

IMPORTANT SAFETY RECALL

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

This notice applies to your vehicle



ADVENTURE BY DESIGN

18101 Science Drive
Sturtevant, Wisconsin 53177
USA

www.brp.com

San Diego CA
USA

July 14, 2022

Re: Handlebar Stem Bolt May Break - Potential Loss of Steering Control

Dear BRP Customer,

This notice is sent to you in accordance with the National Traffic and Motor Vehicle Safety Act. BRP has decided that a defect related to motor vehicle safety exists in the following vehicles. As a result, BRP is conducting a safety recall.

Our records show that you own a potentially affected vehicle.

What is the potential problem?

The handlebar stem bolt may break suddenly. This could lead to a loss of steering control and increase the risk of a crash.

Which models are involved?

Certain serial numbers of Model Year 2022 Can-Am® Ryker vehicles

What should you do?

- Immediately contact your authorized BRP Can-Am On-Road dealer to schedule an appointment to have the safety recall performed on your vehicle.
- The dealer will clean the threads of the steering column and install the new handlebar stem bolt.
- This repair will be at no cost to you.
- This action will take less than 1 hour to complete.

Can I continue to ride my vehicle?

No. BRP highly recommends that you stop riding your vehicle until the recall repair is performed.

If you need help to tow your vehicle to your dealer, use BRP Roadside assistance at 1-866-477-1415.

If you leased this vehicle:

- Send a copy of this letter to the lessee within ten working days after the day you received this letter
- Do the same with any future letters about this safety recall

If, after contacting your dealer and the Customer Assistance Center, you are still not satisfied we have done our best to remedy this condition without charge and within a reasonable time, you may choose to write the Administrator, National Highway Traffic Safety Administration, 1200 New Jersey Avenue, SE., Washington, DC 20590, call the toll-free Vehicle Safety Hotline at 1.888.327.4236 (TTY 1.800.424.9153) or go to <http://www.safercar.gov>. The National Highway Traffic Safety Administration Campaign ID Number for this recall is 22V503.

What to do if you feel you have received this notice by mistake:

This notice was mailed to you according to the most current information we have available. If you no longer own this vehicle or some information regarding your name or address are incorrect, please contact BRP at your earliest convenience.

Your safety and continued satisfaction with our products are a priority for us. We apologize for any inconvenience this may cause you and remain committed to facilitating the process as much as we can.

Thank you for your immediate attention to this matter.

Sincerely,

BRP Customer Services Department

If you have questions or need assistance, or to find the nearest authorized BRP dealer:

- Visit www.chevrolet.com
- Or call: 1-888-272-9222
8:00 AM to 8:00 PM Eastern time 7 days a week.

AI Form

REGISTRATION CARD VALID FROM: 06/0

MAKE BOMB YR MODEL 2022 YR 1ST SOLD 2022 VLF CLASS CR

BODY TYPE MODEL RS NO G NO DF

TYPE VEHICLE USE MOTORCYCLE DATE ISSUED 06/20/22 CC/ALCO 37 DT FEE REC'D 06/20/22 VIC 4

VEHICLE ID CODE 3JB2JEG21NJ

ENG#: MP209099

AMOUNT PAID \$ 236.00

AMOUNT DUE \$ 236.00 CASH : CHCK : 236.00 CRDT :

