



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

MAY 28 2015

1200 New Jersey Avenue SE.  
Washington, DC 20590

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Mr. Roger Roeszler  
Manager, Technical Research & Support  
Harley-Davidson Motor Company, Inc.  
3700 W. Juneau Ave.  
Milwaukee, WI 53132

NVS-214jry  
PE15-015

Dear Mr. Roeszler:

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 (PE15-015) to investigate allegations of inconsistent throttle control in certain model year (MY) 2015 XG500 and XG750 model motorcycles manufactured by Harley-Davidson Motor Company, Inc. (HD), and to request certain information.

Originally opened on April 20, 2015 with 14, we now have 24 reports (enclosed) alleging sudden loss of engine power during hard acceleration when the bikes' fuel level is approximately 1/3 full or less.

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

- **Subject vehicles:** all MY 2014 - 2015 XG500 and XG750 model motorcycles 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.
- **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 vehicles:
  - 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.
- **Alleged defect:** Engine stumble and/or stall during acceleration.
  - **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 HD, 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 HD 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 HD has previously provided a document to ODI, HD 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 HD’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 vehicles HD has manufactured for sale or lease in the United States. Separately, for each subject vehicle manufactured to date by HD, state the following:
  - a. Vehicle identification number (VIN);
  - b. Make;
  - c. Model;
  - d. Model Year;
  - e. Fuel tank part number and design revision level;
  - f. Date of manufacture;
  - g. Date warranty coverage commenced; and
  - h. The State in the United States where the vehicle 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 vehicles:
  - 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; and
  - 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 vehicle 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. Vehicle owner or fleet name (and fleet contact person), street address, email address and telephone number;
  - d. Vehicle's VIN;
  - e. Vehicle's make, model and model year;
  - f. Vehicle'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 "REQUEST NUMBER TWO 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 vehicles: 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. Vehicle owner or fleet name (and fleet contact person), street address, email address and telephone number;
- c. VIN;
- d. Repair date;
- e. Vehicle 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 vehicles. 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 vehicle warranty coverage offered by HD on the subject vehicles (i.e., the number of months and mileage for which coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage option(s) that HD offered for the subject vehicles and state by option, model, and model year, the number of vehicles 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 vehicles, 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 vehicles 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, or on behalf of, HD in the design, material composition, manufacture, quality control, supply, or installation of the subject motorcycles, from the start of production to date, which relate to, or may relate to, the alleged defect. 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 vehicle 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 HD is aware of which may be incorporated into vehicle production within the next 120 days.

10. Furnish HD's assessment of the alleged defect in the subject vehicle, 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; and
  - e. What warnings, if any, the operator and the other persons both inside and outside the vehicle would have that the alleged defect was occurring; and
  - f. The reports included with this inquiry.

### **Legal Authority for This Request**

This letter is being sent to HD 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 HD 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 21<sup>st</sup> 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, HD 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 PE15-015 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](mailto:otto.matheke@dot.gov) or (202) 366-5253.

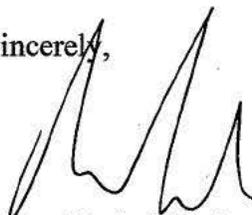
### **Due Date**

HD's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by **June 26, 2015**. 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](mailto:robert.young@dot.gov) and to [ODI\\_IRresponse@dot.gov](mailto: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,



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

Enclosure 1, Copies of the subject reports referenced in the introduction of this letter identified by the following ODI reference numbers:

10714281,10714100,10713875,10713379,10712852,10712767,10706686,10706441,10704112,

10693759,10672825,10670752,10664539,10663574,10660847,10660381,10659116,10659100,  
10659062,10652895,10651307,10651190,10633705,10630357.

