature PTC B.C. Curran	Badge/ID No. 454	NCIC No. 00153	Precinct/Post Troop/Zone 2-6	Station/Beat Sector 5	Reviewing Officer NRL	Date/Time Reviewed 9115	32
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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

USE COVER SHEET
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