SAN DIEGO CA

LIENHOLDER NAVY FCU PO BX 25109

California USA DRIVER LICENSE

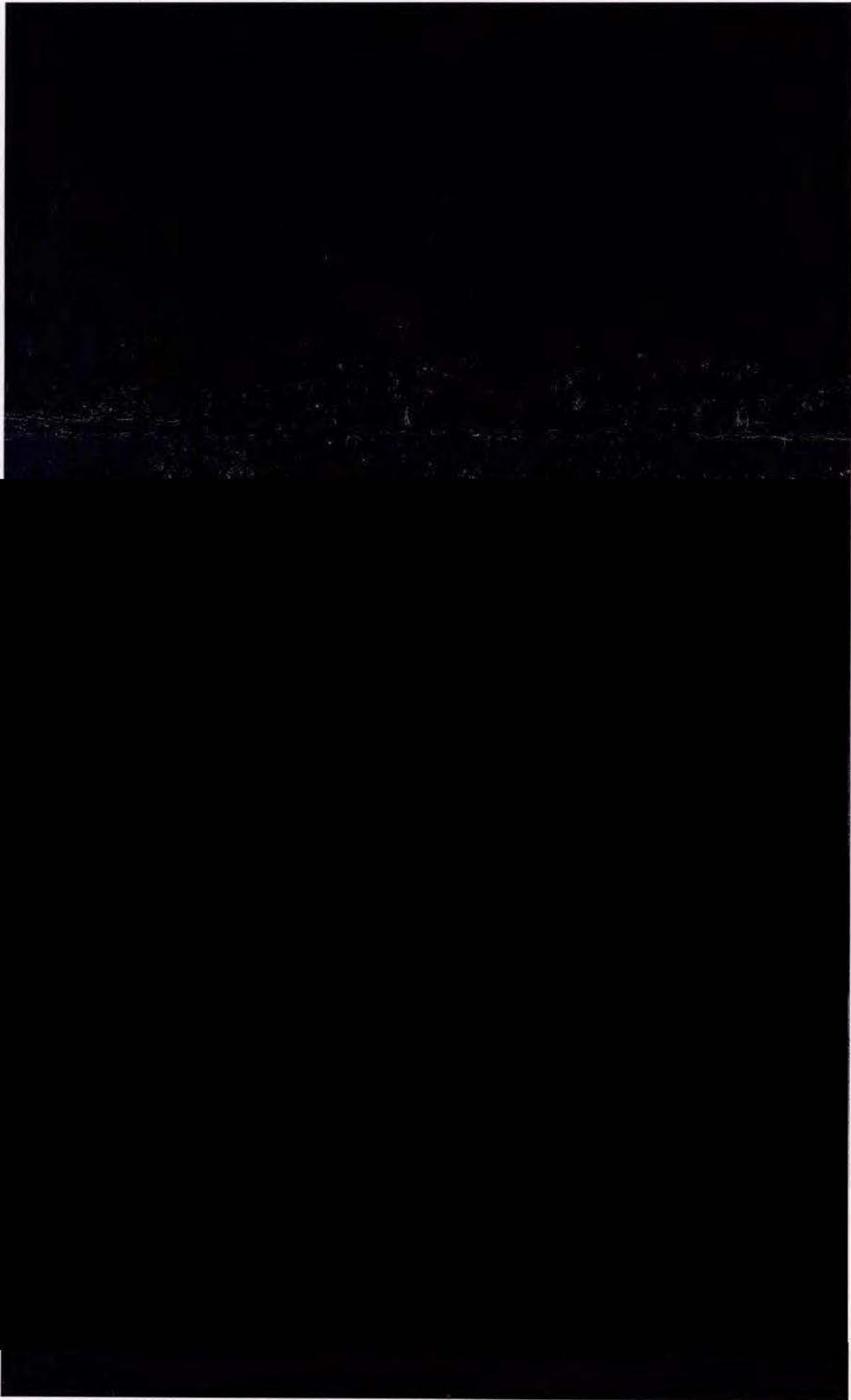
CLASS C

END NONE

PARKING PERMIT
WT 1660

I'm so sorry I hit
your car. I hit
A BIKE I bought today
Please call me at
I'm so sorry!

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]





DOCCLMS

Viking Insurance Company of Wisconsin
PO BOX 8038
Stevens Point WI 54481-9993



Please fold for return envelope window. 413

June 22, 2022

Dairyland

Claim Number:
Insured:
Regarding:
Insured Driver:
Date of Loss:

06/16/2022

SAN DIEGO CA

With respect to the above captioned loss, Viking Insurance Company of Wisconsin disclaims and denies coverage to you and others under **Part IV-Car Damage Coverage** under this policy numbered [REDACTED] issued to [REDACTED]

This disclaimer is made because the 2022 Can Am Ryker Sport Trike you were driving in this loss, is not listed on your policy and does not meet the definition of "Car" under your Personal Auto Policy.

Please refer to the following sections of your **Personal Auto Policy PAP1 (12/13)**, which reads in part:

AGREEMENT

In return for **your** premium payment, we will insure **you** for the coverages up to the limits of liability for which a premium is shown on **your** Declarations Page. However, acceptance by us of premium payments submitted by **you** or on **your** behalf does not, in and of itself, satisfy coverage conditions. This agreement is subject to the terms and conditions of this policy. This insurance applies only to **car accidents and losses** which happen while this policy is in force. This policy is issued by us in reliance upon the statements which **you** made in **your** application for insurance. We may also ask **you** for updated information after the policy has issued. We rely upon you to provide us with accurate information. This policy, **your** application (which is made a part of this policy as if attached), and **your** Declarations Page include all the agreements between **you** and **us** relating to this insurance. If you have made any **misrepresentations** in **your** application or when subsequently asked, this policy may not provide any coverage.

DEFINITIONS USED THROUGHOUT THIS POLICY

(7) "Car" means a four-wheeled land motor vehicle, licensed for use on public roads and not used for commercial purposes, which is:

(A) Of the private passenger sedan, station wagon, minivan or jeep type, with a gross vehicle weight rating (GVWR) of 10,000 pounds or less; or

(B) Of the pickup, 6-wheel dually, sport utility, van or panel truck type, with a gross vehicle weight rating (GVWR) of 14,000 pounds or less.

(8) "**Your insured car**" means all of the following.

(A) Any car described on **your** Declarations Page, for which a premium charge is shown.