 U.S. Department of Transportation <b>National Highway Traffic Safety Administration</b>	<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> <b>To Report Vehicle Safety Defects</b> <b>1-888-DASH-2-DOT</b> <b>(1-888-327-4236)</b> <b>INTERNET: www.nhtsa.dot.gov/hotline</b>			FOR AGENCY USE ONLY 100148	
	Date Received  03-MAY-2015		Repository <input type="checkbox"/>  Reference No. 10714281		
<b>OWNER INFORMATION (Type or Print)</b>					
Name [REDACTED]			Daytime Telephone Number [REDACTED]		E-mail Address [REDACTED]
City HOUSTON			State TX	Zip Code [REDACTED]	
<i>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).</i>					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1HD4NBB12FC [REDACTED]			Make H-D	Model XG750	Model Year 2015
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:		Incident Date(s) 03-MAY-2015
	<input type="checkbox"/> Cruise Control				
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Vehicle Component Codes: 180000 VEHICLE SPEED CONTROL, FUEL/PROPULSION SYSTEM (PWS)				Failure Mileage 460	Failure Speed 10
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
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:	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:		Date Manufactured:	Model No./Name:		
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b> <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>					
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	
<b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b> <b>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).</b>					
MOTORCYCLE LURCHES AND CHOKES WHEN IN 1ST AND 2ND GEAR LEAVING A STOP LIGHT. TANK WAS A LITTLE MORE THAN HALF FULL FILLED UP TANK AND IT STOPPED THE ISSUE. GAS TANK IS NOT EMPTY ENOUGH TO CAUSE LOW GAS INDICATOR TO COME ON SO UNAWARE WHEN THE LURCHING WILL HAPPEN. I HAVE NOT NOTIFIED HARLEY YET BECUASE IT IS SUNDAY AND I WILL HAVE TO WAIT TIL TUESDAY TO CONTACT THE DEALER.					
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

01-MAY-2015

Repository

Reference No.  
10714100

**OWNER INFORMATION (Type or Print)**

Name

██████████

██████████

City JACKSONVILLE

State FL

Zip Code ██████████

Daytime Telephone Number

██████████

E-mail Address

██████████

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  
1HD4NBB17FC ██████████

Make  
H-D

Model  
XG750

Model Year  
2015

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

10-APR-2015

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)

Failure Mileage

90

Failure 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

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).**

INTERMITTENT LAG-AND-LEAP/SURGE-AND-BUCK ISSUES. WHILE MAKING A RIGHT TURN ONTO A MAJOR THOROUGHFARE, LOST POWER TO THE ENGINE, AND UPON GIVING A SMALL AMOUNT OF ADDITIONAL THROTTLE, POWER CAME BACK FULL FORCE, AND FRONT TIRE LOST CONTACT WITH THE GROUND BRIEFLY. HAVING ATTRIBUTED THE ISSUE TO BEING A NEW RIDER, PRACTICE WAS ENGAGED THE SAME EVENING. EXTREME ISSUES FOLLOWED, INCLUDING STALLING THREE TIMES WHILE ATTEMPTING TO CROSS AN INTERSECTION, AND AN EXTREMELY UNSAFE RIDE HOME FOLLOWED, LUCKILY WITHOUT MAJOR INCIDENT. MOTORCYCLE WAS TOWED INTO THE SHOP THE FOLLOWING DAY AT 90 MILES, AND THE FUEL PUMP WAS REPLACED. ISSUES HAVE NOT RAISED THEMSELVES AGAIN SINCE THE REPAIR, HOWEVER, AS SOME HAVE STATED THEY CAME BACK, AND HD OTHERWISE HAS NOT ISSUED A RECALL, I ADD MY COMPLAINT TO THE LIST IN THE HOPES THAT OTHERS WILL NOT BE PUT INTO DANGER BY THIS POTENTIALLY VERY UNSAFE CONDITION.

**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**  
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**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"/>
30-APR-2015	Reference No. 10713875

**OWNER INFORMATION (Type or Print)**

Name			Daytime Telephone Number	E-mail Address
City			Evening Telephone Number	
LAS VEGAS	State	NV	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
1HD4NBB33FC	H-D	XG750	2015
Date Purchased	Dealer's Name and Telephone Number		Engine:
			No: Cylinders
Original Owner	Dealer's City	State	Zip Code
<input type="checkbox"/>			
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s)
			21-APR-2015

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)	Failure Mileage	Failure Speed
	1300	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: 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
		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).

