



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

1200 New Jersey Avenue, SE
Washington, DC 20590

JUL 26 2016

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Nathan Boyd
Director, Product Integrity
Harley-Davidson Motor Company
11800 West Capitol Drive
Wauwatosa, WI 53222

NVS214jry
PE16-009

Dear Mr. Boyd:

This letter is to inform you that the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has opened a Preliminary Evaluation (PE16-009) to investigate allegations of brake failure in certain model year (MY) motorcycles manufactured by Harley-Davidson Motor Company, Inc. (HD), and to request certain information.

We opened this PE after receiving 43 reports, including 3 alleged crashes, of sudden brake failure involving certain HD motorcycles equipped with anti-lock brakes (ABS). We now have a total of 54 reports (including 8 alleged crashes). Owners report a complete loss of braking effect, without warning, accompanied by a noticeable change in front brake lever and/or rear brake pedal "feel." Commonly, repairs include replacing the ABS hydraulic control unit (HCU). A copy of each of the reports is enclosed for your information.

Unless otherwise stated in the text, the following definitions apply to these information requests:

- **Subject motorcycles:** all MY2008-2013 FL-series and MY2008-16 VR-series motorcycles, equipped with ABS manufactured for sale or lease in the United States, including, but not limited to, the District of Columbia, and current U.S. territories and possessions.
- **Peer motorcycles:** all MY2005-7 FL-series motorcycles equipped with ABS, manufactured for sale or lease in the United States, including, but not limited to, the District of Columbia, and current U.S. territories and possessions.

Subject component: all ABS Hydraulic Control Units (HCU) including, but not limited to, p/n's 48343-09 and 40689-08, manufactured for use as original equipment or service parts in the subject and peer motorcycles.

- **Alleged defect:** any one or more of the following symptoms or conditions:
 1. All allegations of minimal deflection of the front brake lever when it is squeezed;
 2. All allegations of minimal deflection of the rear brake pedal when it is pressed;
 3. All allegations of reduced brake performance (front, rear, and/or both) and/or extended stopping distance;
 4. All allegations of a subject component failure or malfunction; and
 5. All allegations of brake system failures or malfunctions related to brake fluid, including all brake performance complaints in which the repair procedure included brake fluid replacement.

HD: Harley-Davidson Motor Company, Inc., all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of HD (including all business units and persons previously referred to), who were involved in any way with any of the following related to the alleged defect in the subject motorcycles:

- a. Design, engineering, analysis, modification or production (e.g. quality control);
 - b. Testing, assessment or evaluation;
 - c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
 - d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.
- **Document:** “Document(s)” is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts,

administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by , any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by or not. If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other Terms:** To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fire," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as has previously provided a document to ODI, may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After Harley Davidson's response to each request, identify the source of the information and indicate the last date the information was gathered.

1. State, by model and model year, the number of subject and peer motorcycles HD has manufactured for sale or lease in the United States. Separately, for each subject/peer motorcycle manufactured to date by HD, state the following:
 - a. Vehicle identification number (VIN);
 - b. Model Year;
 - c. Model;
 - d. Date of manufacture;
 - e. Date warranty coverage commenced;

- f. ABS Hydraulic Control Unit part number;
- g. HD selling dealer identification number/code; and
- h. The State in the United States where the motorcycle was originally sold or leased (or delivered for sale or lease).

Provide the table in Microsoft Access or Excel 2010, or a compatible format, entitled "PRODUCTION DATA."

2. State the number of each of the following, received by HD, or of which HD is otherwise aware, which relate to, or may relate to, the alleged defect in the subject and peer motorcycles:
 - a. Consumer complaints, including those from fleet operators;
 - b. Field reports, including dealer field reports;
 - c. Reports involving a crash, injury or fatality;
 - d. Property damage claims;
 - e. Third-party arbitration proceedings where HD is or was a party to the arbitration; and
 - f. Lawsuits, both pending and closed, in which HD is or was a defendant or codefendant.

For subparts "a" through "f," state the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same motorcycle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition, for items "c" through "f," provide a summary description of the alleged problem and causal and contributing factors and HD's assessment of the problem, with a summary of the significant underlying facts and evidence. For items "e" and "f," identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

3. Separately, for each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
 - a. HD's file number or other identifier used;
 - b. The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
 - c. Motorcycle owner or fleet name (and fleet contact person), street address, email address and telephone number;
 - d. Motorcycle's VIN;
 - e. Motorcycle's make, model and model year;
 - f. Motorcycle's mileage at time of incident;
 - g. Incident date;
 - h. Report or claim date;
 - i. Whether a crash is alleged;
 - j. Whether property damage is alleged;
 - k. Number of alleged injuries, if any; and
 - l. Number of alleged fatalities, if any.

Provide this information in Microsoft Access or Excel 2010, or a compatible format, entitled "COMPLAINT DATA"

4. Produce copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method HD used for organizing the documents. Describe in detail the search methods and search criteria used by HD to identify the items in response to Request No. 2.
5. State, by model and model year, a total count for all of the following categories of claims, collectively, that have been paid by HD to date that relate to, or may relate to, the alleged defect in the subject and peer motorcycles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign.

Separately, for each such claim, state the following information:

- a. HD's claim number;
- b. Motorcycle owner or fleet name (and fleet contact person), street address, email address and telephone number;
- c. VIN;
- d. Repair date;
- e. Motorcycle mileage at time of repair;
- f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
- g. Labor operation number(s);
- h. Problem code(s);
- i. Diagnostic trouble code(s);
- j. Replacement part number(s) and description(s);
- k. Concern stated by customer;
- l. Cause as stated on the repair order;
- m. Correction as stated on the repair order; and
- n. Additional comments, if any, by dealer/technician relating to claim and/or repair.

Provide this information in Microsoft Access 2010, or a compatible format, entitled "WARRANTY DATA."

6. Describe in detail the search methods and search criteria used by HD to identify the claims in response to Request No. 5, including the labor operations, problem codes, diagnostic trouble codes, part numbers and any other pertinent parameters used.

Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions, diagnostic trouble codes and diagnostic trouble code descriptions applicable to the alleged defect in the subject motorcycles. State whether the diagnostic trouble codes are automatically reported to the warranty database electronically or manually entered into the warranty database by a claims administrator.

State, by make and model year, the terms of the new motorcycle warranty coverage offered by HD on the subject motorcycles (i.e., the number of months and mileage for which coverage is provided and the motorcycle systems that are covered). Describe any extended warranty coverage option(s) that HD offered for the subject motorcycles and state by option, model, and model year, the number of motorcycles that are covered under each such extended warranty.

7. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject motorcycles, that HD has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication that HD is planning to issue within the next 120 days.
8. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject motorcycles that have been conducted, are being conducted, are planned, or are being planned by, or for, HD. For each such action, provide the following information:
 - a. Action title or identifier;
 - b. The actual or planned start date;
 - c. The actual or expected end date;
 - d. Brief summary of the subject and objective of the action;
 - e. Engineering group(s)/supplier(s) responsible for designing and for conducting the action; and
 - f. A brief summary of the findings and/or conclusions resulting from the action.

For each action identified, provide copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

9. Describe all modifications or changes made by HD, or on behalf of HD, in the design, material composition, manufacture, quality control, supply, or installation of the subject component, from the start of production to date, which relate to, or may relate to, the alleged defect in the subject motorcycles. For each such modification or change, provide the following information:
 - a. The date or approximate date on which the modification or change was incorporated into motorcycle production;
 - b. A detailed description of the modification or change;
 - c. The reason(s) for the modification or change;
 - d. The part number(s) (service and engineering) of the original component;
 - e. The part number(s) (service and engineering) of the modified component;
 - f. Whether the original unmodified component was withdrawn from production and/or sale, and if so, when;

- g. When the modified component was made available as a service component; and
- h. Whether the modified component can be interchanged with earlier production components.

Also, provide the above information for any modification or change that is aware of which may be incorporated into motorcycle production within the next 120 days.

10. Produce one of each of the following:

- a. Exemplar samples of each design version of the subject component; and
- b. Field return samples of the subject component where an alleged defect symptom(s) was/were alleged.

11. State the number of subject components HD has sold that may be used in the subject motorcycles by component name, part number (both service and engineering/production), model and model year of the motorcycle in which it is used and month/year of sale (*including the cut-off date for sales, if applicable*):

For each component part number, provide the supplier's name, address, and appropriate point of contact (name, title, and telephone number). Also identify by make, model and model year, any other motorcycles of which HD is aware that contain the identical component, whether installed in production or in service, and state the applicable dates of production or service usage.

12. Provide the following information regarding the subject motorcycle brake system and the alleged defect condition:

- a. Provide a schematic of the brake hydraulic system and describe system operation in each mode of brake control;
- b. Identify all brake system control valves that are relevant to the alleged defect; and
- c. Provide a detailed description of the ABS system self-check process at the beginning of a driving cycle.

13. For each subject component, provide the following information:

- a. Identify, by make/model/model year, what motorcycles use the same PWM valve(s) in the ABS system;
- b. Identify, by brand and DOT specification (i.e., 3, 4, or 5), the OE brake fluid used in the motorcycles identified in your 10a response;
- c. State, in inches, the wall clearance between the PWM valve armature and sleeve/cup;
- d. State, in inches, the valve stroke;
- e. State the valves' material composition;
- f. Identify what, if any, material is used to coat the valves
- g. State the valve blank armature material composition;
- h. Identify what preventative measures, if any, are used to minimize the possibility of galvanic reaction within the subject components; and
- i. Provide Engineering drawings detailing each of the PWM valves.

14. Provide a copy of the owner's manual for each model/model year subject and peer motorcycle within the scope of this information request
15. Furnish HD's assessment of the alleged defect in the subject motorcycle, including:
 - a. The causal or contributory factor(s);
 - b. The failure mechanism(s);
 - c. The failure mode(s);
 - d. The risk to motor vehicle safety that it poses;
 - e. What warnings, if any, the operator would have that a subject component was malfunctioning and/or loss of braking effectiveness was imminent; and
 - f. The reports included with this inquiry.

Legal Authority for This Request

This letter is being sent to pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information.

Civil Penalties

HD's failure to respond promptly and fully to this letter could subject to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) The Vehicle Safety Act, as amended, 49 U.S.C. § 30165(a)(3), provides for civil penalties of up to \$7,000 per violation per day, with a maximum of \$35,000,000 for a related series of daily violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond completely, accurately, and in a timely manner to ODI information requests. The maximum civil penalty of \$7,000 per violation per day is established by 49 CFR 578.6(a)(3). The maximum civil penalty of \$35,000,000 for a related series of daily violations of 49 U.S.C. § 30166 is authorized by 49 U.S.C. § 30165(a)(3) as amended by § 31203(a)(1)(B) of the Moving Ahead for Progress in the 21st Century Act, Public Law 112-141.

If HD cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, does not submit one or more requested documents or items of information in response to this information request, HD must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

Confidential Business Information

All business confidential information must be submitted directly to the Office of Chief Counsel as described in the following paragraph and should not be sent to this office. In addition, do not submit any business confidential information in the body of the letter submitted

to this office. Please refer to PE16-009 in HD's response to this letter and in any confidentiality request submitted to the Office of Chief Counsel.

If HD claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, HD must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, as amended, to the Office of Chief Counsel (NCC-111), National Highway Traffic Safety Administration, Room W41-227, 1200 New Jersey Avenue, S.E., Washington, D.C. 20590. HD is required to **submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.** Please remember that the phrase "ENTIRE PAGE CONFIDENTIAL BUSINESS INFORMATION" or "CONTAINS CONFIDENTIAL BUSINESS INFORMATION" (as appropriate) must appear at the top of each page containing information claimed to be confidential, and the information must be clearly identified in accordance with 49 CFR 512.6. If you submit a request for confidentiality for all or part of your response to this IR, that is in an electronic format (e.g., CD-ROM), your request and associated submission must conform to the new requirements in NHTSA's Confidential Business Information Rule regarding submissions in electronic formats. See 49 CFR 512.6(c) (as amended by 72 Fed. Reg. 59434 (October 19, 2007)).

If you have any questions regarding submission of a request for confidential treatment, contact Otto Matheke, Senior Attorney, Office of Chief Counsel at otto.matheke@dot.gov or (202) 366-5253.

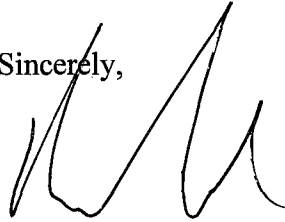
Due Date

HD's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by August 26, 2016. HD's response must include all non-confidential attachments and a redacted version of all documents that contain confidential information. If HD finds that it is unable to provide all of the information requested within the time allotted, HD must request an extension from me at (202) 366-6938 no later than five business days before the response due date. If HD is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information HD then has available, even if an extension has been granted.

