



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 <input type="checkbox"/>
24-FEB-2017	Reference No. 10956819

OWNER INFORMATION (Type or Print)

Name: [REDACTED]

Address: [REDACTED]

City: ARLINGTON State: WA Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: [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 1HD1FC4129Y [REDACTED]	Make HARLEY-DAVIDSON	Model FLHP	Model Year 2009
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 10-FEB-2017

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage 13000	Failure Speed 40
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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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	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 HARLEY-DAVIDSON. WHILE DRIVING 40 MPH, THE FRONT ABS SEIZED WITHOUT WARNING. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 13,000.

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 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, 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)

16 FEB 18
HAD ALL WORK done By HARLEY DAVIDSON
ALL NEW PARTS. This should Be A Safety
Recall. I ALMOST CRASH How MANY People
HAVE To get Killed. They knew About
This A long Time. MANY People got bikes
Fix be for New Recall.



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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

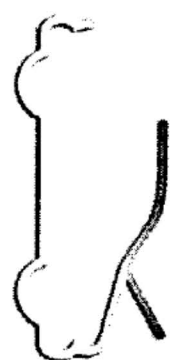
BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NEF-100
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



Think your vehicle
has a safety defect?



If so:
Use the enclosed
form to file a report.

or visit:
www.safercar.gov
or call:
Vehicle Safety Hotline
888-327-4236



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

NORTH CASCADES HARLEY-DAVIDSON
1337 GOLDENROD RD
BURLINGTON, WA 98233-0000
(360) 757-1515



Customer: [Redacted]
[Redacted]

ARLINGTON, [Redacted]
Phone [Redacted]
Fax:
P.O. No:

Work:
Mobile:
Tax No: Tax Exempt: No

Ext:

Appointment: 4/06/2017 10:00AM
Offered Back: 4/29/17 4:25PM
Year: 2009
Mfg: HD
Model: FLHTCU
VIN: 1HD1FC4129 [Redacted]
Color: BLACK W/PINSTRIFE
Ref. No.:

W.O. Number: [Redacted]
Mileage In: 13574
Mileage Out: 13577
Shop Tag:
Plate No:
Service Advisor: DM1
Sold By: DK
Invoice No: [Redacted]
Dir. Lic #:

Comments: BRAKE RESIVIOR REBUILD

Item Number / Job Code	Item Description / Labor Description	Delivered Quantity / Hours	Price Each / Hourly Rate	Extended Amount
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Event Number: 1 Type: R

Description: FRONT BRAKE MASTER CYLINDER REBUILD
Customer States: FRONT BRAKE LEVER LOCKED; WOULD NOT RELEASE. CUST DISASSEMBLED. PARTS IN TOUR PACK, FOB IN TOUR PACK

11143	RETAINING RING	1.00	1.05	1.05
41751-06A	GASKET, BRAKELINE	2.00	1.47	2.94
41800219	DOT 4 BRAKE FLUID,12-OZ B	1.00	7.95	7.95
42862-06B	MASTER CYL REPAIR KIT, FR	1.00	17.20	17.20
LABOR	Job Code: 0 Tech: DH			110.00
Work Description:	FRONT BRAKE MASTER CYLINDER REBUILD & ABS BRAKE BLEED			
Work Resolution:	REBUILT MASTER CYLINDER AND ATTEMPTED BRAKE FLUSH, FOUND ABS HCU TO BE FAULTY AT THIS TIME, ABS PUMP WOULD NOT ENERGIZE SOLENOIDS.			
Sub-total For Event (without Tax):				139.14

Event Number: 2 Type: R

Description: PERFORM ABS MODULE & BRAKELINE R&R
Customer States: upon completion of mvcyl rebuild, tech found front brakes to be NON fuctional. ABS module failure. recommend replace abs module and hcu. front brake lines found to be leaking at the abs module fittings.