MY HUSBAND AND I WERE RIDING TOGETHER, SITTING STILL AT A LIGHT, FIRST TO TAKE OFF AT GREEN LIGHT WITH CARS BEHIND US. WE TOOK OFF, & MY BIKE TOOK OFF, SLOSHING FUEL TO BACK OF TANK, & I LOST ALL POWER FOR A MOMENT IN THE MIDDLE OF A CITY INTERCEPTION. AS THE FUEL SLOSHED BACK FORWARD & BACKWARDS, IT GAVE ME SOME INTERMITTENT ACCELERATION POWER TO LIMP THROUGH THE INTERSECTION. I IMMEDIATELY PULLED INTO THE MIDDLE TURN LANE SECTION OF THE ROAD SO VEHICLES COULD PASS ME, I AM LUCKY I WAS NOT HIT. MY LOW FUEL LIGHT WAS NOT ON YET, & MY MILEAGE ON THIS TANK WAS ABOUT 119. SINCE I AM FAMILIAR WITH THIS ISSUE FROM READING FEEDBACK, I SIMPLY TOOK OFF EXTRA SLOW FROM EVERY STOP UNTIL WE REACHED OUR DESTINATION, AND THEN IT HAPPENED AGAIN BEFORE WE REACHED A GAS STATION. WE PUT IN 2.7 GALS, MEANING I HAD .9 GAL LEFT, & MY LOW FUEL INDICATOR HAD ONLY BEGAN TO FADE ON & OFF WHILE RIDING. MY DEALERSHIP SAID THE FACTORY HAD NO EXPERIENCE WITH THIS & THE FACTORY HAD NO SOLUTIONS & THIS WASN'T A COMMON PROBLEM. I RODE THE MOTORCYCLE TO LAUGHLIN RIVER RUN, KEEPING IT FUELED UP BEFORE I HIT 100 MILES PER TANK, NERVOUS BECAUSE OF THE HILLS INVOLVED. FED UP WITH THR DOWNPLAY OF A LIFE THREATENING ISSUE, I CALLED CUSTOMER SERVICE LINE FROM A GETHUMAN SITE & THE NEXT DAY MY DEALERSHIP CALLS ME SAYING THEY HAVE THE FUEL ASSEMBLY REPLACEMENT WHICH WILL BE INSTALLED AFTER MY DYNO TUNE IS FINISHED. I PAID FOR CUSTOM PAINT, A SEAT, A LUGGAGE RAI

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

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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

28-APR-2015

Repository

Reference No.  
10713379

**OWNER INFORMATION (Type or Print)**

Name

Address

City SAN ANTONIO State TX Zip Code

Daytime Telephone Number

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  
1HD4NBB10FC

Make H-D Model XG750 Model Year 2015

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-APR-2015

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Codes: FUEL/PROPULSION SYSTEM (PWS), 110000 ELECTRICAL SYSTEM, BRAKES (PWS) Failure Mileage 2200 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: 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 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 TOOK A SHARP RIGHT TURN FROM A COMPLETE STOP, AND BEFORE EXITING THE TURN THE THROTTLE LAGGED GIVING NO RESPONSE, AND THEN SUDDENLY SURGED. WHEN THE SURGE HAPPENED I WAS STILL IN THE TURN AND LOST TRACTION IN THE BACK TIRE WHICH SENT THE BIKE SIDWAYS AND TO THE GROUND. I PREVIOUSLY HAD THE LAG AND LEAP ISSUE WITH THIS BIKE AND HAD THE FUEL PUMP REPLACED BY HARLEY FOR THIS ISSUE. THE ISSUE APPEARED TO BE RESOLVED, HOWEVER, RIGHT BEFORE THE LAST 2 FILL-UPS (RIGHT BEFORE AND AFTER THE LOW FUEL LIGHT CAME ON) I EXPERIENCED A SLIGHT LAG AND LEAP ISSUE. NOT AS BAD AS BEFORE THE FUEL PUMP WAS REPLACED, BUT STILL PRESENT. DROPPED THE BIKE OFF AT THE SERVICE DEPARTMENT AT A HARLEY DEALER TODAY AND THEY INFORMED ME THAT THEY WOULD NOT BE CONTACTING ANYBODY HIGHER UP AT HARLEY TO INFORM THEM OR INQUIRE ABOUT THE THROTTLE RESPONSE ISSUE ON THIS BIKE.