Please send email notification to Bob Young at robert.young@dot.gov and to ODI_IRresponse@dot.gov when HD sends its response to this office and indicate whether there is confidential information as part of HD's response.

If you have any technical questions concerning this matter, please call Mr. Young of my staff at (202) 366-4806.

Sincerely,

A handwritten signature in black ink, appearing to be 'BY', written over the word 'Sincerely,'.

Bruce York, Chief
Medium and Heavy Duty Vehicles Division
Office of Defects Investigation

Enclosure 1, Copies of the 54 owner complaints (reports) referenced in the introduction of this letter identified by the following ODI reference numbers:

10884205,10884300,10865577,10883646,10806328,10723670,10566734,10884028,10883608,
10870040,10874995,10883711,10865252,10863506,10861158,10862218,10855689,10862470,
10855402,10853107,10854485,10861455,10854599,10850506,10837699,10837548,10836858,
10883712,10837007,10825939,10821535,10818724,10810477,10883606,10808063,10808898,
10787797,10809429,10883731,10779228,10703439,10694431,10701606,10660452,10721585,
10593383,10584542,10551177,10564630,10551156,10503346,10578439,10461323,10460899



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

12-JUL-2016

Repository Reference No.
10884300

OWNER INFORMATION (Type or Print)

Name MARCUS LEMOINE

Address P.O.BOX 165

City ELTON

State LA

Zip Code 70532

Daytime Telephone Number
337-526-0616

Evening Telephone Number

E-mail Address

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

1HD1KB4478Y622176

Make

HARLEY-DAVIDSON

Model

FLHP

Model Year

2008

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Multiple Failure:

Incident Date(s)

30-JUN-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)

Failure Mileage
38000Failure Speed
15

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)

 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

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

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 FLHP STREET GLIDE. WHILE DRIVING 15 MPH, THE CONTACT DEPRESSED THE BRAKE PEDAL AND THE HAND BRAKES TO STOP THE MOTORCYCLE. THE BRAKES FAILED AND THE MOTORCYCLE CRASHED INTO A BUILDING. THERE WERE NO INJURIES AND A POLICE REPORT WAS NOT FILED. THE MOTORCYCLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHO DIAGNOSED THAT THE BRAKES FAILED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED. THE FAILURE MILEAGE WAS APPROXIMATELY 38,000.

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.



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 <input type="checkbox"/>
12-JUL-2016	Reference No. 10884205

OWNER INFORMATION (Type or Print)

Name	ROBERT ARBACHESKI	Daytime Telephone Number	E-mail Address
Address	3455 JOG PARK DRIVE	561-644-9198	
City	LAKE WORTH	State	FL
		Zip Code	33467
		Evening Telephone Number	

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
1HD1FB418AB629723	HARLEY-DAVIDSON	FLHR	2010
Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
		No: Cylinders	
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s)
			03-JUL-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage	Failure Speed
	30000	40

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)	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police
		1		Y

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 2010 HARLEY-DAVIDSON FLHR. WHILE DEPRESSING THE REAR BRAKE PEDAL AT 40 MPH IN INCLEMENT WEATHER, THE VEHICLE FAILED TO RESPOND WITHOUT WARNING. WHEN THE FRONT BRAKE WAS ENGAGED, THE CONTACT CRASHED INTO THE PAVEMENT. THE CONTACT SUSTAINED INJURIES TO THE LEFT SHOULDER, HEAD, AND GROIN. THE CONTACT ALSO SUSTAINED ROAD RASH THAT REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED TO AN INDEPENDENT MECHANIC, BUT WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 30,000.

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.



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
11-JUL-2016

Repository
Reference No.
10884028

OWNER INFORMATION (Type or Print)

Name DELMAR WATTJES
Address 13901 WEST LAKE VIEW ROAD
City RAYMOND State NE Zip Code 68428

Daytime Telephone Number
402-783-0369
Evening Telephone Number

E-mail Address

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
1HD1FC417AB662282
Make HARLEY-DAVIDSON Model FLHTCU Model Year 2010
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s)
21-MAY-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 9000 Failure Speed 35

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 Yes No Fire Yes No Number of Persons Injured 1 Number of Deaths Reported to Police Y

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 2010 HARLEY-DAVIDSON FLHTCU. THE CONTACT STATED THAT WHILE DRIVING AT 35 MPH, THE BRAKE PEDAL AND THE FRONT BRAKE LEVER WERE DEPRESSED BUT THE VEHICLE FAILED TO STOP. AS A RESULT, THE CONTACT CRASHED INTO A PAVEMENT. THE CONTACT SUSTAINED BACK, RIBS, LEFT FOOT, NECK AND LEFT LUNG INJURIES THAT REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED FROM THE CRASH SCENE TO THE CONTACT'S RESIDENCE BUT WAS NOT DIAGNOSED OR REPAIRED. THE VIN WAS INCLUDED IN NHTSA CAMPAIGN NUMBER: 11V506000 (EXTERIOR LIGHTING). THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 9,000.

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.



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 <input type="checkbox"/>
09-JUL-2016	Reference No. 10883731

OWNER INFORMATION (Type or Print)

Name	VINCENT CANNUSCIO	Daytime Telephone Number	E-mail Address
Address	930 WHIPPOORWILL TERRACE	561379-9376	VINCAN47@CS.COM
City	WEST PALM BEACH	State	FL
		Zip Code	33411
		Evening Telephone Number	

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
1HD1FC4129Y620546	HARLEY-DAVIDSON	FLHTCU	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	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s) 29-SEP-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage	Failure Speed
	18964	25

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)	<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
--	---	---------------------------	------------------	-------------------------

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).

I PULLED OUT OF MY GARAGE ON MY 2009 HARLEY DAVIDSON HEADING TO THE STREET CORNER STOP SIGN AND APPLIED THE FRONT AND REAR BRAKES. THE FRONT BRAKE LEVER WOULD NOT MOVE BACK TO APPLY THE FRONT BRAKE. SINCE I WAS ONLY MOVING AT 25 MPH THE REAR BRAKE BROUGHT THE BIKE TO A STOP SAFELY. I EXAMINED THE BRAKE EQUIPMENT BUT FOUND NO SIGNS OF DAMAGE TO THE SYSTEM. I CALLED MY HD DEALER WHO ADVISED ME THAT MY ABS BRAKE SYSTEM HAD FAILED AND NEEDED TO BE REPLACED. INTERESTINGLY, THEY DIAGNOSED THE PROBLEM OVER THE PHONE WHICH WOULD INDICATE TO ME THAT THIS IS A CHRONIC PROBLEM. I ASKED THE SERVICE REPRESENTATIVE IF THIS A COMMON PROBLEM AND THE REPLY WAS TO THE AFFIRMATIVE (YES). I HAD IT TOWED TO THE DEALER AND PAID \$573.84 TO REPLACE THE ABS EQUIPMENT. I WAS TOLD AT THE DEALERSHIP THAT SINCE I HADN'T REPLACED THE BRAKE FLUID EVERY TWO (2) YEARS I CAUSED THIS PROBLEM. I HAVE DRIVEN AND OWNED CARS, TRUCKS AND MOTORCYCLES FOR MORE THAN 50 YEARS AND HAVE NEVER HEARD ABOUT CHANGING BRAKE FLUID EVERY 2 YEARS. ALL OF MY CURRENT CARS HAVE ABS BRAKES AND NONE OF THEM REQUIRE BRAKE FLUID CHANGES EVERY TWO YEARS. IF IT IS THAT CRITICAL TO THE SAFE OPERATION OF THIS MOTORCYCLE ONE WOULD THINK THAT HARLEY DAVIDSON WOULD GO OUT OF THEIR WAY TO EMPHASIZE THAT AT DELIVERY OF THE MOTORCYCLE OR THROUGH CORRESPONDENCE EITHER BY EMAIL OR POSTAL SERVICE ABOUT THE SENSITIVELY OF THE ABS BRAKES. I AM THE TYPE OF OWNER WHO PRACTICES PREVENTIVE

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 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.



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 <input type="checkbox"/>
09-JUL-2016	Reference No. 10883712

OWNER INFORMATION (Type or Print)

Name	BRIAN HACKMAN	Daytime Telephone Number	E-mail Address
Address	1607 EMERALD ST.	314-853-7792	ROCKBRIAN1@YAHOO.COM
City	BROOMFIELD	State	CO
		Zip Code	80020
		Evening Telephone Number	

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
1HD1KH413AB628932	HARLEY-DAVIDSON	FLTRX	2010
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	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s) 15-FEB-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage 52000	Failure Speed 65
---	--------------------------	---------------------

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)	<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
--	---	---------------------------	------------------	-------------------------

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).

THE REAR BRAKE ON MY 2010 HARLEY DAVIDSON FLTRX WITH ABS FAILED. THE REAR BRAKE PEDAL FROZE IN THE UP POSITION, NOT ALLOWING ME TO ENGAGE THE BRAKE. NO MATTER HOW HARD I PUSHED IT WOULD NOT GO DOWN. I WAS TRAVELLING 65 MPH ON THE HIGHWAY AT THE TIME. I RODE HOME USING ONLY THE FRONT BRAKE FOR STOPPING, FORTUNATELY IT DID NOT FAIL ALSO. I TOOK IT IN TO THE LOCAL HARLEY DEALER AND THE TECH TOLD ME THAT A VALVE IN THE HCU HAD GOTTEN STUCK AND IT WOULD BE \$700 TO REPAIR. I DID NOT HAVE THE MONEY TO FIX IT SO I TOOK THE BIKE HOME AND IT HAS BEEN PARKED IN THE GARAGE EVER SINCE, UN-REPAIRED. THE BRAKE PEDAL IS STILL LOCKED IN THE UP POSITION IF ANYONE WANTS TO LOOK AT IT.

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.



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 <input type="checkbox"/>
09-JUL-2016	Reference No. 10883711

OWNER INFORMATION (Type or Print)

Name	CHAD BURRIS	Daytime Telephone Number	6026775329	E-mail Address	CHAD.BURRIS2A@GMAIL.COM
Address	543 S 153RD AVE		Evening Telephone Number		
City	GOODYEAR	State	AZ	Zip Code	85338

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
1HD1FRM19BB657752	HARLEY-DAVIDSON	FLHRC	2011
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-MAY-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage	Failure Speed
	31000	70

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)	<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
--	---	---------------------------	------------------	-------------------------

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).

FRONT BRAKE IS STUCK IN THE OPEN POSITION. THE ABS MODULE IS BAD ACCORDING TO THE HARLEY SHOP. THIS HAPPENED WHILE I WAS RIDING ON A HIGHWAY ALL OF A SUDDEN I'M UNABLE TO PULL THE FRONT BRAKE LEVER. I JUST READ AN ARTICLE THAT YOU GUYS ARE LOOKING INTO THIS AND ISSUE AND IT IS EXACTLY THE SAME AS OTHERS HAVE EXPERIENCED. I WAS CONSIDERING LEAVING A REPORT BEFORE SINCE THIS IS SO UNSAFE AND I'M GLAD YOU ARE LOOKING INTO IT. THERE'S NO REASON I SHOULD EVER BE WITHOUT BRAKES. I HAVE NOT FIXED IT YET MOSTLY BECAUSE HARLEY WANTS 790\$ TO FIX IT. IF YOU WANNA SEE IT JUST LET ME KNOW. I CAN GIVE YOU ANY FURTHER INFORMATION YOU REQUIRE.

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.



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 <input type="checkbox"/>
08-JUL-2016	Reference No. 10883646

OWNER INFORMATION (Type or Print)

Name	RUSSELL MUSGROVE			Daytime Telephone Number	E-mail Address MMUSGROVE@TRIAD.R R.COM
Address	135 BEESON PARK COURT			3369936381	
City	State	NC	Zip Code	27284	

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
1HD1KEM13BB631300	HARLEY-DAVIDSON	FLHTK	2011
Date Purchased	Dealer's Name and Telephone Number		Engine:
			No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s) 06-MAY-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage 35000	Failure Speed 3
---	--------------------------	--------------------

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)	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police 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).

