INFORMATION REDACTED PURSUANT TOTHE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

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: 07-FEB-2018 APR 10 2018	Repository ☐
	Reference No. 11071624

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number [redacted]	
City SPRINGTOWN	**State** TX	**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	Model Year
1HD1FS4158Y[redacted]	HARLEY-DAVIDSON	FLTR	2008

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
12/10	FORTWORTH HARLEY DAVIDSON			2	GAS
Original Owner ☐ NO	Dealer's City FORTWORTH.	State TX	Zip Code		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
MANUAL	☒ Antilock Brakes ☐ Cruise Control	GAS 2CYLINDER	NO	15-MAY-2017

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 250000 ELECTRONIC STABILITY CONTROL, 030000 BRAKES (PWS)	Failure Mileage	Failure Speed
	50000	5

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: N/A	
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			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 2008 HARLEY-DAVIDSON FLTR. WHILE DRIVING 5-65 MPH, THE REAR BRAKES SEIZED SEVERAL TIMES WITHOUT WARNING. THE VEHICLE WAS TAKEN TO THE DEALER (FORT WORTH HARLEY-DAVIDSON, 3025 W LOOP 820 S, FORT WORTH, TX 76116, (817) 717-4325) FOR DIAGNOSTIC TESTING AND REPAIR. MONTHS LATER, THE CONTACT WAS NOTIFIED OF NHTSA CAMPAIGN NUMBER: 18V076000 (ELECTRONIC STABILITY CONTROL) BY EMAIL. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE AND THE CONTACT CALLED TO DETERMINE THE RECALL SOLUTION TO REPAIR THE MOTORCYCLE. THE APPROXIMATE FAILURE MILEAGE WAS 50,000.

BRAKE PEDAL SEIZED, SEVERAL TIMES IN A 30 DAY PERIOD.

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

FORT WORTH HARLEY-DAVIDSON
3025 WEST LOOP 820 SOUTH
FORT WORTH, TX 76116
(817) 696-9090

[redacted]

Customer: [redacted]

W.O. Number: [redacted]

Appointment: 4/19/2017 1:00PM
Offered Back: 5/5/17 10:06AM
Year: 2008
Mfg: HD
Model: FLTR
VIN: 1HD1FS4158Y[redacted]
Color: BLACK
Ref. No.:

Mileage In: 52586
Mileage Out: 52596
Shop Tag:
Plate No.:
Service Advisor: JSW
Sold By: JSW
Invoice No: [redacted]
Dlr. Lic #:

SPRINGTOWN, TX [redacted]
Phone: [redacted] Work: Ext:
Fax: Mobile:
P.O. No: Tax No: Tax Exempt: No
Comments: CS ABS INOP

Item Number / Job Code	Item Description / Labor Description	Delivered Quantity / Hours	Price Each / Hourly Rate	Extended Amount
Event Number: 1	**Type: R**			
Description:	REAR ABS INOP			
40649-08	ABS ELEC CONTROLLER (SERV	1.00	481.73	481.73
48343-09	ABS HCU, SERVICE/TOURING	1.00	372.71	372.71
72023-51E	KIT-SWITCH,RR BRAKELITE	1.00	22.02	22.02
LABOR	Job Code: 0 Tech: RSY	1.50	115.00	172.50
Work Description:	REAR ABS INOP			
LABOR	Job Code: 0 Tech: RSY	0.50	115.00	57.50
Work Description:	REAR ABS INOP			
Work Resolution:	R/R HCU, ABS MODULE, AND REAR BRAKE SWITCH			
			Sub-total For Event (without Tax):	**1,106.46**

Payment Details

Type	Number	Amount
_DS	XXXX-XXXX-XXXX[redacted]	1,178.77

SO/Layaway Deposit:	0.00
Work Order Deposit:	0.00

Credit Card:	1,178.77
Item Total:	876.46
Labor Total:	230.00
Contract Labor:	0.00
Shop Supplies:	0.00
Total Deductible(s):	0.00
Storage Fee:	0.00
Tax/Fee Charges:	72.31
Total Amount:	1,178.77
Total Received:	1,178.77

U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NEF-160

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failures(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid

Randy Reid Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure: VOQ

NHTSA
www.nhtsa.gov

WORK ORDER ESTIMATE
DEALER COPY

FORT WORTH HARLEY-DAVIDSON
3025 WEST LOOP 820 SOUTH
FORT WORTH, TX 76116
(817) 696-9090

[redacted]

Customer [redacted]

W.O. Number: [redacted]

Appointment: 4/19/17 1:00PM
Offered Back:
Year: 2008
Mfg: HD
Model: FLTR
VIN: 1HD1FS4158Y[redacted]
Color: BLACK
Ref. No.:

Mileage In:
Mileage Out: 0
Shop Tag:
Plate No:
Service Advisor: JSW
Sold By: JSW
Invoice No: 0
Dlr. Lic #:

SPRINGTOWN, TX [redacted]
Phone [redacted] Work: Ext:
Fax: Mobile:
P.O. No: Tax No: Tax Exempt: No
Comments: CS ABS INOP

Item Number / Job Code	Item Description / Labor Description	Delivered Quantity / Hours	Price Each / Hourly Rate	Extended Amount
Event Number: 1	**Type:** R			
Description:	REAR ABS INOP			
40649-08	- ABS ELEC CONTROLLER (SERV	1.00	481.73*	481.73
48343-09	- ABS HCU, SERVICE/TOURING	1.00	372.71	372.71
LABOR	Job Code: 0 Tech: RSY	1.50	115.00	172.50
Work Description:	REAR ABS INOP			
			Sub-total For Event (without Tax):	**1,026.94**

Tee-

Randy

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:	854.44
Labor Total:	172.50
Contract Labor:	0.00
Shop Supplies:	45.00
Storage Fees:	0.00
Tax Total:	74.20
Deductible(s) Total:	0.00
Work Order Total:	1,146.14
Deposits:	0.00
Total Balance Due:	1,146.14