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

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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-2015

Repository

Reference No. 10712852

OWNER INFORMATION (Type or Print)

Name

City CHICAGO

State IL

Zip Code

Daytime Telephone Number

E-mail Address

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

1HD4NBB18FC

Make H-D

Model XG750

Model Year 2015

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)

01-AUG-2014

Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)

Failure Mileage 26

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: DOTM9ABC036)

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).

WHEN COMING TO A COMPLETE STOP AND THEN ACCELERATING MOTORCYCLE ACTS AS IF IT IS LOW ON FUEL AND DOES A VERY VIOLENT JUDDER/ JOLT FORWARDS. AS THIS IS SEEN AS AN ENTRY LEVEL BIKE SOMEONE WITH LESS RIDING TIME WILL DEFINETELY RUN INTO SOME SERIOUS ISSUES. HAS HAPPENED MULTIPLE TIMES, IN MY CASE ALSO THE FUEL LIGHT COMES ON WHEN THESE HAPPENS. I THEN FILL UP AND IT ALWAYS TAKES 1.6 GALLONS WHEN LIGHT COMES ON. SO INDICATOR LIGHT IS COMING ON PREMATURELY AND THERE IS STILL 1.9 GALLONS LEFT IN TANK. THIS PROBLEM WITH FUEL SYSTEM IS NO JOKE WHEN YOU HAVE SOMEONE BEHIND YOU WHICH I ALMOST GOT RAMMED FROM BEHIND. IF HARLEY DOESN'T ACT ON THIS THERE WILL DEFINETELY HAVE SOME LAW SUITS TO DEAL WITH IN NEAR FUTURE. THIS ISSUE HAS MADE ME THINK TWICE ABOUT RIDING AT SPEEDS OVER 35MPH WITH THIS PARTICULER MOTORCYCLE. I HAVE CALLED HARLEY SERVICE DEPARTMENT AND WAS TOLD IT MIGHT NEED SOME KIND OF ADJUSTMENT MADE ON FLOAT OF FUEL PUMP. BUT I REFUSED TO TAKE BIKE ON EXPRESSWAY AND HATE TO PAY FOR A TOLL TRUCK WHEN ITS A BRAND NEW 2015 BIKE. WHY SHOULD I PAY FOR PICK UP FEE? REMEMBER THE CUSTOMER IS ALSO RIGHT AND I WOULDNT SPEND MY TIME WRITING THIS IF THIS WASN'T A CONCERN. DONT WAIT TILL SOMEONE GETS SERIOUSLY HURT OUT THERE.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
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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"/>
25-APR-2015	Reference No. 10712767

**OWNER INFORMATION (Type or Print)**

Name			Daytime Telephone Number		E-mail Address	
City			State		Zip Code	
KINGWOOD			TX		[REDACTED]	
Evening Telephone Number			[REDACTED]			

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year
1HD4NBB18FC [REDACTED]		H-D	XG750	2015
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
Original Owner	Dealer's City	State	No: Cylinders	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	
<input type="checkbox"/> Cruise Control			Incident Date(s) 08-NOV-2014	

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)	Failure Mileage	Failure Speed
	90	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	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).