INSTRUCTIONS FOR COMPLETING FRONT

1. **Code Assigned by DOJ:** ORI number pre-printed.
2. **Agency Address Set Contributing Agency:** Check box "B" if applying for an Ambulance Driver Certificate. Check box "A" for all other licenses, Vehicle Verifier Permit, or Business Partner Automation Program Participant.
3. **Type of Application:** Check one. Applications for the following type licenses require Live Scan services.
 - Ambulance Driver Certificate
 - Business Partner Automation Program/Registration Service Owner
 - Business Partner Automation Program/Dealer Owner
 - Business Partner Automation Program/Employee (i.e., Registration Service, Dealer, Automobile Club, Rental Car, Leasing Company employee).
 - Dealer License
 - Dismantler/Wrecker License
 - Distributor License
 - Distributor Representative License
 - Driving School Instructor License
 - Driving School Operator License
 - Driving School Owner License
 - Employer Testing Program Examiner
 - Lessor/Retailer License
 - Manufacturer License (includes Remanufacturer)
 - Manufacturer Representative License
 - Registration Service License
 - Salesperson License
 - Transporter License
 - Traffic Viol. School Owner License (includes Operator or Instructor)
 - Vehicle Verifier Permit
4. **Name of Applicant:** Enter applicant's full name.
5. **AKA:** Enter any other names applicant has used.
6. **Date of Birth:** Enter applicant's date of birth.
7. **Sex:** Check the appropriate box for gender: Male, Female, or Nonbinary.
8. **Height:** Enter applicant's height.
9. **Weight:** Enter applicant's weight.
10. **Eye color:** Enter applicant's eye color.
11. **Hair color:** Enter applicant's hair color.
12. **Place of birth:** Enter city, state, and country
13. **Social Security Number:** Enter applicant's social security number.
14. **California Driver License/Identification Card number:** Enter applicant's California Driver License/Identification Card number.
15. **Applicant Pays:** Live Scan operator will complete.
16. **Miscellaneous Number:** Enter other identifying numbers (e.g., other state driver license number).
17. **Home Address:** Enter applicant's residence address and telephone number.
18. **Your number:** DMV identifying number pre-printed.
19. **If resubmission:** Enter the original ATI number provided on the reject notification to avoid paying an additional processing fee.
20. **Level of Service:** DOJ required for occupational licenses, in addition, FBI required for Business Partner Automation Program Participants, and employer testing program examiners.
21. **Operator Completing Live Scan Transaction:** Enter operator's name.
22. **Date:** Enter date transaction was completed.
23. **Transmitting Agency:** Enter live scan identification number.
24. **ATI Number:** Enter ATI number.
25. **Amount Collected:** Enter amount collected.
26. **Amount Billed:** Enter amount billed.



Interinsurance Exchange of the Automobile Club
PO Box 25210, Santa Ana, CA 92799

August 16, 2022

[REDACTED]

SAN DIEGO CA [REDACTED]

RE: Insured : [REDACTED]
Claim Number : [REDACTED]
Date of Loss : 08/17/2022
Type of Loss : Auto

Dear [REDACTED]

It has come to my attention that your vehicle was involved in an accident on June 17, 2022, with our insured. We ask that you complete the following information regarding your insurance, so that we may discuss this matter directly with them:

Insurance Carrier: _____ Agent: _____

Address: _____

Phone No: _____ Policy No: _____

Adjuster: _____ Claim No: _____

However, if you do not carry any liability insurance, please place an "X" below and sign that you have no liability insurance.

_____ I do not carry liability insurance.

Signature: _____

Please return this to my attention in the envelope provided.

Colleen Kandel

Colleen Kandel, Claims Representative II
Viking Insurance Company of Wisconsin
A Member of the Sentry Insurance Group
949-930-6480 Phone
888-729-2225 Fax
colleen.kandel@sentry.com

[REDACTED]

From: [REDACTED]
Sent: Thursday, January 26, 2023 12:54 PM
To: [REDACTED]
Subject: Fwd: Fw: BRP Case [REDACTED] ref: [REDACTED] f]
Attachments: Screenshot_20221002 [REDACTED] _Gallery.jpg; Screenshot_20221002 [REDACTED] _Gallery.jpg;
Screenshot_20221002 [REDACTED] _Photos.jpg; Screenshot_20221002 [REDACTED] _Photos.jpg;
Screenshot_20221002 [REDACTED] _Gallery.jpg; Screenshot_20221002 [REDACTED] _Gallery.jpg;
20221002 [REDACTED] .jpg; 20221002 [REDACTED] .jpg; 20221002 [REDACTED] .jpg; 20221002 [REDACTED] .jpg;
20221002 [REDACTED] .jpg

WARNING! EXTERNAL EMAIL. Exercise **CAUTION**. This email originated from outside your organization. If you do not recognize the sender and are suspicious of its content. **PLEASE, DO NOT** open attachments or click on any links.

BIKE DOCUMENTATION..

----- Forwarded message -----

From: [REDACTED]
Date: Sun, Oct 2, 2022, 1:08 PM
Subject: Re: Fw: BRP Case [REDACTED] ref: [REDACTED]]
To: Selected Few <[REDACTED]>

On Wed, Sep 21, 2022, 12:59 PM Selected Few [REDACTED] wrote:

From: noreply@salesforce.com <noreply@salesforce.com> on behalf of [REDACTED]
Sent: Wednesday, September 7, 2022 4:56 PM
To: [REDACTED]
Subject: BRP Case [REDACTED] [ref: [REDACTED] f]

Hello [REDACTED]

Thank you for contacting BRP.

Please fill out the form and return to us, if you have pictures or your injury you can send it as well.

Please don't hesitate to contact us if you have any questions or concerns by replying to this email or by phone at 1-888-272-9222.

Thank you again for contacting BRP.

