

 U.S. Department of Transportation National Highway Traffic Safety Administration	INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) 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 07-JAN-2013 FEB 23 2013	Repository <input type="checkbox"/> Reference No. 10491735
			Daytime Telephone Number Evening Telephone Number

OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		
Address	[REDACTED]		
City	TACOMA	State	WA
		Zip Code	[REDACTED]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model
5VPCD26D693 [REDACTED]		VICTORY	KINGPIN
Model Year		2009	
Date Purchased	Dealer's Telephone Number	Engine:	Fuel Type:
2-26-11	Cliffscycle Center 360-377-5568	No: Cylinders 2	92 Octane Unleaded
Original Owner	Dealer's City	State	Zip Code
<input type="checkbox"/>			
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
6 spd.	<input checked="" type="checkbox"/> Cruise Control	Belt	Yes
		Incident Date(s)	06-MAR-2012

FAILED COMPONENT(S)/PART(S) INFORMATION		
Vehicle Component Code: 180000 VEHICLE SPEED CONTROL		Failure Mileage
		300
		Failure Speed
		10

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 <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)</i>		
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured
		0
		Number of Deaths
		0
		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).

TL* THE CONTACT OWNS A 2009 VICTORY KINGPIN MOTORCYCLE. THE CONTACT STATED THAT WHILE BRAKING TO A STOP, THE VEHICLE ACCELERATED INDEPENDENTLY. THE VEHICLE WAS TAKEN TO THE DEALER. THE TECHNICIAN WAS UNABLE TO DIAGNOSE THE FAILURE. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE BUT DID NOT OFFER ANY ASSISTANCE. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS 300 AND THE CURRENT MILEAGE WAS 7,000.

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.