I WAS BACKING OUT OF MY STEEP DRIVEWAY AND MY FRONT BRAKE SUDDENLY BECAME VERY HARD TO PULL, BORDERING ON IMPOSSIBLE, AND BASICALLY HAD NO STOPPING POWER. AS THIS IS THE ONLY BRAKE I COULD USE WHILE WALKING/BACKING MY BIKE DOWN MY SLOPED THE DRIVEWAY THE BIKE PICKED UP SPEED AND CAUSED ME TO LOSE CONTROL AND THE BIKE FELL OVER. SINCE THEN I HAVE TRIED TO BLEED THE BRAKES 3 TIME WITH NO CHANGE. BRAKE LEVER IS IMPOSSIBLE TO PULL. I THEN REPLACED MY MASTER CYLINDER AND FLUID,BUT COULD STILL NOT BLEED THE FLUID TO GET PROPER LEVER PULL AN BRAKE ACTUATION. I HAVE NOW TROUBleshoot THIS ISSUE AND NARROWED IT DOWN TO THE ABS MODULATOR, AS I AM GETTING FLUID FROM THE MASTER CYLINDER THROUGH THE LINE TO THE MODULATOR, BUT FLUID IS NOT PASSING THROUGH AND GETTING TO THE CALIPERS. FRONT BRAKES ONLY ARE AFFECTED, AS REAR SEEMS TO BE OK. VERY UNSAFE SITUATION TO HAVE AN ABS SYSTEM THAT DOES NOT HAVE A FAILSAFE BUILT IN TO POSSIBLY BYPASS THE SOLENOIDS IN THE MODULATOR IF THE MODULATOR FAILS. I HAVE READ ON INTERNET FORUMS THAT A LOT OF PEOPLE HAVE HAD THIS SAME ISSUE, SO HOPEFULLY IT CAN BE ADDRESSED.

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 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.



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 <input type="checkbox"/>
08-JUL-2016	Reference No. 10883608

OWNER INFORMATION (Type or Print)

Name	TIMOTHY STAMPER	Daytime Telephone Number	321-312-0045	E-mail Address	TIMSTAMPER56@GMAIL.COM
Address	6621 FRANCONIA DR.	Evening Telephone Number	410-459-1046		
City	BELLE ISLE	State	FL	Zip Code	32812

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	1HD1FS4139Y631646	Make	HARLEY-DAVIDSON	Model	FLTR	Model Year	2009
Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:		
Original Owner	<input type="checkbox"/>	Dealer's City	State	Zip Code	No: Cylinders		
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:		Incident Date(s)		03-JUN-2016
	<input type="checkbox"/> Cruise Control						

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage	6997	Failure Speed	
---	-----------------	------	---------------	--

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: DOTM9ABC036)	<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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).

FRONT BRAKES LOCKED UP. WOULD NOT APPLY.

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.



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 <input type="checkbox"/>
08-JUL-2016	Reference No. 10883606

OWNER INFORMATION (Type or Print)

Name	DOYLE SPURTIN	Daytime Telephone Number	E-mail Address
Address	16 ENCHANTED CT	214-682-4155	MGFASTPICH@YA00.C OM
City	MANSFIELD	State	TX
		Zip Code	76063
		Evening Telephone Number	

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
	HARLEY-DAVIDSON	FLHT	2009
Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
		No: Cylinders	
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s) 28-NOV-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage	Failure Speed
	22000	60

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
--	---	---------------------------	------------------	-------------------------

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 FLHT. WHILE DRIVING 60 MPH, THE BRAKES FAILED TO RESPOND WHEN THE BRAKE HANDLE WAS DEPRESSED. THE FAILURE RECURRED INTERMITTENTLY. THE MOTORCYCLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHERE IT WAS DIAGNOSED THAT THE ANTI-LOCK BRAKE MODULE FAILED AND NEEDED TO BE REPLACED. THE MOTORCYCLE WAS REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE VIN WAS UNKNOWN. THE FAILURE MILEAGE WAS 22,000.

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.



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
18-JUN-2016

Repository
Reference No.
10874995

OWNER INFORMATION (Type or Print)

Name ROBERT D TONEY
Address 2616 SWINGS CORNER RD
City BETEL State OH Zip Code 45106

Daytime Telephone Number 513-917-7376
Evening Telephone Number
E-mail Address DUANET@PLATINUMFUNERALCOACH.COM

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 1HD1PR8119Y953170
Make HARLEY-DAVIDSON Model FLHTCUSE4 Model Year 2009
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s) 11-MAY-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 15 Failure Speed 10

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 Yes No Fire Yes No Number of Persons Injured Number of Deaths Reported to Police 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).

I DECIDED ONE MORNING TO RIDE MY BIKE DOWN TO THE BMV TO RENEW LICENSE PLATES. THE RIDE DOWN TO THE BMV BOTH FRONT AND REAR BRAKES FUNCTION AND OPERATE PROPERLY. WHEN I GET BACK ON THE BIKE TO LEAVE, I GET READY TO STOP JUST PRIOR TO ENTERING THE HIGHWAY AND MY REAR BRAKE PEDAL IS ROCK SOLID WITH NO TRAVEL AND NO REAR BRAKES WHATSOEVER. I DID HAVE FRONT BREAKS, BUT BEING SURPRISED BY NOT HAVING ANY REAR BRAKES I OVERCOMPENSATED MY FRONT BRAKES ALMOST SPILLING THE BIKE INTO TRAFFIC. AFTER READING MANY HARLEY DAVIDSON FORUMS WITH FOLKS WHO HAVE HAD THIS SAME ISSUE AND HAVING DONE SOME MECHANICAL TESTING MYSELF ALTHOUGH I AM NOT A CERTIFIED MECHANIC I AM CONVINCED THAT THE ABS SYSTEM MALFUNCTIONED, LEAVING BRAKING DANGEROUS. THE ABS UNIT IS DESIGNED TO DEFAULT TO NORMAL HYDRAULIC BRAKING IF IT MALFUNCTIONS, IT DID NOT DEFAULT IT JUST BECAME IN OPERABLE! THIS IS A VERY DEADLY CONCERN TO ME. I WAS SURPRISED NOT TO SEE COMPLAINTS OR ACTION OF THIS ANYWHERE ON YOUR SITE AS I READ MANY FORUMS COMPLAINING ABOUT THIS ISSUE.FYI, I AM 56 YEARS OLD AND HAVE BEEN RIDING A MOTORCYCLE SINCE I GOT MY LICENSE AT 16 YEARS OLD. I LOG THOUSANDS OF MILES ANNUALLY AS A MOTORCYCLIST. I DO NOT FEEL SAFE ON THIS MOTORCYCLE ESPECIALLY WITH MY WIFE ON THERE. I WILL NOT RIDE THIS MOTORCYCLE AGAIN TILL I CONVERT THE ABS TO A FULL TRADITIONAL HYDRAULIC SYSTEM. CAN YOU CONFIRM FOR ME WHETHER THERE HAVE BEEN SIMILAR

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.



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
20-MAY-2016

Repository
Reference No.
10870040

OWNER INFORMATION (Type or Print)

Name DOUG CONNELL
Address 7331 SHADYVIEW NW
City MASSILLON State OH Zip Code 44646

Daytime Telephone Number
330-524-9040
Evening Telephone Number

E-mail Address

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
1HD1FC4408Y611840
Make HARLEY-DAVIDSON Model FLHTCU Model Year 2008
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s)
19-MAY-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 36584 Failure Speed 20

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 Yes No Fire Yes No Number of Persons Injured Number of Deaths Reported to Police
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 FLHTCU MOTORCYCLE. WHILE DRIVING APPROXIMATELY 20 MPH AND UTILIZING A HAND BRAKE AND FOOT BRAKE TO STOP, THE BRAKES MALFUNCTIONED. THE MOTORCYCLE RODE INTO AN INTERSECTION. UPON INSPECTION, IT WAS DETERMINED THAT THE BRAKES WERE COMPLETELY NON-FUNCTIONAL. THE MOTORCYCLE WAS TOWED TO THE DEALER WHERE IT WAS DIAGNOSED THAT THE ABS MODULE WAS FAULTY. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED. THE FAILURE MILEAGE WAS 36,584.

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.



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 <input type="checkbox"/>
18-MAY-2016	Reference No. 10865577

OWNER INFORMATION (Type or Print)

Name	WILLIAM BROWN	Daytime Telephone Number	E-mail Address
Address	9901 HIX ROAD	734-417-5946	ZBROWN123@AOL.COM
City	LIVONIA	State	MI
		Zip Code	48150
		Evening Telephone Number	734-765-9509

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
1HD1FC411AB609156	HARLEY-DAVIDSON	FLHTCU	2012
Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
		No: Cylinders	
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s)
			18-MAY-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage	Failure Speed
	98000	35

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)	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police 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).

ABS HYDRAULIC CONTROL UNIT (HCU) FAILURE. FRONT BRAKE LEVER AND REAR PEDAL LOCKED OUT. NO BRAKING ABILITY. COMPONENT FAILURE MODE LEAVES VEHICLE WITH NO BRAKING ABILITY CAUSING ACCIDENT W/O FATALITY. HARLEY DAVIDSON MO CO NOTIFIED WITH NO RESPONSE. CONTACTED 800-258-2464.

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 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.



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
16-MAY-2016

Repository
Reference No.
10865252

OWNER INFORMATION (Type or Print)

Name ERIC LANFAIR
Address 9889 SW 222 ST
City CUTLER BAY State FL Zip Code 33190

Daytime Telephone Number 305-253-7800
Evening Telephone Number 786-299-1699
E-mail Address LANFAIR@AOL.COM

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
1HD1KGM1XBB656285
Make HARLEY-DAVIDSON Model FLTRU Model Year 2011
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s) 02-MAY-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 1 Failure Speed 10

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 Yes No Fire Yes No Number of Persons Injured Number of Deaths Reported to Police 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).

WHILE LEAVING A PUBLIC PARKING GARAGE I ATTEMPTED TO STOP FOR THE CAR IN FRONT. FRONT BRAKE LEVER WOULD NOT MOVE NEARLY CAUSING ME TO RUN INTO THE REAR OF THE CAR. THE FAILURE WAS DUE TO A FAILURE OF THE ABS MODULATOR.

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 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.



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
05-MAY-2016

Repository
Reference No.
10863506

OWNER INFORMATION (Type or Print)

Name LYNN JENNINGS
Address 2831 TALLEY RD.
City BIRMINGHAM State AL Zip Code 35210

Daytime Telephone Number 205 243-1657
Evening Telephone Number
E-mail Address LTJENN@BELLSOUTH.NET

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 1HD1FC412AB612115
Make HARLEY-DAVIDSON Model FLHTCU Model Year 2010

Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:

Original Owner Dealer's City State Zip Code

Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s) 30-APR-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 24000 Failure Speed 45

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 Yes No Fire Yes No Number of Persons Injured Number of Deaths Reported to Police 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).

I WAS RIDING MY MOTORCYCLE AND EXITING THE FREEWAY RAMP DISCOVERED I HAD NO REAR BRAKES. COULD NOT DEPRESS THE BRAKE PEDAL, LIKE IT WAS FROZEN. TOOK IT TO DEALER AND THEY SAID IT WAS THE ABS MODULE. IF ABS FAILS IT SHOULD GO TO NON ABS BRAKES (FAIL SAFE) INSTEAD OF NO BRAKES. ITS ONLY A MATTER OF TIME BEFORE THIS PROBLEM CAUSES LOSS OF LIFE

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 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.



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
02-MAY-2016

Repository
Reference No.
10862470

OWNER INFORMATION (Type or Print)

Name RONALD SCHMITT
Address 5495 ORANGE BLVD.
City SANFORD State FL Zip Code 32771

Daytime Telephone Number 407-321-8844
Evening Telephone Number 407-619-3778
E-mail Address RONPSCHMITT@YAHOO.COM

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 1HD1FF4198Y621192
Make HARLEY-DAVIDSON Model FLHTC Model Year 2008

Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:

Original Owner Dealer's City State Zip Code

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 14000 Failure Speed 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:
Child Seat Component Code: Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured Number of Deaths Reported to Police 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).

FRONT BRAKES FAILED COMPLETELY. BRAKE LEVER BECAME ROCK HARD & WOULD NOT ACTIVATE THE FRONT BRAKES AT ALL. THIS OCCURRED WHEN ATTEMPTING TO USE VEHICLE AFTER IT HAD BENEFITTING A FEW DAYS. VERY SHOCKED WHEN I WENT TO USE THE FRONT BRAKES & THEY WOULD NOT WORK, ALMOST CAUSING AN ACCIDENT.

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 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.



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
29-APR-2016

Repository
Reference No.
10862218

OWNER INFORMATION (Type or Print)

Name JOHN JETT
Address 4434 OXBURGH PARK
City FLOWERY BRANCH State GA Zip Code 30542

Daytime Telephone Number 770-534-3001
Evening Telephone Number
E-mail Address JJETT@JETTCO.COM

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 1HD1PV8159Y950433
Make HARLEY-DAVIDSON Model FLTRSE3 Model Year 2009

Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:

Original Owner Dealer's City State Zip Code

Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s) 23-APR-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 72000 Failure Speed 25

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 Yes No Fire Yes No Number of Persons Injured Number of Deaths Reported to Police 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).