Renee

Customer Service Representative



ref: [REDACTED]

BRP ACCIDENT / INCIDENT REPORT

DATE OF ACCIDENT / INCIDENT

Year 2022

Month 06

Day 16

DEALER NUMBER :

NAME OF DEALER / DISTRIBUTOR : Fun Bike Center

Contact person at dealership: Mika A

Town/City: San Diego

Date of Report: 9/2/2022

AM

PM 9:30

State/Prov.: CA

PLEASE REPRESENT SITUATION BY DRAWING AND IDENTIFYING VEHICLE 1 AND/OR VEHICLE 2 - MAKE SURE TO COMPLETE NARRATIVE ON PAGE 5

VEHICLE NO. 1

Owner's Name: [REDACTED]	Product Experience:	Hours: <input type="checkbox"/> 0-50 <input checked="" type="checkbox"/> 50-100 <input type="checkbox"/> 100-150 <input type="checkbox"/> 150-200 <input type="checkbox"/> 200+
Owner's Address: [REDACTED]	Completed State/Prov. Product Safety Course:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Town/City: San Diego	State/Prov.: CA	Year Taken:
Zip/Postal Code: [REDACTED]	Tel. No.: [REDACTED]	Certificate No.:
Operator's Name: (unless same as owner)	Member of Product Club/Association:	<input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes name)
Operator's Address:	Occupation:	Employer:
Town/City:	State/Prov.:	Passenger's Name:
Zip/Postal Code:	Tel. No.: [REDACTED]	Passenger's Address:
Driver's License No. [REDACTED]	Coded Restrictions:	Town/City:
Years Licensed as Driver: 1-3 2-4 4-10 <u>A0</u>	Zip/Postal Code:	State/Prov.:
Date of Birth: [REDACTED]	Date of Birth:	Year
Month: <u>June</u>	Day: <u>17</u>	Month
Day: [REDACTED]	Age:	Day
Age: [REDACTED]	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Sex: Male Female
Product Experience: Hours: <input checked="" type="checkbox"/> 0-50 <input checked="" type="checkbox"/> 50-100 <input type="checkbox"/> 100-150 <input type="checkbox"/> 150-200 <input type="checkbox"/> 200+		
Make: Can-Am	Model: Ryker	Year: 2022
License No. [REDACTED]	Serial No.: 3JB2JEL13UJ	Safety Devices Present: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Owned <input type="checkbox"/> Borrowed <input type="checkbox"/> Rent		Safety Device In Use: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Predelivery: 6/16/2022	Date of 1 st Recommended Inspection: N/A	Warning or Caution Statement Present: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Recent Service: 06/16/2022	Mileage/Hours: 10 to 15 HRS	Proper Operating Instructions Present: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dealer's Name: Fun Bike Center		Had Product Undergone Modification/Recall Approved by Manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dealer's Address: 5755 Kearny Villa Rd		Had Product Undergone Modification by Former Owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Town/City: San Diego	State/Prov.: CA	Were All Components on Product Original? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, what was changed?)
Zip/Postal Code: 92123	Tel. No.: 1 858 278 6635	Were Replacement Components Sold by Product Manufacturer or Representative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Product Registration No.:	Year of Registration: 2022	Were All Components on Any Security Item Fastened to the Product? <input type="checkbox"/> Yes <input type="checkbox"/> No
Insured: <input type="checkbox"/> Yes <input type="checkbox"/> No		Were All Scheduled Maintenance Procedures Performed by an Authorized BRP Dealer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Policy No. [REDACTED]	Expiry Date: 06/19/2022	Was Routine Lubrication and Maintenance Given to the Product as Specified by the Manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Ins. Company: Dairyland		

ACTIVITY:	Unknown	Transportation <input checked="" type="checkbox"/>	Racing
	Recreation <input type="checkbox"/>	Work <input checked="" type="checkbox"/>	Other
Witnesses' Name: (if more than one please join another page / witness) <i>like security officer hired from security company</i>			
Witnesses' Address: <i>can't release me his info to me. city wide security</i>			
Did the operator perform a pre-ride inspection before riding the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was the operator familiar with the area being traveled? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did the operator complete any appropriate safety training courses relative to product? Yes <input type="checkbox"/> No <input type="checkbox"/> If so - what type?			
Did the operator review the product safety DVD video supplied with the vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>No DVD was provided</i>			

