INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)

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	Repository ☐
26-FEB-2014 APR 17 2014	Reference No. 10565944

[redacted]

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address [redacted]
City SHREVEPORT	State LA	Zip Code [redacted]	Evening Telephone Number [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	Model Year
1HD1FL4199Y[redacted]	H-D	FLHTCU	2009

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
JUNE 2012	ASHWORTH'S HD 731-885-2054	No: Cylinders	

Original Owner	Dealer's City	State	Zip Code
☐	UNION CITY, TN		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
5 SPEED	☑ Antilock Brakes ☑ Cruise Control			17-FEB-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 100000 POWER TRAIN	Failure Mileage	Failure Speed
	32000	N/A

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: ~~SHREVEPORT, LA~~ N/A
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	0	0	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 HARLEY DAVIDSON ULTRA CLASSIC MOTORCYCLE. THE CONTACT STATED DURING A MAINTENANCE REPAIR HE WAS NOTIFIED THAT THE TRANSMISSION BALL BEARING WAS DEFECTIVE AND NEEDED TO BE REPLACED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE MOTORCYCLE WAS REPAIRED. THE FAILURE AND CURRENT MILEAGE WERE 32,000. RK

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

SEE ATTACHED LETTER & INVOICE FOR REPAIRS

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use $300

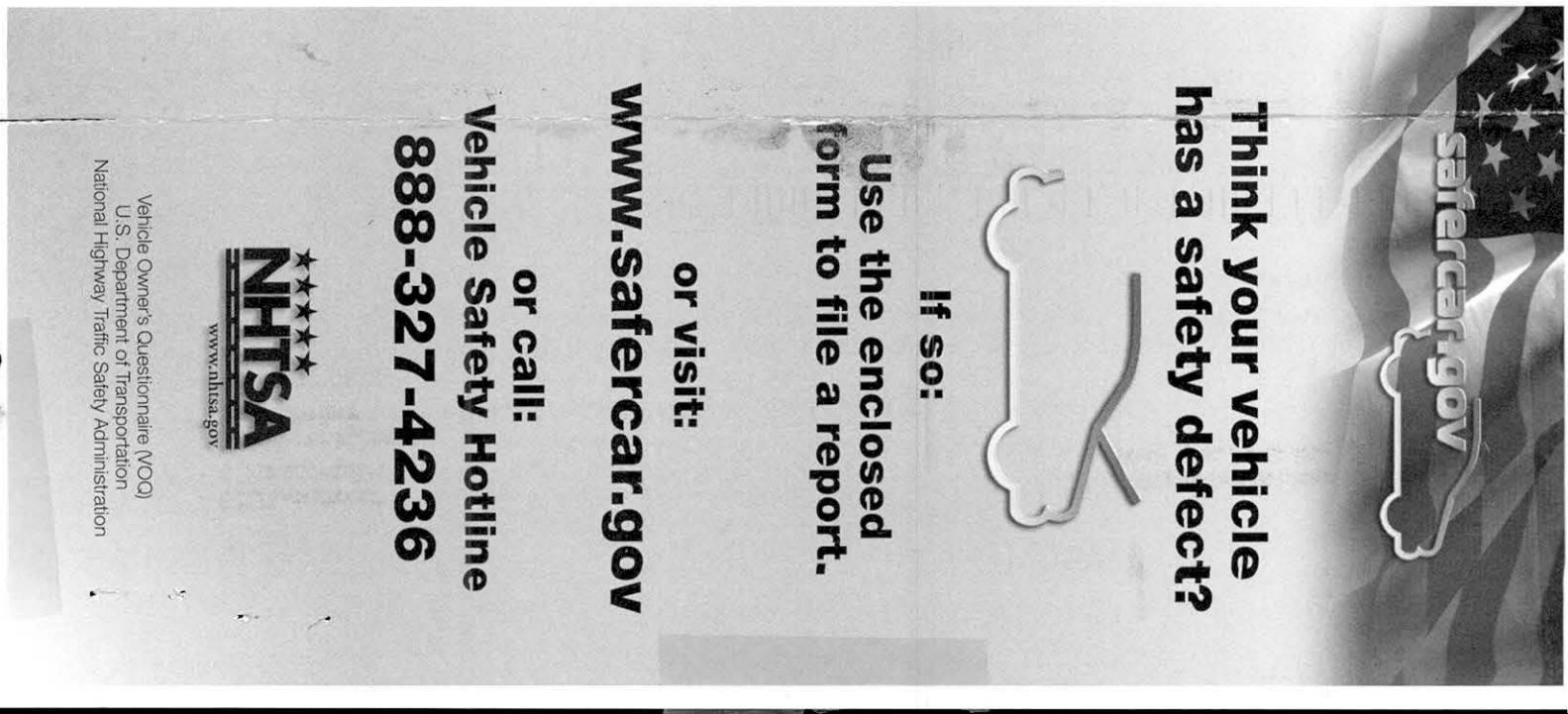
SHREVEPORT
LA 710
07 APR '14
PM 3 L

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



[redacted] / Land Services

[redacted] / Shreveport, LA [redacted] / [redacted]

U.S. Department of Transportation
National Highway Safety Administration

Ref. no. 10565944

April 7, 2014

Your letter asked for a detailed description of the failure that is believed to be relevant to safety. The following is an account of the repair work done on my Harley Davidson Ultra Classic.

