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: 22-AUG-2019	Repository ☐
	Reference No.: 11245658

OWNER INFORMATION (Type or Print)

Name: [redacted]		Daytime Telephone Number: [redacted]	E-mail Address: [redacted]
Address: [redacted]		Evening Telephone Number:	
City: WATERTOWN	State: NY	Zip Cod[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
1HD1FVC25KI[redacted]	HARLEY-DAVIDSON	FLHTCU	2019

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
7/25/2019	FX CAPRARA MOTORCYCLES 315 583-6177			2	GAS
Original Owner ☒	Dealer's City: ADAMS CENTER	State: NY	Zip Code: 13606		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
	☐ Antilock Brakes ☐ Cruise Control			21-AUG-2019

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 100000 POWER TRAIN	Failure Mileage	Failure Speed
	1012	

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			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 2019 HARLEY-DAVIDSON ELECTRA GLIDE (FLHTCU). WHILE THE VEHICLE WAS BEING SERVICED AT CAPRARA BROTHERS/F.X. CAPRARA MOTORCYCLES, INC. (LOCATED AT 17890 GOODNOUGH ST, ADAMS CENTER, NY 13606, (315) 583-6177), THE CONTACT WAS INFORMED THAT TRANSMISSION FLUID WAS LEAKING INTO THE PRIMARY CASE. THE CONTACT STATED THAT THE DEALER WAS ABLE TO INSTALL A KIT IN THE MOTORCYCLE TO PREVENT FURTHER LEAKS. THE CONTACT WAS CONCERNED THAT THE TRANSMISSION CASE COULD LOSE ALL FLUIDS WITHOUT THE RIDER KNOWING, WHICH COULD CAUSE A CATASTROPHIC FAILURE AND POSSIBLE INJURY OR DEATH. THE MANUFACTURER WAS INFORMED OF THE FAILURE. THE FAILURE MILEAGE WAS 1,012.

DEALER INSTALLED INNER PRIMARY VENT KIT ~~DID NOT~~ TO FIX THIS.

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