VEHICLE NO. 2 (IF APPLICABLE)												
Owner's Name:			Product Experience		Hours: 0-50		50-100		100-150		150-200	200+
Owner's Address:			Completed State/Prov. Product Safety Course: Yes No N.A.									
Town/City:		State/Prov.:		Year Taken:				Certificate No.:				
Zip/Postal Code:		Tel. No.:		Member of Product Club/Association: Yes No				If yes name?				
Operator's Name: (unless same as owner)			Occupation:				Employer:					
Operator's Address:			Passenger's Name:									
Town/City:		State/Prov.:		Passenger's Address:								
Zip/Postal Code:		Tel. No.:		Town/City:				State/Prov.:				
Driver's License No.:		Coded Restrictions:		Zip/Postal Code:				Tel. No.:				
Years Licensed as Driver: <input type="checkbox"/> 1-3 <input type="checkbox"/> 3-6 <input type="checkbox"/> 6-10 <input type="checkbox"/> 10+			Date of Birth:		Year:		Month:		Day:			
Date of Birth:	Year:	Month:		Day:		Age:			Sex:	Male	Female	
Age:		Sex: Male Female		Product Experience: Hours: 0-50 50-100 100-150 150-200 200+								
Make:	Model:	Year:	Safety Devices Present: Yes No If Yes specify:									
License No.:	Serial No.:		Safety Device in Use: Yes No If Yes specify:									
Owned	Borrowed	Rent	Warning or Caution Statement Present: Yes No If Yes specify:									
Date of Predelivery:		Date of 1 st Recommended Inspection:		Proper Operating Instructions Present: Yes No If Yes specify:								
Date of Recent Service:		Mileage/Hours:		Had Product Undergone Modification/ Recall Approved by Manufacturer?: Yes No								
Dealer's Name:			Had Product Undergone Modification by Former Owner?: Yes No									
Dealer's Address:			Were All Components on Product Original?: Yes No									
Town/City:		State/Prov.:		Were All Components on Any Security Item Fastened to the Product?: Yes No								
Zip/Postal Code:		Tel. No.:		Were Replacement Components Sold by Product Manufacturer or Representative?: Yes No If no, what was changed?								
Product Registration No.:		Year of Registration:		Were All Scheduled Maintenance Procedures Performed by an Authorized BRP Dealer? Yes No								
Insured: Yes No			Was Routine Lubrication and Maintenance Given to the Products as Specified by the Manufacturer? Yes No									
Policy No.:		Expiry Date:										
Name of Ins. Company:												

ACTIVITY:	Unknown	Transportation	Racing
	Recreation	Work	Other
Witnesses' Names: (if more than one please add a page)			
Witnesses' Address:			Phone:
Did the operator perform a pre-ride inspection before riding the vehicle?	Yes	No	
Was the operator familiar with the area being traveled?	Yes	No	
Did the operator complete any appropriate safety training courses relative to product? If so what type?	Yes	No	
Did the operator review the product safety DVD video supplied with the vehicle?	Yes	No	

PROPERTY DAMAGE VEHICLE 1	
Vehicle/Components:	ESTIMATED COST OF REPAIR:
	Vehicle: \$
Environment/Private:	Property: \$
	Total: \$

PROPERTY DAMAGE VEHICLE 2 (IF APPLICABLE)	
Vehicle/Components:	ESTIMATED COST OF REPAIR:
	Vehicle: \$
Environment/Private:	Property: \$
IF OTHER VEHICLE INVOLVED, ADD ANOTHER SHEET	Total: \$

ACCIDENT / INCIDENT DATA							
Type of Terrain							
Road, Right of way	River	Private Trail	Railroad	Sea	Open Field	Hilly Mountains	
Ditch	Public Trail	Stream	Lake	Wooded	Other <input checked="" type="checkbox"/> Parking Garage		
Type of Topography							
Unknown	Crest Cover	Slope Up		Side Slope	Straight		
Level	Bottom of Hill	Slope Down		Curve <input checked="" type="checkbox"/>	Other		
Surface Cover (Type)		Precipitation		Visibility		Ambient Temperature	
Bare Ground <input checked="" type="checkbox"/>	Ice	Complete Cover	None	Snow	Clear	Precipitation	
Soft Snow	Calm Water	Partial Cover	Rain	Sleet	Darkness	Fog-Smoke-Dust	
Hard Pack Snow	Rough Water	Asphalt		Hail	Other		Actual Temperature :
Other		Other				75	°F
Location of Accident:					Estimated Speed: Vehicle 1: 5 MPH Vehicle 2:		
TIME OF ACCIDENT / INCIDENT: Approx. 10pm		Morning	Afternoon		Night <input checked="" type="checkbox"/>		

INJURY DATA (IF APPLICABLE)

Person Involved: Myself	TYPE OF INJURY	Death	Exposure	Bruise <input checked="" type="checkbox"/>	Burns
Address: [REDACTED]		Fracture <input checked="" type="checkbox"/>	Sprain	Laceration	Injured <input checked="" type="checkbox"/>
	PART OF BODY INJURED	Head	Back <input checked="" type="checkbox"/>	Abdomen	Lower Limb
		Face/Neck	Chest <input checked="" type="checkbox"/>	Upper Limb	Other <input checked="" type="checkbox"/>

If more than one person was involved, please give number page per person

The person(s) involved was/were:	Vehicle 1	<input checked="" type="checkbox"/> Operator	Passenger	Other Please specify:
	Vehicle 2	Operator	Passenger	Other Please specify:
City/Town:	Salt		Boots/Deck Shoes	Visor/Goggles <input checked="" type="checkbox"/>
State:	Wisconsin <input checked="" type="checkbox"/>		Gloves/Mitts <input checked="" type="checkbox"/>	Life Jacket

Driver's Name: [REDACTED]
 Driver's Address: [REDACTED] San Diego, CA [REDACTED]
 Length of Last Hospital: 0

Insurer Reported as: Dairyland Insurance, Vive luxe Apartments, Girls car I hit, AAA

