



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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

15-MAY-2013

JUL 01 2013

Repository ☐

Reference No.
10512073

OWNER INFORMATION (Type or Print)

Name				Daytime Telephone Number	E-mail Address
Address					
City	KIMBALL	State	MN	Zip Code	
				Evening Telephone Number	

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 5VPSD36L193		Make VICTORY	Model VISION	Model Year 2009
Date Purchased 3-25-2010	Dealer's Name and Telephone Number Miles Outland Inc. 1-800-324-8269 320-764-5310		Engine: No. Cylinders 2	Fuel Type: Gas
Original Owner ☒	Dealer's City Watkins	State MN	Zip Code	
Transmission Type Manual 6-Speed	☐ Antilock Brakes ☒ Cruise Control	Powertrain	Multiple Failure: 3	Incident Date(s) 16-MAY-2011 Spring 2012 Spring 2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: BRAKES (PWS)	2013 8500 Failure Mileage 2011 2000 2014 5000	Failure Speed 50
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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)	☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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 2009 VICTORY VISION. THE CONTACT STATED THAT WHILE DRIVING 50 MPH, THE VEHICLE FAILED TO RESPOND TO DECELERATION ATTEMPTS. THE VEHICLE WAS TAKEN TO A DEALER FOR DIAGNOSIS AND THE BRAKE LINES WERE BLED. THE VEHICLE WAS REPAIRED BUT THE FAILURE RECURRED. THE CONTACT STATED THAT THE FAILURE RECURRED MULTIPLE TIMES AND THE MASTER CYLINDER WAS REPLACED SEVERAL TIMES. THE FAILURE MILEAGE WAS 2,000 AND THE CURRENT MILEAGE WAS 9,000.

At 2000 miles Brake lines were just bled.
Master cylinder → 8,000 2012
Replaced → 8,500 2013
Each of these Dates

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 to 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,



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NHTSA

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RANDY A. FID 