11904	GASKET,ABS	1.00	1.05	1.05
41751-06A	GASKET, BRAKELINE	14.00	1.47	20.58
LABOR	Job Code: 0 Tech: DH			275.00
Work Description:	PERFORM ABS MODULE & BRAKELINE R&R			
Work Resolution:	REPLACED ABS HCU WITH CUSTOMER SUPPLIED UNIT REPLACED UPPER AND LOWER FRONT BRAKE LINES PERFORMED FRONT BRAKE FLUSH LOAD TESTED BATTERY - FAILED, CHARGED BATTERY SUFFICIENTLY TO START AND TEST RIDE VEHICLE. SET TIRES 36F // 40R TEST RODE WASHED			
Sub-total For Event (without Tax):				296.63



NORTH CASCADES HARLEY-DAVIDSON
1337 GOLDENROD RD
BURLINGTON, WA 98233-0000
(360) 757-1515



Customer: [Redacted]
[Redacted]

W.O. Number: [Redacted]

Appointment: 4/06/2017 10:00AM

Mileage In: 13574

Offered Back: 4/29/17 4:25PM

Mileage Out: 13577

Year: 2009

Shop Tag:

Mfg: HD

Plate No:

Model: FLHTCU

Service Advisor: DM1

VIN: 1HD1FC4129Y [Redacted]

Sold By: DK

Color: BLACK W/PINSTRIFE

Invoice No: [Redacted]

Ref. No.:

Dir. Lic #:

ARLINGTON [Redacted]

Phone: [Redacted]

Work:

Ext:

Fax:

Mobile:

P.O. No:

Tax No:

Tax Exempt: No

Comments: BRAKE RESIVIOR REBUILD

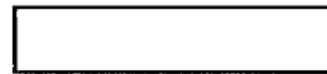
Item Number / Job Code	Item Description / Labor Description	Delivered Quantity / Hours	Price Each / Hourly Rate	Extended Amount
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Payment Details

Type Number	Amount
_VS XXXX-XXXX-XXXX [Redacted]	491.62

SO/Layaway Deposit: 0.00
Work Order Deposit: 0.00

Credit Card: 491.62
Item Total: 50.77
Labor Total: 385.00
Contract Labor: 0.00
Shop Supplies: 17.33
Total Deductible(s): 0.00
Storage Fee: 0.00
Tax/Fee Charges: 38.52
Total Amount: 491.62
Total Received: 491.62
Change Tendered: 0.00



COMPOSE

- Reply
- Reply All
- Forward
- Delete
- Spam
- More ▾

Search Mail

Today on AOL

Inbox 8

Drafts

Sent

Spam 3

Trash

Contacts

Calendar

Folders

Saved Mail 56

Saved Chats

301

bills 4

boeing

court

dan

dish 5

ebay 1

fishing

kaspersky or...

motorcycle 18

snopay 12

stocks

Your Order at New Castle Harley-Davidson

New Castle Harley-Davidson (orders@newcastlehd.com)

To: you Details ▾

New Castle Harley-Davidson

Thanks for your order, [REDACTED]

Want to manage your order online?

If you need to check the status of your order, please visit our hor



Purchasing Information:

E-mail Address: [REDACTED]

Billing Address:
[REDACTED]
ARLINGTON, WA [REDACTED]

Billing Phone:

[REDACTED]

Order Grand Total: \$472.37

Payment Method: Credit card

Order Summary:

Shipping Details:

Order #: [REDACTED]
Order Date: 04/08/2017 - 7:47pm
Shipping Method: Ground Shipping
 Products Subtotal: \$438.39
 Ground Shipping: \$33.98

Total for this Order: \$472.37

Products on order:



SEATTLE WA 98101

17 FEB 2019 PM 4:1



U.S. DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMIN
OFFICE OF DEFECTS INVESTIGATION NEF-100
1200 NEW JERSEY AVE SE.
WA DC 20077-9382.

20077-9382