The motorcycle was in for a checkup before making a 2,100 mile trip. The Harley Davidson mechanic servicing the Ultra Classic called to inform me that the transmission's main shaft bearing had to be replaced before the trip. I went to the shop and showed me the failed original bearing in the transmission installed when the bike was manufactured.

According to the Harley Davidson mechanic, the bearing could have failed at anytime. Had that been at a stop light, that would have been one thing. However, the relevant safety issue that came to mind was had the failure had taken place at highway cruising speed, the transmission would have instantly seized which would have locked the rear wheel and put the motorcycle and its passengers into a skidding configuration. Depending on the traffic, road conditions, weather, etc., this could have been dangerous, even fatal. On this 2,100 mile trip I traveled in rain for about 700 miles. Needless to say, in the rain, in traffic, on a curve or any of these elements combined is not when you want your rear wheel to lock up without you knowing when. It could be said the rider could pull in the clutch, but an experienced rider will know this is good in theory but you may be too busy avoiding guard rails, eighteen wheelers or a myriad of other obstacle to have time to do that.

There may be several of these transmissions on the road at any given moment.

[redacted]

R&D Cycles Inc.
1614 Market
Shreveport, LA 71101
318-425-9910

NAME [redacted] PHONE [redacted]
ADDRESS
CITY, STATE, ZIP
2ND AUTHORIZED NAME 1HD1FL41994[redacted] PHONE

MATERIAL: ALL PARTS NEW UNLESS SPECIFIED: U-USED, R-REBUILT, RC-RECONDITIONED

QTY.	PART NO.	NAME OF PART	PRICE	WARRANTY Y/N
1	KIT	TRANS SEAL	74 95	
1	BEARING	8042	21 95	
1	SET	BEARINGS	21 95	
1	BEARING	8963	10 95	
1	QT	PRIM MOBIL 1	13 99	
1	QT	TRANS MOBIL 1	13 99	
1	CASK	PRIM CON.	89 95	
1	CASK	DERBY CON	5 95	
1	9041	BEARING	10 10	
1	8867	BEARING	45 00	
2	8970	BEARINGS	37 00	
		TOTAL PARTS	285 78	

MECHANICS RECOMMENDATIONS

Estimated cost $_____ Estimate Charge _____ Basis for Charge _____

CUSTOMER'S INFORMATION

RECEIVED (DATE & TIME) 2/14/14 A.M. P.M.
CUSTOMER'S ORDER NO.
PROMISED (DATE & TIME) A.M. P.M.
YEAR • MAKE • MODEL 09 ULTRA CLASSIC
SERIAL #/VIN
LICENSE NO [redacted]
ODOMETER 37222
MOTOR #
WRITTEN BY RC7

☐ LUBE ☐ OIL CHANGE ☐ FLUSH TRANS. ☐ FLUSH DIFF. ☐ WASH ☐ POLISH

CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL*

ROADTRIP VUP (NO FLUIDS) → 412 50 55
TRANS BEARINGS

paid
CK # [redacted]
$ 700.00 JW

CASH
CASH

METHOD OF PAYMENT:
☐ CHECK ☐ CHARGE ☐ CASH

LABOR
☐ FLAT RATE ☐ HOURLY ☐ BOTH

☐ RETAIN PARTS
☐ DESTROY PARTS

Daily Storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification.

GUARANTEED ITEM(S) _____

GUARANTEE EFFECTIVE UNTIL:
TIME _____
MILEAGE _____

AUTHORIZED BY 700.00
RDF

LABOR ONLY	412 50
PARTS	285 78
ACCESSORIES	
GAS, OIL & GREASE	3 00
MISC. MERCHANDISE	
SUBLET REPAIRS	
STORAGE FEE	
TAX	
TOTAL ▶	701 28

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, INCLUDING A COMPLETION DATE, IF MY FINAL BILL WILL EXCEED $100. ($50 in MD)

___ I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE WITHOUT MY WRITTEN APPROVAL.

___ I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR COSTS DO NOT EXCEED $_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

___ I DO NOT REQUEST A WRITTEN ESTIMATE.

*Checked lines apply (Preparer must check at least one):
___ This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.
___ This amount includes a charge of $ _____, which is required under _____ law.

You are entitled by law to the return of all parts replaced, except those for which there is a core charge, unless you agree otherwise by initialing the following. ____ I do not desire the return of any of the parts that are replaced during the authorized repairs.

Estimate good for 30 days. Not responsible for damage caused by theft, fire, or acts of nature. I authorize the above repairs, along with any necessary materials. I authorize you and your employees to operate my vehicle for the purpose of testing, inspection, and delivery at my risk. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of the repairs thereto. If I cancel repairs prior to their completion for any reason, a tear-down and reassembly fee of $_____ will be applied.

SIGNED _____

DATE _____

adams GT3870 09-11