HYDRAULIC BRAKE MODULATOR (HD USES TERM HYDRAULIC CONTROL UNIT, OR HCU) WITHIN THE ABS SYSTEM IS FAILING ON MANY BIKES CAUSING BRAKE SYSTEM TO SUDDENLY FAIL, RESULT IN NO BRAKES. THIS HAS OCCURRED AFTER THE BIKE HAS BEEN SITTING, OR WHILE UNDERWAY, NO WARNING OF ANY KIND IS DISPLAYED PRIOR TO THE TOTAL LOST OF EITHER THE FRONT OR REAR BRAKES.

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 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.



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 <input type="checkbox"/>
26-APR-2016	Reference No. 10861455

OWNER INFORMATION (Type or Print)

Name	MICHAEL ALBANESE	Daytime Telephone Number	713-2061474	E-mail Address	MALBANESE45@COMCAST.NET
Address	2533 ARTESIA DR	Evening Telephone Number			
City	DEER PARK	State	TX	Zip Code	77536

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
1HD1KB417AB630132	HARLEY-DAVIDSON	FLHX	2010
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	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s) 22-MAR-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage 29000	Failure Speed 20
---	--------------------------	---------------------

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)	<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
--	---	---------------------------	------------------	-------------------------

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).

MY REAR BRAKE PEDAL HAS LOCKED IN POSITION MAKING THE REAR BRAKES INOPERABLE. THE ABS MODULE HAS FAILED WITHOUT WARNING. NO ABS TROUBLE INDICATION LIGHT.
IT IS MY UNDERSTANDING THIS IS FAIRLY COMMON ISSUE THAT CAN AFFECT BOTH THE FRONT AND REAR BRAKES.
THIS ABS SYSTEM IS DANGEROUS AS IS. THE SYSTEM SHOULD NEVER CAUSE A LOSS OF BRAKING. THE SYSTEM SHOULD REVERT TO NON ABS BRAKING WHEN A FAILURE HAPPENS.
WHEN MY REAR BRAKES FAILED , LUCKILY FOR ME , I WAS MOVING AT A SLOW SPEED ON A SIDE STREET AND WAS ABLE TO STOP WITH THE FRONT BRAKES ONLY.
THIS TYPE OF FAILURE COULD HAVE BEEN DEADLY AT HIGHWAY SPEEDS. I'M CERTAIN THERE HAVE BEEN CASUALTIES AS A RESULT OF THIS DEFECT.

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.



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
25-APR-2016

Repository
Reference No.
10861158

OWNER INFORMATION (Type or Print)

Name WILL BLANTON
Address 25 BROOK STREET
City LYMAN State SC Zip Code 29365

Daytime Telephone Number 8644903182
Evening Telephone Number
E-mail Address JWBLANT@GMAIL.COM

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 HARLEY-DAVIDSON Model FLHTCU Model Year 2009
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s) 24-APR-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 29000 Failure Speed 60

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 Yes No Fire Yes No Number of Persons Injured Number of Deaths Reported to Police 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).

FRONT BRAKE LEVEL BECOMES FROZEN. BELIEVE IT IS A ABS ISSUE THAT LOCKS THE BRAKE LEVEL RENDERING THEM USELESS.

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.



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
15-APR-2016

Repository
Reference No.
10855689

OWNER INFORMATION (Type or Print)

Name RYAN VIOLA
Address 17531 DRIFTWOOD PRAIRIE LN
City HOUSTON State TX Zip Code 77095

Daytime Telephone Number 620-242-4113
Evening Telephone Number
E-mail Address RJVIOLA@HOTMAIL.COM

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 1HD1FS4178Y677320
Make HARLEY-DAVIDSON Model FLTR Model Year 2008

Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:

Original Owner Dealer's City State Zip Code

Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s) 15-APR-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 27000 Failure Speed

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 Yes No Fire Yes No Number of Persons Injured Number of Deaths Reported to Police 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).

THE ABS MODULE ON MY BIKE HAS QUIT WORKING. WITH THE IGNITION ON THE MODULE CLOSES AND THE FRONT BRAKES CANNOT BE APPLIED. IF THIS WERE TO HAPPEN WHILE RIDING, A CRASH WOULD BE INEVITABLE. THE MODULE SHOULD BE DESIGNED SO THAT THERE IS AN EMERGENCY BYPASS IN THE EVENT THE INTERNALS INSIDE THE MODULE BECOMES STUCK SO THAT THE RIDER IS NOT SUDDENLY WITHOUT BRAKES. HARLEY DAVIDSON SHOULD ISSUE AN IMMEDIATE RECALL.

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.



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 <input type="checkbox"/>
14-APR-2016	Reference No. 10855402

OWNER INFORMATION (Type or Print)

Name	ANDREW PRINCE	Daytime Telephone Number	(334)207-0279	E-mail Address	CUSTOMRYDER@YAHOO.COM
Address	2495 TROTTERS TRAIL		Evening Telephone Number	(334)387-8108	
City	WETUMPKA	State	AL	Zip Code	36093

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
1HD1PV8109Y955131	HARLEY-DAVIDSON	FLTRSE3	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	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s) 31-MAR-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage	Failure Speed
	34000	25

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)	<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
--	---	---------------------------	------------------	-------------------------

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).

I OWN A 2009 HD ROADGLIDE CVO WITH 34,000 MILES. I RECENTLY ROLLED THE BIKE OUT OF THE GARAGE AND HEADED DWON THE DRIVEWAY AND DISCOVERED THAT MY REAR BRAKE PEDAL WAS VERY HARD AND I HAD NO REAR BRAKE. I TOOK THE BIKE TO MY DEALER AND THEY DIAGNOSED IT AS THE ABS MODULE WAS BAD. I HAD NOT ABS LIGHT FLASHING OR NOT CHECK ENGINE LIGHT. NOTHING TO INDICATE THAT THE ABS WAS NOT WORKING. THIS FAILURE CAUSED ME TO NOT HAVE ANY REAR BRAKE. I FEEL THIS IS A MAJOR SAFETY CONCERN BECAUSE NOT ONLY DO YOU NOT HAVE REAR BRAKES YOU HAVE NO INDICATION THAT THE ABS IS NOT WORKING UNTIL YOU TRY TO APPLY THE BRAKE. MY DEALER SAYS THE ABS MODULE ARE ON BACK ORDER. THIS MAY INDICATE A DEMAND FOR THE PART DUE TO HIGH FAILURE RATES. I CONTACTED HARLEY DAVIDSON AND THEY TELL ME THEY ARE NOT AWARE OF ANY ISSUES WITH ABS. INTERNET RESEARCH SAYS DIFFERENT. SEVERAL CASES MENTIONED ON HARLEY TECH TALK AND OTHER FORUMS. I AM REQUESTING THAT NHSTA INVESTIGATE THIS ISSUE AS A POSSIBLE SAFETY RECALL. THIS COULD HAVE RESULTED IN A FATAL ACCIDENT HAD I NOT REALIZED THAT I HAD NO REAR BRAKE BEFORE LEAVING THE SAFETY OF MY DRIVEWAY.

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 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.



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 <input type="checkbox"/>
09-APR-2016	Reference No. 10854599

OWNER INFORMATION (Type or Print)

Name	TIMOTHY JOHNSON	Daytime Telephone Number	254-290-4414	E-mail Address	SILVERSARGE.TJ@GMAIL.COM
Address	1203 DEKORT CIRCLE	Evening Telephone Number	254-238-7704		
City	COPPERAS COVE	State	TX	Zip Code	76522

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
1HD1FC4179Y683061	HARLEY-DAVIDSON	FLHTCU	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	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s) 02-MAR-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage	Failure Speed
	21000	60

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)	<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
--	---	---------------------------	------------------	-------------------------

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).

FRONT BRAKE LEVER FROZE WITH NO WARNING WHILE RIDING IT HOME ON THE HIGHWAY AND TURNING ON TO AN EXIT.. BIKE HAD BEEN SERVICED AT MY LOCAL HARLEY DEALER SINCE I PURCHASED THE BIKE NEW IN 2009. THE NEXT DAY, I CALLED THE DEALER WITHOUT IDENTIFYING MYSELF, AND DESCRIBED THE PROBLEM - THE FIRST RESPONSE WAS THAT THE ABS MODULE MIGHT BE BAD. I ASKED IF THERE WAS A RECALL OR SOMETHING, THE ONLY RESPONSE WAS TO MAKE AN APPOINTMENT FOR MY BIKE WAS OUT OF WARRANTY BY 6 MONTHS, SO I TOOK IT TO A MECHANIC FRIEND OF MINE. AFTER TEARING THE BRAKE SYSTEM APART, HE DETERMINED THAT THE ABS MODULE WAS INDEED BAD. THE ABS WARNING LIGHT NEVER CAME ON OTHER THAN THE STARTUP CYCLE. FORTUNATELY FOR ME, MY REAR BRAKES STILL WORKED FINE, OR I WOULDN'T BE ABLE TO MAKE THIS COMPLAINT.

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.



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
08-APR-2016

Repository
Reference No.
10854485

OWNER INFORMATION (Type or Print)

Name JOSEPH VAILLANCOURT
Address 39269 SALINAS DR
City MURRIETA State CA Zip Code 92563

Daytime Telephone Number 9518131248
Evening Telephone Number
E-mail Address JOSEPHRVAILLANCOURT@GMAIL.COM

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 1HD1FS4309Y645862
Make HARLEY-DAVIDSON Model FLTR Model Year 2009

Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:

Original Owner Dealer's City State Zip Code

Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s) 25-MAR-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 75960 Failure Speed

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 Yes No Fire Yes No Number of Persons Injured Number of Deaths Reported to Police 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).

AFTER REPLACING FRONT BRAKE PADS IT WAS DISCOVERED THAT THE FRONT BRAKE HANDLE IS LOCKED AND WONT MOVE WHEN PRESSURE IS APPLIED TO ACTIVATE FRONT BRAKES. TOOK VEHICLE TO DEALERSHIP IT WAS FOUND THAT THE HYDRAULIC CONTROL UNIT HAS FAILED. APPARENTLY IT FAILS SO MUCH THAT THERE IS A MONTH LONG BACKORDER TO GET THE PARTS IN TO FIX PROBLEM. THIS IS A HUGE SAFETY CONCERN THE FRONT BRAKES ARE 70% OF THE BIKES BREAKING POWER AND IF THIS ISSUED HAPPENED WHILE ON THE HIGHWAYS OF CALIFORNIA I'M CERTAIN IT WOULD RESULT IN AN ACCIDENT.

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.



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
02-APR-2016

Repository
Reference No.
10853107

OWNER INFORMATION (Type or Print)

Name HECTOR ACEVEDO
Address CARR 450 BARRIO PIEDRAS BLANCAS
City SAN SEBASTIAN State PR Zip Code 00685

Daytime Telephone Number 9393398607
Evening Telephone Number
E-mail Address ELPEPOSO1963VROD@YAHOO.COM

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 1HD1HHH16CC806807
Make HARLEY-DAVIDSON Model VRSCDX Model Year 2012

Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:

Original Owner Dealer's City State Zip Code

Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s) 27-MAR-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage Failure Speed 20

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 Yes No Fire Yes No Number of Persons Injured Number of Deaths Reported to Police 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).

REAR BRAKE PEDAL CANNOT BE ENGAGED , SOLID AS A ROCK,NO REAR BRAKES PRESURE. HAS ABS SYSTEM. HAPPENED WHILE LEAVING MY HOUSE, LOOKS LIKE THE ABS HYDRAULIC CONTROL UNIT REAR BRAKE VALVE IS IN THE SHUT POSITION PREVENTING HYDRAULIC OIL TO THE REAR BRAKE.ABS LIGHT WORKING NOMAL.

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 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.



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
19-MAR-2016

Repository
Reference No.
10850506

OWNER INFORMATION (Type or Print)

Name DAVID BECK
Address 303 W. LAFOLLETTE ST.
City PARDEEVILLE State WI Zip Code 53954

Daytime Telephone Number 608-635-5029
Evening Telephone Number
E-mail Address DAVEBECK40@YAHOO.COM

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
1HD1FC4129Y679032
Make HARLEY-DAVIDSON Model FLHTCU Model Year 2009
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s) 01-MAR-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 39500 Failure Speed 60

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 Yes No Fire Yes No Number of Persons Injured Number of Deaths Reported to Police 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).

ANTI-LOCK BRAKING SYSTEM: WITHOUT ANY ABS FAILURE INDICATION, FRONT BRAKES FAIL TO OPERATE. THE FRONT BRAKE LEVER ON THE MOTORCYCLE BECOMES LOCKED, UNMOVABLE, OR BECOMES INTERMITTENTLY DIFFICULT TO MOVE, WITH A SUDDEN HARD BRAKING ACTION. WHEN I SHOWED IT TO THE DEALER, I WAS SHOWN A CYCLE AWAITING REPAIR WITH THE SAME SYMPTOMS. THIS IS NOT ONLY A DANGEROUS CONDITION, ESPECIALLY IN AN EMERGENCY, BUT APPEARS TO BE A FAIRLY COMMON PROBLEM.