Was the person involved aware that what he was doing might result in injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was there anything to distract the involved person's attention from what he was doing?	Yes <input type="checkbox"/> No <input type="checkbox"/> What?
Had anything happened to upset the person involved that day or at the time of accident?	Yes <input type="checkbox"/> No <input type="checkbox"/> What?
Was the person involved unusually tired or fatigued that day, or at the time of accident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the person involved ejected from product?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If so How? Flew over the handle bars upside down slamming back into concrete pillar
Was the person involved entangled in product?	Yes <input type="checkbox"/> No <input type="checkbox"/> If so by What?
Was the person involved in a hurry at the time of the accident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the person involved or any member of his family had previous accident or close call from this previous activity?	Yes <input type="checkbox"/> No <input type="checkbox"/> If so What?
Had the person involved taken any precautions to prevent an accident?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If so What? Drive speed limit and was using product as it was intended to be used.
Was the person involved familiar with the proper operation of the product?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was the person involved informed of proper driving position, techniques before riding the product?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was the person involved wearing adequate clothing, helmet, lifejacket?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
How often had the person involved performed this specific activity before?	Often.

Describe the activities of person involved leading up to and at time of injury:
I was a driving around my community before attempting to park it in the parking garage before my handlebar steering wouldn't turn as I was attempting to safely turning the corner as my handle bars locked up and I went straight into a car sending me flying through the air into a concrete pillar of the parking structure. It was very scary, very painful, and very

Describe physical condition of person involved at time injury (consider wearing glasses, handicapped or disabled, influenced by alcohol or drugs, mentally ill, chronically ill):
Physical Condition was in peak physical condition.

Had the operating instructions been read and understood by the person involved?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If not Why?	
Was the person involved in another accident other than with this product? (motor vehicle, Marine, Commercial, Recreational, Other)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so Where?	
Was the person involved of proper driving position/techniques before riding?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was the person involved wearing adequate clothing/helmet/lifejacket?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

All folders < v fun bike center > v

Met. 5F

Home View

New mail < v Delete < v Archive < v Report < v Sweep < v Move to < v

Your browser supports setting Outlook.com as the default email handler... Try it now Ask again later X

> Favorites

> Folders

< v Groups

New group

< Fun Bike Center - Repair Order [REDACTED]

1 < v < v

N

noreply@funbike.com

< < > ...

To: [REDACTED]

Fri 9/2/2022 12:32 PM



TI KB

Dea [REDACTED]

Your estimate has been don and storage is building up please call me.

If you have any questions or need more detail, please feel free to call MIKE A at 8582786635.

Thanks,
Fun Bike Center
Service Hours:
M-F 9am - 6pm
Sa 9am-5pm
Closed Sunday

< Reply

> Forward

Fun Bike Center
5755 Kearny Villa Road
San Diego, CA 92123
Phone: 8582786635

Repair Order

Due: \$11,386.73

Doc Number: [REDACTED]
Service Writer: MIKE A
Date Printed: 09/02/2022
Date Promised: 06/30/2022
Date In: 06/30/2022

[REDACTED]
SAN DIEGO, CA [REDACTED]

Customer Information

Home Phone: [REDACTED]
Call Phone: [REDACTED]
Work Phone: [REDACTED]
Email: [REDACTED]

Summary

Unit	Job	Job Total
2022 CAN-AM RYKER SPORT 900	DAMAGE ESTIMATE.	\$10,981.12

Job Subtotal:	\$10,981.12
Job Parts Subtotal:	\$5,233.62
Job Labor Subtotal:	\$5,747.50
Tax:	\$405.81
Total:	\$11,386.73
Less Deposits:	\$0.00
Total Due:	\$11,386.73

Signature: _____

I have approved all charges specified on this invoice. By signing this release I acknowledge that I have had this repair explained to me and that I understand all charges herein. I also acknowledge my responsibility as the owner to perform all manufacture maintenance and storage requirements. Failure to do so may result in additional needed repairs at the owner's expense that are not covered by warranty.

Many vehicles require off road or testing at a local lake to verify repairs. If you have declined a test Fun Bike Center has recommended then there can be no guarantee that your vehicle has been repaired and Fun Bike Center will not accept responsibility for future needed repairs.

Fun Bike Center Service Department will guarantee all labor performed to your vehicle for a period of 30 days or 10 hours/ 1000 miles, whichever occurs first.

This time period and mileage determination shall commence from the date the labor has been completed. All guarantee work must be performed by Fun Bike Center and any claim of guarantee must be presented to Fun Bike Center prior to the expiration of your guarantee. Fun Bike Center will not reimburse you for work performed elsewhere during or after guarantee period. This guarantee is only in effect if the vehicle is operated in a normal and ordinary manner. Any damages or excessive wear caused by misuse, neglect, improper lubrication, lack of maintenance or water intrusion are not guaranteed. Vehicles used in race like conditions, used beyond their design capabilities, or that have been modified do not have a guarantee.

All parts and accessories are sold by Fun Bike Center on an "As Is" or "All Faults" basis and the entire risk as to the quality and performance of the parts and accessories is with you the buyer. The only guarantee, if any, are made by the manufacturer. All parts sold are new OEM unless otherwise specified.

