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
28-SEP-2016 DEC 13 2016	Reference No. 10910145

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City LULU	State FL	Zip Code

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
1HD1FC4129Y	HARLEY-DAVIDSON	FLHTCU	2009

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
MAY 2016	Gainesville Harley DAVIDSON (352-731-6363			No: Cylinders	
Original Owner ☐	Dealer's City	State	Zip Code	2	UNLEADED
	GAINESVILLE	FL	32606		

Transmission Type	Powertrain	Multiple Failure:	Incident Date(s)
☑ Antilock Brakes ☑ Cruise Control			01-JUL-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage	Failure Speed
Anti lock Breaks	16796	

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:
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	NONE	NONE	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 FLHTCU ELECTRA GLIDE ULTRA. THE CONTACT STATED THAT THE MOTORCYCLE HANDLES AND FRONT BRAKES FAILED TO WORK WHEN APPLIED. A REPAIR SHOP RECOMMENDED THAT THE MOTORCYCLE BE TAKEN TO A DEALER AND PERFORMED AN INSPECTION. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 16,796.
Motor Cycle WAS Taken To Dealer And WAS Repaired AT NO Charge

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

10/4/16
10:59AM

WORK ORDER ESTIMATE
DEALER COPY

GAINESVILLE HARLEY-DAVIDSON
4125 N.W. 97TH BLVD.
GAINESVILLE, FL 32606
(352) 331-6363

[redacted]

W.O. Number: [redacted]

Customer: [redacted]

Appointment: 10/4/16 10:57AM Mileage In: 16834
Offered Back: Mileage Out: 0
Year: 2009 Shop Tag:
Mfg: HD Plate No:
Model: FLHTCU Service Advisor: L .B
VIN: 1HD1FC4129[redacted] Sold By: DLB
Color: RED HOT/GOLD W/PINS Invoice No: 0
Ref. No.: Dlr. Lic #: [redacted]

LULU, FL [redacted]
Phone [redacted] Work: Ext: [redacted]
Fax: Mobile:
P.O. No: Tax No: Tax Exempt: No
Comments:

Item Number / Job Code	Item Description / Labor Description	Delivered Quantity / Hours	Price Each / Hourly Rate	Extended Amount
Event Number: 1	**Type: R**			
Description:	C/S NO FRONT BRAKES			
41751-06A	GASKET, BRAKELINE	4.00	1.47	5.88
41800219	DOT 4 BRAKE FLUID,12-OZ B	2.00	7.95	15.90
48343-09	ABS HCU, SERVICE/TOURING	1.00	372.71	372.71
LABOR	Job Code: 0	2.00	88.00	176.00
Work Description:	C/S NO FRONT BRAKES			
			Sub-total For Event (without Tax):	**570.49**

$ 0-0-0-0-0-0-

Picked my Bike 11:AM - 10-15-16

Repaired At No Charge

This Is An Estimate Only!
Prices Subject To Change!
Not a Receipt!
* Indicates Special Order Item

SO/Layaway Deposit: 0.00
Work Order Deposits: 0.00

Item Total:	394.49
Labor Total:	176.00
Contract Labor:	0.00
Shop Supplies:	8.00
Storage Fees:	0.00
Tax Total:	34.70
Deductible(s) Total:	0.00
Work Order Total :	613.19
Deposits:	0.00
Total Balance Due:	613.19