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.



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
23-FEB-2016

Repository
Reference No.
10837699

OWNER INFORMATION (Type or Print)

Name JOSEPH FILKOWSKI
Address 2037 NORTHWEST 81ST AVENUE
City CORAL SPRINGS State FL Zip Code 33071

Daytime Telephone Number 954-270-5058
Evening Telephone Number
E-mail Address FILKO0@YAHOO.COM

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 1HD1FC4139Y656679
Make HARLEY-DAVIDSON Model FLHTCU Model Year 2009

Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:

Original Owner Dealer's City State Zip Code

Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s) 19-FEB-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 26000 Failure Speed

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 Yes No Fire Yes No Number of Persons Injured Number of Deaths Reported to Police 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 ELECTRA GLIDE ULTRA (NA). WHILE TRAVELING AT VARIOUS SPEEDS AND ATTEMPTING TO BRAKE BY DEPRESSING THE BRAKE PEDAL, THE REAR BRAKE PEDAL WAS VERY STIFF. IT WAS DIFFICULT TO STOP THE MOTORCYCLE. THE MOTORCYCLE WAS TAKEN TO THE DEALER WHERE IT WAS DIAGNOSED THAT THE ABS FAILED AND NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 26,000.

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.



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 <input type="checkbox"/>
22-FEB-2016	Reference No. 10837548

OWNER INFORMATION (Type or Print)

Name	BILL RAMSEYER	Daytime Telephone Number	E-mail Address
Address	17772 EAST 1300 NORTH RD	815-848-6221	
City	PONTIAC	State	IL
		Zip Code	61761
		Evening Telephone Number	

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
1HD1KEM13AB622806	HARLEY-DAVIDSON	FLHTK	2010
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	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s) 19-FEB-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 030000 BRAKES (PWS)	Failure Mileage	Failure Speed
	43000	30

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)	<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
--	---	---------------------------	------------------	-------------------------

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 2010 HARLEY-DAVIDSON FLHTK. THE CONTACT STATED THAT WHILE DRIVING AT 30 MPH, THE FOOT BRAKE FOR THE MOTORCYCLE FAILED. WHEN THE CONTACT WAS DEPRESSING THE FOOT BRAKE, IT BECAME HARD AND COULD NOT BE DEPRESSED. AS A RESULT, THE CONTACT RAN A STOP SIGN DUE TO THE FAILURE. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS APPROXIMATELY 43,000.

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.



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
18-FEB-2016

Repository
Reference No.
10837007

OWNER INFORMATION (Type or Print)

Name RICKY JONES
Address 1020 KIHEKA
City GROVE State OK Zip Code 74344

Daytime Telephone Number 918-764-5020
Evening Telephone Number
E-mail Address RICKYCHARLESJONES@YMAIL.COM

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 1HD1KEM11AB645324
Make HARLEY-DAVIDSON
Model FLHTK
Model Year 2010

Date Purchased Dealer's Name and Telephone Number
Engine: No: Cylinders
Fuel Type:

Original Owner
Dealer's City State Zip Code

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)
Failure Mileage 20000
Failure Speed 50

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 Yes No Fire Yes No
Number of Persons Injured Number of Deaths Reported to Police
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).

FRONT BRAKE LEVER LOCKED UP NO FRONT BRAKES FRONT BRAKE LEVER WAS HARD TO PULL THEN LOCKED UP WAS ON CITY STREET WAS TRYING TO STOP HAD NO FRONT BRAKE

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 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.



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
18-FEB-2016

Repository
Reference No.
10836858

OWNER INFORMATION (Type or Print)

Name JOSEPH R JURAK

Address POB 901

City MELBOURNE

State FL

Zip Code 32902

Daytime Telephone Number
303-919-0359

E-mail Address
NHEL13@HOTMAIL.COM

Evening Telephone Number

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
1HD1KB413AB622447

Make
HARLEY-DAVIDSON

Model
FLHX

Model Year
2010

Date Purchased

Dealer's Name and Telephone Number

Engine:
No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

Cruise Control

17-FEB-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)

Failure Mileage
6100

Failure Speed
20

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

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

HD FLHX WITH ABS BRAKES. UPON COMING TO AN INTERSECTION THE FRONT BRAKE COULD NOT BE PULLED. VERY DANGEROUS. HAD THE BIKE PICKED UP AND THE DEALER DID TESTS BUT COULD NOT REPLICATE THE PROBLEM. WEEKS LATER (02-17-2016) THE SAME THING OCCURRED. I MANAGED TO GET IT TO THE DEALER. THEY DIAGNOSED A FAULTY ABS HYDRAULIC MODULE. THIS IS A VERY DANGEROUS PROBLEM AND NEEDS TO BE MADE KNOWN TO HARTLEY RIDERS.

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.



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
13-FEB-2016

Repository
Reference No.
10825939

OWNER INFORMATION (Type or Print)

Name RONALD PERZANOWSKI
Address 84 BARNEY WAY
City COAL CITY State IL Zip Code 60416

Daytime Telephone Number 8156346077
Evening Telephone Number 8156346077
E-mail Address RPNBP@YAHOO.COM

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
1HD1FC418AB622549
Make HARLEY-DAVIDSON Model FLHTCU Model Year 2010
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s) 30-JAN-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 21230 Failure Speed

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 Yes No Fire Yes No Number of Persons Injured Number of Deaths Reported to Police 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).

WHILE RIDING BIKE AND TRIED TO STOP ON A CITY STREET. REAR BRAKE PEDAL WENT ROCK HARD AND WOULD NOT ACTIVATE THE REAR BRAKE CALIPER. CHECKED REAR CALIPER TO SEE IF IT WAS LOCKED UP AND CALIPER WAS FINE. CALIPER PISTONS MOVED FREELY. TOOK BIKE TO DEALER AND THEY FOUND THE ABS DISTRIBUTION BLOCK WAS BAD AND EVEN THOUGH IT WAS FULL OF FLUID IT WOULD NOT ALLOWING FLUID TO TRAVEL TO REAR CALIPER. THEY REPLACED BLOCK. MY CONCERN IS A TOTAL REAR BRAKE FAILURE. I HAD NO REAR BRAKES AND MADE IT DIFFICULT AND DANGEROUS TO STOP AN 800 LB MOTORCYCLE AT ANY SPEED. I HAVE FOUND ON SEVERAL FORUMS USERS DESCRIBE THIS SAME PROBLEM WITH VARYING YEARS AND MODELS OF HARLEY DAVIDSON BIKES WITH ABS.

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 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.



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 <input type="checkbox"/>
21-JAN-2016	Reference No. 10821535

OWNER INFORMATION (Type or Print)

Name	MARK BAXTER		Daytime Telephone Number	E-mail Address WPBHARLEY@GMAIL.COM
Address	1397 SWEET WILLIAM LANE		561-635-7483	
City	WEST PALM BEACH	State	FL	
		Zip Code	33415	

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
1HD1FC4438Y644783	HARLEY-DAVIDSON	FLHTCU	2008
Date Purchased	Dealer's Name and Telephone Number		Engine:
			No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s) 20-JAN-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage 23000	Failure Speed
---	--------------------------	---------------

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)	<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
--	---	---------------------------	------------------	-------------------------

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).

MY FRONT BRAKE LEVER LOCKED UP! NO FRONT BRAKES!! ABSOLUTELY NO MOVEMENT AT ALL WHEN APPLYING FRONT BRAKE, WITH OR WITHOUT BIKE BEING STARTED! NO ABS LIGHT ON. THE WAY I UNDERSTAND IT (AFTER REVIEWS OF MANY OF THE SAME PROBLEMS WITH BOTH THE FRONT AND REAR BRAKE DOING SAME AS MINE, ON MANY DIFFERENT FORUMS), IT'S DUE TO A DEFECTIVE ABS VALVE MODULE, THAT SHOULD BE RECALLED. AGAIN, THE WAY I UNDERSTAND IT, THE ABS VALVE MODULE IS SUPPOSED TO GO INTO MANUAL MODE AND I WOULD STILL HAVE AT LEAST SOME FRONT BRAKES! I HAVE NOTHING, NONE! NO WARNING LIGHTS COME ON, AND ABS LIGHT OPERATED NORMALLY! BEING A MOTORCYCLE MANUFACTURER, I'VE GOT TO BELIEVE SOMEONE THERE REALIZES THAT THE FRONT BRAKE IS 70% OF A BIKE'S STOPPING POWER. ARE THEY WAITING FOR A DEATH TOLL SIMILAR TO FIRESTONE/EXPLORER ROLLOVERS, TO BE FORCED TO DO SOMETHING TO PREVENT THE CERTAIN ACCIDENTS THAT WILL CERTAINLY BE CAUSED DO TO THIS?!? THIS OCCURRED YESTERDAY, WHEN I WAS ABOUT TO TAKE THE BIKE OUT OF THE GARAGE. THANK GOD, FROM DRIVING TRACTOR TRAILERS FOR 25 YRS, I'M ANAL ABOUT MY "PRE-TRIP" INSPECTION, AND I DISCOVERED IT THEN, RATHER THAN ON THE ROAD WHEN IT WAS NEEDED!!

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 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.



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 <input type="checkbox"/>
07-JAN-2016	Reference No. 10818724

OWNER INFORMATION (Type or Print)

Name	DAN TRAFICANTE		Daytime Telephone Number	E-mail Address
Address	7660 LAKE ANGELINA DR		4073855833	TRAFIC2000@AOL.COM
City	State	Zip Code	Evening Telephone Number	
MOUNT DORA	FL	32757	4073855833	

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
1HD1FC412BB678231	HARLEY-DAVIDSON	FLHTCU	2011
Date Purchased	Dealer's Name and Telephone Number		Engine:
			No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s)
			06-DEC-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage	Failure Speed
	10	55

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)	<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
--	---	---------------------------	------------------	-------------------------

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).

I OWN AND OPERATE A HARLEY DAVIDSON FLHTCU ULTRA CLASSIC. WHILE RIDING ON THE HIGHWAY I TRIED TO USE MY FRONT BRAKES TO STOP AT A RED LIGHT AND THE BRAKE LEVER WAS HARD AS A ROCK AND WAS NOT ABLE TO MAKE IT FUNCTION TO STOP THE BIKE, HAD TO RELY ON MY REAR BRAKES WHICH PUT ME IN AN SLIDE BECAUSE OF THE HARD BREAKING TO COMPENSATE FOR THE FRONT BRAKES MALFUNCTION. I MANAGED TO RETURN HOME USING MY REAR BRAKES ONLY.
THE MALFUNCTION OF THE FRONT ABS BRAKES OCCURRED WITHOUT NOTICE AND IT IS A HAZARDOUS CONDITION. WHEN I CONTACTED THE LOCAL HD DEALERSHIP I WAS INFORMED THAT THEY WERE NOT AWARE OF ANY SUCH MALFUNCTION ON MY 2011 FLHTCU. THEY ALSO ADVISED THAT THERE ARE NO RECALLS. WHEN I SPOKE WITH OTHER HARLEY OWNERS, I LEARNED THAT THIS IS AN ONGOING PROBLEM WITH HD BIKES BEGINNING IN 1999 WHEN ABS BRAKES WERE FIRST INTRODUCED BUT THE MANUFACTURER, HARLEY DAVIDSON, DOES NOT ACCEPT ANY RESPONSIBILITY FOR THE BRAKE MALFUNCTION WHICH COSTS OVER \$1,000.00 TO REPAIR. THIS IS AN ISSUE THAT IS A SERIOUS PROBLEM. A FRONT BRAKE FAILURE CAN HAVE DIRE CONSEQUENCES AND CAN RESULT IN A CASUALTY BECAUSE FAILURE TO STOP ON A TWO WHEEL VEHICLE IS DANGEROUS AND CAN BE DEADLY.

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.



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 <input type="checkbox"/>
15-DEC-2015	Reference No. 10810477

OWNER INFORMATION (Type or Print)

Name	DENNIS HERLIHY			Daytime Telephone Number	E-mail Address
Address	2951 MARINA BAY DR 130-580			281-889-0502	
City	LEAGUE CITY	State	TX	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
1HD1FS4139Y618346	HARLEY-DAVIDSON	FLTR	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	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s) 30-NOV-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage 27000	Failure Speed
---	--------------------------	---------------

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)	<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
--	---	---------------------------	------------------	-------------------------

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 ROAD GLIDE (NA). WHILE DRIVING VARIOUS SPEEDS, THE FRONT BRAKES FAILED WHILE ATTEMPTING TO STOP THE VEHICLE. THE VEHICLE WAS TOWED TO THE DEALER WHERE IT WAS DIAGNOSED THAT THE ABS MODULE NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 27,000. UPDATED 05/11/16*LJ

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.