Watercraft and off road vehicles are stored outdoors. I will not hold Fun Bike Center responsible for any loss or damages due to theft, fire, weather conditions or movement of vehicles.

I have read and fully understand other notices posted at Fun Bike Center Service. I will load and inspect my vehicle(s) correctly and I am fully responsible for their proper security while transporting.

Reception of this invoice acknowledges receipt and acceptance of the vehicle and that you have inspected the vehicle prior to departure. Any and all promises made by Fun Bike Center must be in writing and you must possess an authorized signed copy thereof to attain such promise.

Labor Charges: All labor charges are fixed prices and bear no relationship to the actual labor hours performed. All references of labor rates or flat rates are information to indicate a segment upon which the fixed price was established. Therefore, the actual labor time spent by a technician may be greater or less than an indicated or posted labor rate.

STATEMENT CONCERNING AMENDMENTS TO THE SONG-BEVERLY WARRANTY ACT AS FOLLOWS:

*A buyer of this product in California has the right to have this product serviced or repaired during the manufacturer's warranty period. The

warranty period will be extended for the number of days that the product has been out of the buyer's hands for warranty repairs. If a defect exists within the warranty period, the warranty will not expire until the defect has been fixed. The warranty period will also be extended if the warranty repairs have been performed due to delays caused by circumstances beyond the control of the buyer, or the warranty repairs did not remedy the defect and the buyer notifies the manufacturer or seller of the failure of the repairs within 60 days after they were completed. If, after reasonable number of attempts, the defect has not been fixed, the buyer may return this product for a replacement or a refund subject, in either case, to deduction of reasonable charge for usage. This time extension does not affect the protections or remedies of the buyer has under other laws."

This dealer is required by law to charge a nonrefundable \$1 California battery fee and a refundable deposit for each lead-acid battery purchased. A credit of the same amount as the refundable deposit will be issued if a used lead-acid battery is returned at the time of purchase or up to 45 days later along with this dealer's receipt. (FSC section 25215.2 (c)). This fee and deposit are applicable to batteries weighing five kilograms (about 11 pounds).

Service Department hours of operation:

Monday-Friday: 9:00am-5:00pm, Saturday: 9:00am-5:00pm, Sunday: Closed.

EPA# CAL000447383 BAR #ARD42423

I acknowledge notice and oral approval of an increase in the original estimate price.

Signature: _____

Detail

Unit 2022 CAN-AM RYKER SPORT 900 F5NA

Color:Classic

Keyboard:

VIN/Serial No:3JB2JEG23N

Plate:

Odom/Hrs In:0

Out:1

DAMAGE ESTIMATE.

Description:UNIT CRASH IN TO A GUARD RAIL AND IS REALLY MESSED UP.

Parts

Part #	Qty	Description	Price	Discount	Total
705208908	1.00	UPPER FRONT CROSS MEMBER	\$46.99	\$0.00	\$46.99
293450307	10.00	INSERT	\$2.99	\$0.00	\$29.90
705209725	1.00	CHASSIS ECOAT	\$879.99	\$0.00	\$879.99
250100199	12.00	INSERT M6	\$3.99	\$0.00	\$47.88
207662044	4.00	HEX. FLANGED SCREW M6 X 20	\$2.99	\$0.00	\$11.96
704909040	2.00	EMBLEM_LOGO BRP 48 MM UV	\$14.99	\$0.00	\$29.98
704908907	2.00	DECAL LATERAL RYKER SPORT	\$17.99	\$0.00	\$35.98
705011162	1.00	REAR FENDER	\$87.99	\$0.00	\$87.99
293150104	4.00	POP RIVET 3/16"	\$0.99	\$0.00	\$3.96
250001097	1.00	SCREW 8-32	\$3.99	\$0.00	\$3.99
706003151	1.00	TRIM FENDER R	\$12.99	\$0.00	\$12.99
705013304	1.00	SUPPORT FENDER R WELD	\$88.99	\$0.00	\$88.99
293450267	4.00	INSERT	\$4.99	\$0.00	\$19.96
250100208	4.00	PANEL NUT M6 X 1.0	\$1.99	\$0.00	\$7.96
705005055	2.00	GROMMET ASSY	\$12.99	\$0.00	\$25.98
250000578	2.00	TORX TRUSS SCREW M5 X 16	\$2.99	\$0.00	\$5.98
705012404	1.00	YELLOW LH REFLECTOR	\$15.99	\$0.00	\$15.99
705012406	1.00	REAR REFLECTOR	\$4.99	\$0.00	\$4.99
705010755	1.00	LH FRONT FENDER	\$88.99	\$0.00	\$88.99
705011696	1.00	LH FENDER SUPPORT	\$88.99	\$0.00	\$88.99
710007008	1.00	LIGHT_MARKER FL	\$93.99	\$0.00	\$93.99
705013345	1.00	FRONT FASCIA	\$77.99	\$0.00	\$77.99
705011459	1.00	SERVICE FAIRING	\$26.99	\$0.00	\$26.99
705013940	1.00	ACOUSTIC FOAM	\$18.99	\$0.00	\$18.99
218800528	1.00	KIT PANEL_ROCKER LH	\$60.99	\$0.00	\$60.99
705016804	1.00	TRIM BUMPER LWR	\$100.99	\$0.00	\$100.99
705004838	2.00	FLAT CLIP	\$6.99	\$0.00	\$13.98
293150230	6.00	TUFLOK PLASTIC RIVET	\$1.99	\$0.00	\$11.94
705015113	1.00	COVER F ASSY	\$66.99	\$0.00	\$66.99
705208902	1.00	RH UPPER FRAME	\$114.99	\$0.00	\$114.99
705208901	1.00	LH UPPER FRAME	\$123.99	\$0.00	\$123.99
705018523	1.00	TRIM_TANK	\$169.99	\$0.00	\$169.99
705013647	1.00	ACOUSTIC FOAM	\$17.99	\$0.00	\$17.99
705013646	1.00	ACOUSTIC FOAM	\$17.99	\$0.00	\$17.99
710007891	1.00	SUPPORT_ELECTRONIC	\$19.99	\$0.00	\$19.99
705003284	1.00	GROMMET	\$3.99	\$0.00	\$3.99
710005285	1.00	TAIL LIGHT	\$144.99	\$0.00	\$144.99
710005501	1.00	LICENCE LIGHT	\$47.99	\$0.00	\$47.99
420911773	1.00	ENGINE BRACKET FRONT INLET	\$18.99	\$0.00	\$18.99
709200724	1.00	RADIATOR	\$284.99	\$0.00	\$284.99
293650141	4.00	OETIKER CLAMP	\$4.99	\$0.00	\$19.96
709200719	1.00	FAN ASSY	\$194.99	\$0.00	\$194.99
207882834	2.00	HEX. FLANGED SCREW M6 X 25	\$2.99	\$0.00	\$5.98