AS I ENTERED AN INTERSECTION IN 1ST GEAR, THE MOTORCYCLE FAILED TO ACCELERATE AND THEN SURGED FORWARD. I HAD JUST GOTTEN MY MOTORCYCLE ENDORSEMENT AND HAD VERY LITTLE RIDING EXPERIENCE. FORTUNATELY, I WAS ABLE TO MAINTAIN CONTROL OF THE MOTORCYCLE. ANOTHER INCIDENT HAPPENED SOON AFTER AS I WAS TAKING A RIGHT HAND CURVE. I WAS IN SECOND GEAR AND SLOWED AS I APPROACHED THE RIGHT HAND CURVE. I ATTEMPTED TO ACCELERATE THROUGH THE CURVE AND THE MOTORCYCLE LAGGED AND THEN SUDDENLY LEAPED FORWARD, CAUSING ME TO FISHTAIL AND ALMOST RUN OFF OF THE ROAD. FORTUNATELY, I WAS ABLE TO MAINTAIN CONTROL AND PREVENT A CRASH. ON 1/7/2015, THE VEHICLE WAS DRIVEN TO THE DEALER WITH APPROXIMATELY 120 MILES ON IT FOR AN INSPECTION OF THE PROBLEM. THE DEALER TOLD ME THAT THEY WERE ABLE TO REPRODUCE THE PROBLEM; HOWEVER, I WAS MERELY LOW ON FUEL. I TOLD THE DEALER THAT THE LOW FUEL LIGHT INDICATOR NEVER ACTIVATED. THEY FILLED THE TANK WITH GAS AND THE PROBLEM DID NOT REOCCUR. THEY WERE ALSO ABLE TO GET THE LOW FUEL LIGHT INDICATOR TO ACTIVATE AT APPROXIMATELY 0.8 OF A GALLON. THEY ALSO PUT THE VEHICLE ON THE DYNO AND WERE NOT ABLE TO REPRODUCE THE PROBLEM WHEN FUEL WAS PRESENT. THE DEALER TOLD ME TO KEEP A GALLON OF GAS IN THE TANK AT ALL TIMES TO KEEP THE FUEL PUMP WET. ON 4/19/2015, THE VEHICLE EXHIBITED LAG AND LEAP IN FIRST THROUGH FOURTH GEARS AND THE ENGINE DIED MULTIPLE TIMES ON A MAJOR THOROUGHFARE. I WAS UN

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

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U.S. Department  
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**National Highway  
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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-APR-2015

Repository

Reference No.  
10706686

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]

Daytime Telephone Number

[REDACTED]

E-mail Address

[REDACTED]

City LIVONIA

State MI

Zip Code [REDACTED]

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  
1HD4NBB18FC [REDACTED]

Make  
H-D

Model  
XG750

Model Year  
2015

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)  
17-APR-2015

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)

Failure Mileage  
171

Failure 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: DOTM9ABC036)

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).**

FROM 0MPH, UNDER MODERATE ACCELERATION BIKE LOST ALL POWER FOR A MOMENT THEN QUICKLY ACCELERATED, HAPPENED OVER THE COURSE OF ABOUT A SECOND. VERY DANGEROUS, LESS EXPERIENCED RIDERS COULD BECOME INJURED OR COULD CAUSE AN ACCIDENT ON PUBLIC ROADS WITH MODERATE TRAFFIC.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department  
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Administration**

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**(1-888-327-4236)**  
**INTERNET: www.nhtsa.dot.gov/hotline**

FOR AGENCY USE ONLY 100148

Date Received

18-APR-2015

Repository

Reference No.  
10706441

**OWNER INFORMATION (Type or Print)**

Name

Daytime Telephone Number

E-mail Address

City CHARLOTTE

State NC

Zip Code

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  
H-D

Model  
XG500

Model Year  
2015

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)  
17-APR-2015

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)

Failure Mileage  
145

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: 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

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).**

MOTORCYCLE WILL BOG DOWN AND THEN SURGE WITHOUT WARNING IF THERE IS ABOUT 1/3 OF A TANK LEFT. LOW FUEL INDICATOR NEVER COMES ON BEFORE IT HAPPENS AND IT'S WORSE WHEN DRIVING ON HILLS OR WHILE BANKING IN TURNS. LAST NIGHT WAS THE THIRD TIME THIS HAS HAPPENED TO ME AS I WAS COMING UP THE HILL AND TURNING IN TO MY DRIVEWAY THE MOTORCYCLE BOGGED DOWN, AND BEFORE I COULD COMPLETELY ROLL OFF THE THROTTLE IT ACCELERATED AND PUSHED THE REAR WHEEL OUT CAUSING ME TO LAY MY BIKE DOWN.