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 <input type="checkbox"/>
10-DEC-2015	Reference No. 10809429

OWNER INFORMATION (Type or Print)

Name	DENNISE SAUER		Daytime Telephone Number	E-mail Address
Address	1825 MARCONI AVENUE		941-426-1249	
City	State	Zip Code	Evening Telephone Number	
NORTH PORT	FL	34286		

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
1HD1FC4179Y621000	HARLEY-DAVIDSON	FLHTCU	2009
Date Purchased	Dealer's Name and Telephone Number		Engine:
			No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s)
			01-NOV-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage	Failure Speed
	21000	55

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)	<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
--	---	---------------------------	------------------	-------------------------

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. THE CONTACT STATED THAT WHILE DRIVING AT 55 MPH, THE REAR BRAKES FAILED TO ENGAGE WHILE ATTEMPTING TO STOP THE VEHICLE. THE CONTACT MENTIONED THAT THE VEHICLE COULD BE STOPPED DUE TO THE FRONT BRAKES FUNCTIONING PROPERLY. THE MOTORCYCLE WAS TAKEN THE TO THE DEALER WHO DIAGNOSED THAT THE ANTI LOCK BRAKE MODULE FAILED. THE MOTORCYCLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 21,000.

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 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.



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 <input type="checkbox"/>
07-DEC-2015	Reference No. 10808898

OWNER INFORMATION (Type or Print)

Name	RONALD FLYNN	Daytime Telephone Number	E-mail Address
Address	1502 PENTON MEWS	757-274-2801	AIRFIVE@VERIZON.NET
City	CHESAPEAKE	State	VA
		Zip Code	23320
		Evening Telephone Number	

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
1HD1FC41XAB631978	HARLEY-DAVIDSON	FLHTCU	2010
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	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s) 06-NOV-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage 18670	Failure Speed 0
---	--------------------------	--------------------

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)	<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
--	---	---------------------------	------------------	-------------------------

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).

AFTER RIDING THE MOTORCYCLE NORMALLY FOR APPROXIMATELY 30 MINUTES, I STOPPED AT MY DESTINATION AND SHUT DOWN THE BIKE NORMALLY. APPROXIMATELY 20 MINUTES LATER, I GOT BACK ON THE BIKE TO GO BACK HOME. AT THIS POINT, I FOUND MY RIGHT FRONT BRAKE LEVER WAS FROZE UP AND WOULD NOT MOVE AT ALL. I HAD THE BIKE TOWED TO MY HARLEY DEALER TO CORRECT THE PROBLEM. THE SERVICE MANAGER AT THE DEALERSHIP CALLED ME A FEW DAYS LATER AND TOLD ME THE ABS HYDRAULIC CONTROL UNIT WAS BAD. HE ALSO TOLD ME WHEN THE BIKE WAS BROUGHT IN, THE REAR BRAKE WAS ALSO FROZE UP. I AUTHORIZED THE DEALER TO REPLACE THE HYDRAULIC CONTROL UNIT TO FIX THE BIKE. A COUPLE OF DAYS LATER, THE SERVICE MANAGER CALLED ME AND TOLD ME THE ABS ELECTRONIC CONTROL UNIT WAS ALSO BAD AND NEEDED TO BE REPLACED. AFTER RESEARCHING ON THE INTERNET, I FOUND THAT THIS IS A COMMON PROBLEM WITH CERTAIN HARLEY DAVIDSON MOTORCYCLES. MY MAJOR CONCERN IS THAT I COULD HAVE BEEN RIDING ON THE INTERSTATE WHEN THE BRAKES FAILED AND I COULD HAVE BEEN HURT OR KILLED. I THINK THIS IS A DESIGN FLAW IN THE ABS SYSTEM. IF THE SYSTEM FAILED, THE BIKE SHOULD AT THE VERY LEAST REVERT TO NORMAL BRAKING INSTEAD OF ABS. IN MY CASE, I HAD NO BRAKES AT ALL WITH NO WARNING WHATSOEVER.

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 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.



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
02-DEC-2015

Repository
Reference No.
10808063

OWNER INFORMATION (Type or Print)

Name KENNETH MESSENGER
Address 924 FILLY LN
City TEMPLE State TX Zip Code 76504

Daytime Telephone Number 9202034439
Evening Telephone Number 9202034439
E-mail Address ZORAAK17@YAHOO.COM

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
1HD1FC4179Y693489 Make HARLEY-DAVIDSON Model FLHTCU Model Year 2009

Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:

Original Owner Dealer's City State Zip Code

Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s) 19-NOV-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 2 Failure Speed 30

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 Yes No Fire Yes No Number of Persons Injured Number of Deaths Reported to Police 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).

THE ABS CONTROL MODULE MALFUNCTIONED, AND CAUSED MY FRONT BRAKE LEVER TO LOCK UP. I ALMOST HIT ANOTHER VEHICLE BECAUSE OF THIS. THERE IS NO WARNING THAT IT IS GOING OUT. ONE MINUTE FINE, AND THEN FROZE.

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 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.



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
23-NOV-2015

Repository
Reference No.
10806328

OWNER INFORMATION (Type or Print)

Name TOM OHARA
Address 18595 HIBISCUS AVE.
City RIVERSIDE State CA Zip Code 92508

Daytime Telephone Number 714-282-1754
Evening Telephone Number
E-mail Address TOMMYOH@SBCGLOBAL.NET

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 HARLEY-DAVIDSON Model FLHTK Model Year 2010
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s) 05-NOV-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 26000 Failure Speed 1

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 Yes No Fire Yes No Number of Persons Injured 1 Number of Deaths Reported to Police 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).

FRONT BRAKE COMPLETELY INOPERABLE AFTER STARTING ENGINE.
BACKING DOWN A DRIVEWAY IN REVERSE, HAD A FROZEN FRONT BRAKE LEVER.
COULD NOT CONTROL THE MOTORCYCLE, AND FELL OVER CAUSING DAMAGE TO THE BIKE AND MYSELF.

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 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.



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
02-NOV-2015

Repository
Reference No.
10787797

OWNER INFORMATION (Type or Print)

Name DENNIS MCLAUGHLIN
Address 5310 SW 166 AVE
City SOUTHWEST RANCHES State FL Zip Code 33331

Daytime Telephone Number
954-646-6751
Evening Telephone Number
954-252-4901

E-mail Address
PDSKM@AOL.COM

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
1HD1FC4189Y649064
Make HARLEY-DAVIDSON
Model FLHTCU
Model Year 2009
Date Purchased
Dealer's Name and Telephone Number
Engine:
No: Cylinders
Fuel Type:
Original Owner
Dealer's City
State
Zip Code
Transmission Type Antilock Brakes
 Cruise Control
Powertrain
Multiple Failure:
Incident Date(s)
01-NOV-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)
Failure Mileage 10000
Failure Speed 25

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 Yes No
Fire Yes No
Number of Persons Injured
Number of Deaths
Reported to Police
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).

FRONT BRAKE HAND LEVER IS VERY STIFF AND WORKS INTERMITTENTLY. MY BRAKES ARE ABS. I WAS IN MOTION AND HAD TO PULL ON THE BRAKE LEVER VERY HARD AND THE FRONT BRAKE SUDDENLY REACTS CAUSING A VERY HARD BRAKING ON THE FRONT END. THIS HAPPENED SEVERAL TIMES. THERE IS NO GRADUAL BRAKING AS YOU PULL THE LEVER, SOMETIMES YOU CAN'T EVEN PULL THE LEVER CAUSING YOU TO RELY SOLELY ON THE REAR BRAKE.. I HAVE DONE RESEARCH ON MOTORCYCLE FORUMS AND HAVE FOUND THIS IS A COMMON PROBLEM WITH ABS EQUIPPED HARLEY-DAVIDSONS. IT IS VERY DANGEROUS ON A MOTORCYCLE TO HAVE THIS HAPPEN TO A FRONT BRAKE. I WILL BE TAKING MY MOTORCYCLE (WITH 10,000 MILES AND GARAGE KEPT) TO MY LOCAL HARLEY-DAVIDSON DEALER FOR ANALYSIS AND REPAIR.

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.



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 <input type="checkbox"/>
02-OCT-2015	Reference No. 10779228

OWNER INFORMATION (Type or Print)

Name	DAVID AUBE	Daytime Telephone Number	E-mail Address
Address	783 ISABELLA AVE	423-457-6041	DAVEAUBE@ETCMAIL.COM
City	COPPERHILL	State	TN
		Zip Code	37317
		Evening Telephone Number	

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
1HD1FC4468Y641134	HARLEY-DAVIDSON	FLHTCU	2008
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	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s) 28-SEP-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage 44000	Failure Speed 0
---	--------------------------	--------------------

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)	<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
--	---	---------------------------	------------------	-------------------------

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).

08 ULTRA CLASSIC ANNIVERSARY ISSUE. SAME ABS LOCKUP ON FRONT BRAKES, AS IT WAS MOVED TO OTHER SIDE OF BASEMENT, WHEN I NOTICED THAT I ONLY HAD ABOUT HALF INCH OF MOVEMENT. 3 WEEKS LATER, I GET READY TO RIDE AND THE FRONT BRAKE HAD NO MOVEMENT. TRACED BACK TO ABS MOD. THESE VALVES IN THE MODULE SHOULD NOT LOCK OUT ON A MECHANICAL FAIL, THE SPRINGS SHOULD FORCE THE VALVE SPOOLS INTO OPEN POSITION, PISS POOR MECHANICAL ENGINEERING THAT WILL GET SOMEONE KILLED IF NOT ALREADY HAPPENED.
THE ONLY DIFFERENCE BETWEEN THE TWO LEVER TESTS IN THAT 3 WEEKS, I RAN THE MOTOR FOR 10MINS FOR BATTERY CHARGE AFTER I MOVED IT. I DID START IT UP AFTER, THE LOCKED BRAKE, BUT NO CHANGE. I'M LUCKY I CHECKED BEFORE LEAVING HOME BECAUSE MY HOUSE IS ON A HILL. NOW AFTER SEEING HOW DANGEROUS THIS SITUATION COULD BE, I'M THINKING ABOUT HAVING THE ABS SYSTEM BYPASSED, UNTIL THEY MECHANICALLY RE-ENGINEERED THAT DANGEROUS VALVE MODULE. BESIDES, AFTER RIDING FOR 44YRS BEFORE THIS BEAUTY OF A BEAST, I'VE HATED THE ABS SYSTEM FROM THE BEGINNING.

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.



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 <input type="checkbox"/>
05-JUN-2015	Reference No. 10723670

OWNER INFORMATION (Type or Print)

Name	TERRI WILSON	Daytime Telephone Number	407-625-4208	E-mail Address	2TWILSON8@GMAIL.COM
Address	814 E 16TH AVE		Evening Telephone Number	407-625-4208	
City	NEW SMYRNA BEACH	State	FL	Zip Code	32169

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
1HD1FW418BB631464	HARLEY-DAVIDSON	FLHRI	2011
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	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s) 26-MAY-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage	Failure Speed
	62232	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: DOTM9ABC036)	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police
		0	0	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).

WHILE TRYING TO STOP AT A STOP SIGH THE FRONT BRAKES WOULD NOT WORK AT ALL AFTER GETTING STOPPED AND PARKING THE BIKE, THE BREAK LEVER WOULD NOT MOVE. AFTER SEVERAL ATTEMPTS PULLING ON THE BREAK IT LOOSENED UP SO I RODE BIKE TO REPAIR SHOP. EVERY TIME THE FRONT BREAK WOULD ENGAGE (WHICH WAS NOT EVERY TIME), IT WOULD CATCH AND LOCK UP THE FRONT TIRE CAUSING ME TO DROP THE BIKE ONCE.

REPAIR SHOP SAID THE ENTIRE ABS SYSTEM WAS NOT WORKING.

HARLEY CUSTOMER SERVICE SAID I WOULD HAVE TO ALLOW THEM TO FIX IF BUT THAT IT WOULD BE AT THEIR NORMAL RATE FOR PARTS AND SERVICE. I TOLD THEM THAT I WAS AWARE THEY HAVE RECALLED THE SAME BIKE FOR MANY YEARS BUT NOT FOR THE 2011 MODEL AND THAT IT APPEARS THAT IT IS THE EXACT SAME PROBLEM WITH THE OTHER BIKES THAT HAVE BEEN RECALLED.

ANY HELP YOU CAN PROVIDE IS APPRECIATED.

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 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.