Part #	Qty	Description	Price	Discount	Total
709000582	2.00	GROMMET	\$4.99	\$0.00	\$9.98
709200948	4.00	GROMMET	\$8.99	\$0.00	\$35.96
709001288	2.00	BUSHING	\$9.99	\$0.00	\$19.98
707602002	1.00	EXHAUST SEAL	\$17.99	\$0.00	\$17.99
707800700	1.00	AIR INTAKE	\$174.99	\$0.00	\$174.99
707801015	1.00	COVER_LATERAL	\$88.99	\$0.00	\$88.99
705601560	1.00	HOSE CALIPER FL	\$65.99	\$0.00	\$65.99
709401953	2.00	TIE ROD ASSY	\$93.99	\$0.00	\$187.98
709401954	1.00	ROD_TIE ASSY	\$93.99	\$0.00	\$93.99
219800520	1.00	KIT ARM PITMAN	\$26.99	\$0.00	\$26.99
10017-001-13	1.00	R-CORE Gloves Black XL	\$29.99	\$0.00	\$29.99
709401969	1.00	LOWER RH COLUMN ATTACHMENT	\$4.99	\$0.00	\$4.99
709401956	1.00	SPHERICAL HALF BUSHING	\$3.99	\$0.00	\$3.99
706202644	1.00	ARM UPPER LH	\$118.99	\$0.00	\$118.99
706202645	1.00	RH UPPER ARM	\$118.99	\$0.00	\$118.99
706202549	4.00	SUSPENSION ARM BUSHING	\$13.99	\$0.00	\$55.96
706204700	1.00	ARM_SUSPENSION LWR L	\$139.99	\$0.00	\$139.99
706204701	1.00	ARM_SUSPENSION LWR R	\$149.99	\$0.00	\$149.99
706203143	4.00	SUSPENSION ARM BUSHING	\$13.99	\$0.00	\$55.96
207606556	8.00	HEX.FLANGED SCREW M10 X 65	\$4.99	\$0.00	\$39.92
706203147	2.00	BALL JOINT	\$47.99	\$0.00	\$95.98
293370035	2.00	CIRCLIP	\$2.99	\$0.00	\$5.98
706202508	2.00	BALL JOINT	\$52.99	\$0.00	\$105.98
706202710	1.00	SWAY BAR	\$24.99	\$0.00	\$24.99
704909179	1.00	DECAL CAN-AM DOMED GRAY	\$30.99	\$0.00	\$30.99
420911777	1.00	ENGINE BRACKET FRONT EXHAUST	\$18.99	\$0.00	\$18.99
705503199	1.00	RIM_16 INCH PAINTED	\$309.99	\$0.00	\$309.99

Parts Subtotal \$5,233.62

Labor

Description	Technician	Total
CRASH ESTA	KEVIN C	\$157.50
CRASH REPAIR / FRAME		\$5,590.00

Labor Subtotal \$5,747.50

Job Subtotal \$10,981.12

All Jobs Subtotal: \$10,981.12

Tax: \$405.61

Total: \$11,386.73

Less Deposits: \$0.00

Total Due: \$11,386.73

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NATIONAL HIGHWAY US DEPT. OF TRANSPORTATION

OFFICE OF DEFECT INVESTIGATION (NVS-210)

1200 NEW JERSEY AVE. SE WEST BUILDING

WASHINGTON DC 20590

MAY 11 2023