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 <input type="checkbox"/>
27-MAY-2015	Reference No. 10721585

OWNER INFORMATION (Type or Print)

Name	JEFFREY STRIEPLING	Daytime Telephone Number	E-mail Address
Address	5020 SW 11TH PL.	2399102365	JEFFHERE57@AOL.COM
City	CAPE CORAL	State	FL
		Zip Code	33914
		Evening Telephone Number	2399102365

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
1HD1FC41X9Y619502	HARLEY-DAVIDSON	FLHTCU	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	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s) 18-MAY-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 030000 BRAKES (PWS)	Failure Mileage	Failure Speed
	9350	20

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)	<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
		0	0	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).

RIDING MY 09 HARLEY ULTRA, WHEN AT LOW SPEED I HAD TO STOP FOR A CAR STOPPED TO MAKE A LEFT TURN. THE FRONT BRAKE LEVER WAS FROZEN AND COULD NOT APPLY THE BRAKE. I SWERVED OFF INTO THE GRASS TO AVOID HITTING THE CAR. THE REAR BRAKES STILL WORKED BUT AT SLOW SPEEDS I USE THE FRONT SO I CAN PUT MY FEET DOWN WHEN THE BIKE COMES TO A STOP. THIS IS A VERY DANGEROUS SITUATION. AT HIGHER SPEEDS THIS WOULD ABSOLUTELY BE FATAL!! HARLEY CLAIMS THAT IF THE ABS FAILS DUE TO AN ELECTRICAL MALFUNCTION THAT IT WILL " FAIL SAFE" WITH NORMAL, NON ABS BRAKING. THIS IS NOT THE CASE!! WHEN THE ABS FAILS ELECTRONICALLY, IT FAILS CRITICAL. NO BRAKES. WHEN I CALLED THE HARLEY DEALERS IN MY AREA I GOT THE SAME STORY FROM BOTH OF THEM. ALMOST WORD FOR WORD LIKE IT WAS REHEARSED. "WE'VE NEVER HEARD OF THAT HAPPENING BEFORE. YOU'RE THE FIRST ONE WE'VE SEEN WITH THAT PROBLEM. WE DON'T SEE PROBLEMS WITH THE ABS." I BOUGHT IT TO THEM AND THEY FOUND THE ABS MODULE DEFECTIVE. I TOLD THEM THAT IT WAS SUPPOSE TO "FAIL SAFE" AND THE SERVICE MANAGER SAID THAT WASN'T TRUE. HE SAID "THIS IS THE 3RD OR 4TH ONE WE'VE HAD AND THE ALL FAIL THE SAME WAY. CAN'T SQUEEZE THE LEVER AND NO BRAKES!" HE CLAIMED THAT BECAUSE THEY SEE SUCH A LOW NUMBER OF BIKES WITH THIS ISSUE THAT IT'S NOT A SERIOUS PROBLEM. I DISSAGREE! MOST PEOPLE THAT EXPERIENCE THIS PROBLEM ARE DEAD!! I WAS RIDING SLOW IN A NON PANIC SITUATION. THE SERVICE MANAGER SAYS MY BIKE IS SAFE TO R

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.



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
02-APR-2015

Repository
Reference No.
10703439

OWNER INFORMATION (Type or Print)

Name JOHN HRUBY
Address 1301 CHEROKEE
City STOW State OH Zip Code 44224

Daytime Telephone Number 216-225-5224
Evening Telephone Number 216-225-5224
E-mail Address JWH2573@YAHOO.COM

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
1HD1KEM18AB622252
Make HARLEY-DAVIDSON Model FLHTK Model Year 2010
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: 1 Incident Date(s) 01-APR-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 36123 Failure Speed 35

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 Yes No Fire Yes No Number of Persons Injured 0 Number of Deaths 0 Reported to Police 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).

COULD NOT STOP THE BIKE. THE FRONT BRAKE LEVER WAS FROZEN, TOOK BOTH HANDS TO BRING THE LEVER IN FAR ENOUGH TO ACTIVATE THE FRONT BRAKE CALIPERS. THEN THE BRAKES WERE SO TOUCHY THAT THE LIGHTEST PRESSURE APPLIED THE BRAKES FULL ON. AFTER PULLING THE LEVER IN MULTIPLE TIMES IT SOFTENED UP TO THE POINT OF BEING ABLE TO RIDE IT HOME. AS SOON AS I TURNED INTO MY DRIVEWAY THE BRAKE LEVER WAS AGAIN FROZEN. *TR

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 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.



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
25-MAR-2015

Repository
Reference No.
10701606

OWNER INFORMATION (Type or Print)

Name JAMES MCWAID
Address 6143 HESTER AVENUE
City FORT MAYERS State FL Zip Code 33905

Daytime Telephone Number
239-410-9688
Evening Telephone Number
239-410-9688

E-mail Address

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
1HD1FB4149Y630280
Make HARLEY-DAVIDSON Model FLHR Model Year 2009
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s)
01-MAR-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 19000 Failure Speed

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police 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 FLHR. THE CONTACT STATED THAT THE FRONT BRAKE FAILED TO ENGAGE WHILE ATTEMPTING TO COME TO A COMPLETE STOP. AS A RESULT, THE CONTACT DROVE THROUGH THE INTERSECTION. THE CONTACT INSPECTED THE MOTORCYCLE AND FOUND THAT THE ABS MODULE INTERLOCK BRAKE SYSTEM FAILED. THE CONTACT DISCONNECTED THE ABS FUSE. THE MOTORCYCLE WAS NOT REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 19,000. UPDATED 5/12/15*CN

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.



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
16-MAR-2015

Repository
Reference No.
10694431

OWNER INFORMATION (Type or Print)

Name TIMOTHY WARREN
Address 160 CEDAR BROOK LANE ROOM
City HENDERSON State TN Zip Code 38340

Daytime Telephone Number 7316954012
Evening Telephone Number 7316954012
E-mail Address TMONEY022483@GMAIL.COM

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
1HD1KB414AB637247
Make HARLEY-DAVIDSON Model FLHX Model Year 2010
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: 1 Incident Date(s) 13-MAR-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 30650 Failure Speed 0

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 Yes No Fire Yes No Number of Persons Injured 0 Number of Deaths 0 Reported to Police 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).

I WENT TO GET ON MY BIKE AND THE FRONT BRAKES COULD NOT BE PUSHED. I DID SOME CHECKING AND FOUND THAT MY ABS UNIT WAS NOT LETTING ME APPLY THE FRONT BRAKES. *TR

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 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.



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 <input type="checkbox"/>
24-NOV-2014	Reference No. 10660452

OWNER INFORMATION (Type or Print)

Name	JUSTIN ROGERS	Daytime Telephone Number	E-mail Address
Address	9242 HILLTOP CROSSING DR	2103899254	DODGEQUADCAB04@YA HOO.COM
City	SAN ANTONIO	State	TX
		Zip Code	78251
		Evening Telephone Number	

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
1HD1KB411AB609891	HARLEY-DAVIDSON	FLHX	2010
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: 1
			Incident Date(s) 15-NOV-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage 31000	Failure Speed 70
---	--------------------------	---------------------

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)	<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 0	Number of Deaths 0	Reported to Police 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).

WHILE RIDING MY MOTORCYCLE I ATTEMPTED TO USE MY BRAKES. I WAS FRIGHTENED TO REALIZE I HAD ABSOLUTELY NO REAR BRAKES, THE BRAKE PEDAL WAS HARD AS A ROCK WITH NO ASSIST AT ALL. I TOOK IT TO THE HARLEY DEALER AND WAS TOLD MY ABS MODULE WAS BAD. WHAT MADE IT EVEN WORSE IS THAT I KNOW THE ABS SYSTEM IS SUPPOSED TO BE DESIGNED IN A WAY THAT DURING AN ABS FAILURE YOU ARE STILL LEFT WITH REGULAR NON ABS BRAKES. HARLEY TOLD ME THAT THERE WAS NO RECALL OUT FOR THIS PART. BUT DURING MY RESEARCH ON DIFFERENT HARLEY FORUMS MANY OTHER PEOPLE HAVE HAD THIS SAME PROBLEM AND WERE LEFT WITH NO BRAKES AT ALL. HOW MANY FATAL ACCIDENTS HAVE BEEN CAUSED BY THIS THAT THE PERSON DIDN'T LIVE TO TELL THE STORY OF A ROCK HARD BRAKE PEDAL. PLEASE USE THIS INFORMATION TO CONDUCT AN EXTENSIVE INVESTIGATION OF THE ABS MODULE THAT HALEY-DAVIDSON IS USING ON ESPECIALLY THE 2010 MODEL YEAR. *TR

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 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.



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 <input type="checkbox"/>
22-MAY-2014	Reference No. 10593383

OWNER INFORMATION (Type or Print)

Name	KEN RIDOUT		Daytime Telephone Number	E-mail Address
Address	521 BARDFIELD		9728403061	KEN@KENANDJUDY.US
City	State	Zip Code	Evening Telephone Number	
GARLAND	TX	75041	9728403061	

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
1HD1PV8149Y955374	HARLEY-DAVIDSON	FLTRSE3	2009
Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
		No: Cylinders	
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		1
			Incident Date(s)
			30-APR-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage	Failure Speed
	32524	0

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)	<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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0	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).

PARKED THE MOTORCYCLE IN THE EVENING. NEXT MORNING WHEN GETTING READY TO GO, DISCOVERED THAT THE REAR BRAKE PEDAL WOULD NOT DEPRESS. LUCKILY, THE SPEED AT THE TIME WAS ZERO MPH. NO BRAKE FAILURE INDICATOR LIGHT WAS PRESENT.

DIAGNOSED THE PROBLEM TO THE ABS SYSTEM. THE ABS SYSTEM HAS FAILED IN SUCH A WAY THAT THE MOTORCYCLE HAS NO REAR BRAKE. ONLY THE DEALERSHIP CAN WORK ON HARLEY ABS SYSTEMS.

THIS FAILURE COULD BE CATASTROPHIC. ABS SYSTEMS ARE SUPPOSED TO BE DESIGNED TO "FAIL SAFE". THIS ONE HAS FAILED RENDERING THE MOTORCYCLE WITH NO REAR BRAKE. SEARCHING THE INTERNET, I'VE DISCOVERED SEVERAL INSTANCES OF EXACTLY THE SAME ISSUE, SOME WITH REAR BRAKE FAILURE AND SOME WITH FRONT BRAKE FAILURE. IN EACH CASE I FOUND, THE PEDAL (OR LEVER) WOULD NOT ACTUATE THE BRAKES. *TR

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.



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
23-APR-2014

Repository
Reference No.
10584542

OWNER INFORMATION (Type or Print)

Name CHRISTOPHER = CZUPTA
Address 14555 131ST ST
City LEMONT State IL Zip Code 60439

Daytime Telephone Number 6307687092
Evening Telephone Number 6307687092
E-mail Address CHRISCZUPTA@GMAIL.COM

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
1HD1FV4198Y641503
Make HARLEY-DAVIDSON Model FLHTC Model Year 2008
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders 2 Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: 1 Incident Date(s) 23-APR-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 55005 Failure Speed 203

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police 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).

DRIVING MY HARLEY AT ABOUT 20-30 MPH PULLING UP TO RED LIGHT. GO TO HIT FRONT BRAKE. NOTHING. FRONT BRAKE IS COMPLETELY DISABLED WITHOUT ANY WARNING. IT APPEARS THAT HARLEY DAVIDSON HAS FAULTY ABS MODULES AND THIS IS NOT THE FIRST NOR PROBABLY THE LAST OF THIS ISSUE. THANK YOU FOR TAKING THE TIME TO READ MY COMPLAINT. *TR

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 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.



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 <input type="checkbox"/>
09-APR-2014	Reference No. 10578439

OWNER INFORMATION (Type or Print)

Name	ROBERT WELLS	Daytime Telephone Number	E-mail Address
Address	205 HEMLOCK LN.	843-902-4616	BUSTEDKNUCKLE007@GMAIL.COM
City	MINERAL	State	VA
		Zip Code	23117
		Evening Telephone Number	

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
1HD1FHM1X8Y666802	HARLEY-DAVIDSON	FLHP	2008
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	Powertrain	Multiple Failure: 1
	<input type="checkbox"/> Cruise Control		Incident Date(s) 01-FEB-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage 78000	Failure Speed 0
---	--------------------------	--------------------

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: DOTM9ABC036)	<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 0	Number of Deaths 0	Reported to Police 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).

I PURCHASED THIS MOTORCYCLE ON 1/17/2014. ON 1/18/2014 I TOOK THIS VEHICLE FOR A RIDE. THE FRONT BRAKES OPERATED BUT HAD VERY LITTLE DEFLECTION OR MOVEMENT FROM THE BRAKE LEVER. THE FRONT BRAKE LEVER WAS EXTREMELY HARD TO PULL. I CONTACTED THE DEALER AND WAS TOLD THAT THIS WAS NORMAL. I CONTINUED TO RIDE THE VEHICLE AND I NOTICED THAT NOT ONLY WERE THE BRAKES HARD TO ENGAGE, THEY ALSO WOULD NOT HOLD AT RED LIGHTS. I THEN BROUGHT THIS TO THE ATTENTION OF THE DEALER AND I WAS TOLD THAT THE HMU HAD A STICKING VALVE AND THAT IT NEEDED TO BE REPLACED AT THE TUNE OF \$1200.00. I WAS INFORMED THAT THE ABS ON THESE MOTORCYCLES WAS SUPPOSED TO FEEL LIKE A NORMAL BRAKING SYSTEM AND HAD A FAILSAFE IN PLACE THAT INSURED THAT IF SOMETHING WENT WRONG IT WOULD RESORT TO A SAFE MODE AND THE BRAKES WOULD OPERATE NORMALLY. IN THIS CASE THEY ARE NOT ACTING NORMAL AND I DESCRIBE IT IN THIS MANOR. IF YOU HAVE EVER SHOT A HAND GUN, THE TRIGGER PULL IS APPROXIMATELY 13 POUNDS OF PULL. MY FRONT BRAKE LEVER IS APPROXIMATELY 60 POUNDS OF PULL AND IT WILL CREEP TOWARDS THE GRIP AT A RED LIGHT. AFTER A MINUTE OF BEING STOPPED AND HOLDING THE FRONT BRAKE LEVER, THE FRONT BRAKES ARE NONEXISTENT.

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.



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
03-MAR-2014

Repository
Reference No.
10566734

OWNER INFORMATION (Type or Print)

Name WAYNE VERBURG
Address 4371 SW YAMADA DR
City PORT ST LUCIE State FL Zip Code 34953

Daytime Telephone Number 772-287-7541
Evening Telephone Number
E-mail Address MACDECAT@YAHOO.COM

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 1HD1FR4119Y616247
Make HARLEY-DAVIDSON Model FLHRC Model Year 2009
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: 1 Incident Date(s) 03-MAR-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 28663 Failure Speed 2

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 Yes No Fire Yes No Number of Persons Injured 1 Number of Deaths 0 Reported to Police 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).

WHILE MOVING THE BIKE IN THE GARAGE UNDER POWER, THE FRONT BRAKE LEVER WOULD NOT MOVE. NO FRONT BRAKES!! LIFTED FOOT TO USE REAR BRAKE AND BIKE AND MY SELF FELL OVER AS BIKE HIT ANOTHER MOTORCYCLE IN GARAGE. THE BRAKE ARE FROZEN IN THE NON BRAKING POSITION. BIKE WAS LAST USED 4 DAYS AGO AND NO BRAKE PROBLEMS NOTED AT THAT TIME. HAVING BIKE TOWED TO SHOP FOR REPAIRS. *TR

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.



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 <input type="checkbox"/>
17-FEB-2014	Reference No. 10564630

OWNER INFORMATION (Type or Print)

Name	MICHAEL ADAIR	Daytime Telephone Number	E-mail Address
Address	12232 HOLY SPRINGS CT	601-307-4943	TANKERMIKE92@ICLOUD.COM
City	EL PASO	State	TX
		Zip Code	79928
		Evening Telephone Number	

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
	HARLEY-DAVIDSON	FLHTCU	2008
Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
		No: Cylinders	
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		1
			Incident Date(s) 25-OCT-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage	Failure Speed
	21000	

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: DOTM9ABC036)	<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
		0	0	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).

WHILE RIDING MY 2008 FLHTCU AT LOW SPEEDS MY FRONT BREAK LEVER BECAME FROZEN IN PLACE, THE LEVER WOULD NOT ENGAGE THE BRAKES AT ALL. THE BIKE DID NOT DISPLAY ANY FAULT CODES. I TOOK THE BIKE TO MY LOCAL DEALERSHIP AND THEY VERIFIED MY ABS MODULE HAD FAILED AND NEEDED REPLACED. MY COMPLAINT IS, THE BIKE WAS IN GOOD MECHANICAL CONDITION AND WITH OUT WARNING I HAD A CATASTROPHIC BREAK FAILURE. I BELIEVE THIS WARRANTS AN INVESTIGATION BECAUSE OF THE NATURE AND IMPORTANCE BREAKS ARE TO RIDING A MOTORCYCLE AND HOW MANY DEATHS ARE DUE TO OR FUTURE ACCIDENTS BECAUSE OF THIS. I HAVE SEEN ONLINE OTHER OWNERS REPORTING THE SAME ISSUE. *TR

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.



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
06-NOV-2013

Repository
Reference No.
10551177

OWNER INFORMATION (Type or Print)

Name ADRIAN ARCECI
Address 7300 20TH ST. #564
City VERO BEACH State FL Zip Code 32966

Daytime Telephone Number 5184233672
Evening Telephone Number 5184233672
E-mail Address CHICOSFLORIDA@GMAIL.COM

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
1HD1FC4448Y604549
Make HARLEY-DAVIDSON Model FLHTCUI Model Year 2008
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: 1 Incident Date(s) 29-OCT-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 53912 Failure Speed 71

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 Yes No Fire Yes No Number of Persons Injured 0 Number of Deaths 0 Reported to Police 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).

WHILE TRAVELING ON AN INTERSTATE AND EXITING ON THE OFF RAMP, I EXPERIENCED A CATASTROPHIC FRONT BRAKE FAILURE CAUSED BY A MALFUNCTIONING ABS MODULE. THE FRONT BRAKE COULD NOT BE APPLIED. THE BRAKE LEVER WAS FROZEN AS IF IT WERE WELDED IN PLACE.. THERE WAS NO PREVIOUS WARNING PRIOR TO THIS TIME. I WAS ABLE TO STOP THE BIKE USING THE BACK BRAKE ONLY AND NOT BY A LARGE MARGIN! AFTER THE INCIDENT THE BRAKE LEVER REMAINED FROZEN AND I HAVE NOT REPAIRED THE PROBLEM YET. AFTER A LOT OF HEAD SCRATCHING I WAS ABLE TO DETERMINE THAT THE ABS MODULE IS NOT ALLOWING ANY BRAKE FLUID TO PASS THROUGH. THIS CAUSES THE BRAKE LEVER TO FREEZE. *TR

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.



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
06-NOV-2013

Repository
Reference No.
10551156

OWNER INFORMATION (Type or Print)

Name DENNIS STEELE
Address 6642 SCANDIA LAKE PLACE
City SANDSTON State VA Zip Code 23150

Daytime Telephone Number 804-263-5492
Evening Telephone Number
E-mail Address STEELEHORSE1@COMC.AST.NET

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
1HD1PR829AB957113 Make HARLEY-DAVIDSON Model FLHTCUSE5 Model Year 2010

Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:

Original Owner Dealer's City State Zip Code

Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: 1 Incident Date(s) 31-JUL-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 21000 Failure Speed 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:
Child Seat Component Code: Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured 0 Number of Deaths 0 Reported to Police 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).

THE REAR BRAKES FAILED WITHOUT WARNING. THE ABS BRAKING SYSTEM WOULD NOT ALLOW PRESSURE PAST THE ABS MODULE. THIS FAILURE WAS CAUSED BY AN OBSTRUCTION IN THE MODULE. *TR

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.



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
17-MAR-2013

Repository
Reference No.
10503346

OWNER INFORMATION (Type or Print)

Name ALAN FLINN
Address 7801 SW 182 TERRACE
City MIAMI State FL Zip Code 33157-6238

Daytime Telephone Number 3054983795
Evening Telephone Number
E-mail Address ALANFLINN@YAHOO.COM

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 1HD1FC410AB626871
Make HARLEY-DAVIDSON Model FLHTCU Model Year 2010

Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:

Original Owner Dealer's City State Zip Code

Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: 1 Incident Date(s) 17-MAR-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 8805 Failure Speed 35

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 Yes No Fire Yes No Number of Persons Injured 0 Number of Deaths 0 Reported to Police 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).

ABS BRAKE SYSTEM MALFUNCTION, WILL NOT ACTIVATE. *TR

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.



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 <input type="checkbox"/>
12-JUN-2012	Reference No. 10461323

OWNER INFORMATION (Type or Print)

Name	GLYN KINKAID		Daytime Telephone Number	E-mail Address
Address	21430 GLENBRANCH DR		8323722738	GKINKAID@SBCGLOBAL. NET
City	State	Zip Code	Evening Telephone Number	
SPRING	TX	77388		

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
1HD1KEM14CB631078	HARLEY-DAVIDSON	FLHTK	2012
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: 1
			Incident Date(s) 25-MAY-2012

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 030000 BRAKES (PWS), 356000 EQUIPMENT ADAPTIVE, 250000 ELECTRONIC STABILITY CONTROL	Failure Mileage 1480	Failure Speed 0
--	-------------------------	--------------------

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)	<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 0	Number of Deaths 0	Reported to Police 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).

2012 FLHTK ULTRA LIMITED PURCHASED 03/2012.
ON MAY 25TH 2012 THE FRONT BRAKE FAILED. THE FRONT BRAKE LEVER WAS HARD AND WOULD NOT MOVE TO ENGAGE THE FRONT BRAKES. I TOOK THE BIKE TO THE DEALER AND THE FOLLOWING TUESDAY I WAS TOLD THE ABS MODULATOR HAD A STUCK VALVE OR SOME UNKNOWN FAILURE AND HD WAS SHIPPING OUT A PART TO FIX IT. THURSDAY THAT SAME WEEK THEY CALLED AND SAID THE BIKE WAS FIXED. I HAVE TALKED TO THE DEALER AND SPENT 5 HOURS ON THE PHONE WITH HD CORPORATE OFFICE CUSTOMER SERVICE. I HAVE BEEN TOLD THAT THERE IS NO WAY FOR ME TO BE INFORMED OF WHAT EXACTLY THE FAILURE WAS. I ASKED TO SPEAK WITH A TECH WHO CAN EXPLAIN WHY THE ABS SYSTEM DID NOT WARN ME OF A FAILED VALVE AND WHY THE ABS WAS ABLE TO DISABLE THE FRONT BRAKES ON A MOTORCYCLE. THE ABS SOLE REASON FOR BEING ON THAT BIKE IS ADDED SAFETY, NOT TO MAKE IT LESS SAFE. HAD THIS FAILURE HAPPENED A FEW HOURS LATER, I WOULD HAVE BEEN AT HIGHWAY SPEEDS ON THE INTERSTATE WITH NO WAY TO STOP THE BIKE IN CASE OF AN EMERGENCY! I UNDERSTAND THINGS BREAK, I GET IT. BUT HD DID NOT TEST THE REST OF THE COMPONENTS IN THE ABS SYSTEM FOR OTHER CONTRIBUTING ISSUES. NO CHECK ENGINE LIGHT, NO ABS LIGHT, NO CODES, NOTHING. JUST GO TO GRAB THE BRAKES AND THEY ARE NOT THERE, THE ENTIRE FRONT BRAKE SYSTEM WAS STUCK IN THE OPEN POSITION. I SEEM TO BE THE ONLY ONE WHC

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.



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 <input type="checkbox"/>
07-JUN-2012	Reference No. 10460899

OWNER INFORMATION (Type or Print)

Name	STEVEN THERRIEN	Daytime Telephone Number	E-mail Address
Address	9 WILBUR ST	508-853-1481	
City	WORCESTER	State	MA
		Zip Code	01606
		Evening Telephone Number	

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
1HD1FRM19CB661852	HARLEY-DAVIDSON	FLHRC	2012
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders 2	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure: 1
	<input type="checkbox"/> Cruise Control		Incident Date(s) 22-MAY-2012

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 030000 BRAKES (PWS), 036000 SERVICE BRAKES, HYDRAULIC: ANTILOCK	Failure Mileage 10	Failure Speed 40
--	-----------------------	---------------------

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)	<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 0	Number of Deaths 0	Reported to Police 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 2012 HARLEY DAVIDSON ROAD KING. THE CONTACT STATED THAT WHILE DRIVING 40 MPH, HE BEGAN APPLYING THE BRAKES AND THE VEHICLE BARELY SLOWED DOWN. THE CONTACT HAD TO APPLY EXTREME PRESSURE TO GET THE VEHICLE TO STOP. THE DEALER AND THE MANUFACTURER WERE BOTH NOTIFIED AND INSTRUCTED THE CONTACT TO HEAT THE BRAKES UP AND THEY WOULD PERFORM NORMALLY. THE CONTACT WAS ALSO ADVISED TO TAKE A CLASS TO BETTER UNDERSTAND HOW TO OPERATE THE BRAKES. THE VEHICLE HAD NOT BEEN REPAIRED. THE FAILURE MILEAGE WAS 10 AND THE CURRENT MILEAGE WAS 156. UPDATED 6/20/12 *CN

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.