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

07-APR-2015

Repository

Reference No.  
10704112

**OWNER INFORMATION (Type or Print)**

Name

Daytime Telephone Number

E-mail Address

City PLANTATION

State FL

Zip Code

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  
1HD4NBB15FC506241

Make  
H-D

Model  
XG750

Model Year  
2015

Date Purchased

Dealer's Name and Telephone Number

Engine:

Fuel Type:

No: Cylinders

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

Cruise Control

30-MAR-2015

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)

Failure Mileage

Failure Speed

99

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

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).**

AT THE DEALER, I TEST TRIED THE X500. AT THE FIRST STOP SIGN, I ACCELERATED AND THE MOTORCYCLE STALLED. WHEN I DECELERATED, THE GAS IN THE GAS TANK MOVED AND THE BIKE RAN AGAIN. I WENT BACK TO THE DEALER IMMEDIATELY AND REPORTED THE PROBLEM, EXPLAINING WHAT HAD JUST HAPPENED. THEY TOLD ME THAT IT MUST HAVE BEEN THE GOVERNOR. I ASKED FOR THE X750, EVERYTHING WENT PERFECT AND I BOUGHT IT. THE FIRST INCIDENT OCCURRED AT A TRAFFIC LIGHT. I ACCELERATED AND THE BIKE STALLED. ONCE I DECELERATED AND GAS IN THE TANK MOVED AGAIN. I IMMEDIATELY WENT TO GAS STATION AND FILLED THE GAS TANK WITH 2.134 GALLONS AT ONLY 99 MILES. THE SECOND 2ND INCIDENT, SAME ACCELERATE IN A LIGHT TURNING RIGHT CARS BEHIND ME, STALLS AND GET GAS WHEN I SHIFT TO SECOND, SAME IMMEDIATELY GAS STATION, THIS TIME FILL THE GAS TANK WITH 2.469 GALLONS ONLY 190MILES.CAPACITIES SAY, I KNOW YOU HAVE IT: FUEL TANK 3.5 GALLONS, LOW FUEL INDICATOR 0.8 GALLON. I WILL FILL THE TANK EACH 100 MILES UNTIL THEY CHANGE MY GAS TANK WITH COMPARTMENTS INSIDE SO THE GAS DOESN'T GO ALL THE WAY BACK AND THE GAS PUMP CAN SUCK IT. IS REALLY DANGER WITH VEHICLES PUSHING BEHIND MY BACK. I'M AN EXPERT RIDER, HOPE THE ROOKIES DON'T SUFFER AN ACCIDENT. ANOTHER RECALL TO MAKE: WITH THE REAR MIRROR'S YOU ARE NOT ABLE TO SEE THE VEHICLES BEHIND YOU, MY BODY BLOCKS COMPLETE THE REAR VIEW.

**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

12-MAR-2015

Repository

Reference No.  
10693759

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]

Daytime Telephone Number

[REDACTED]

E-mail Address

[REDACTED]

City ENOLA

State PA

Zip Code [REDACTED]

Evening Telephone Number

[REDACTED]

*The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).*

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
MEG4NBBN9FN [REDACTED]

Make  
H-D

Model  
XG750

Model Year  
2015

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

01-JAN-2015

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 980000 UNKNOWN OR OTHER

Failure Mileage

15

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: 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

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).**

WITH ROUGHLY .9 GALLONS OF FUEL IN TANK, WHEN LEAVING A FULL STOP, VEHICLE PAUSES HARD ON ACCELERATION. PROBABLE CAUSE IS FUEL STARVATION CAUSED BY FUEL FLOWING BACK IN THE TANK, AWAY FROM THE FRONT-LOCATED FUEL PUMP, STARVING EFI SYSTEM OF GASOLINE. AS FUEL MOVES FORWARD AFTER A BRIEF PAUSE IN FORWARD MOMENTUM, THE PUMP HAS ACCESS TO THE FUEL AND THE BIKE SUDDENLY LURCHES FORWARD. THIS HAPPENS MULTIPLE TIMES AS THE FUEL IN TANK TRAVELS FORWARD AND AFT. EXTREMELY UNSAFE CONDITION AT LOW SPEEDS, ESPECIALLY AT INTERSECTIONS WHEN THIS IS MOST LIKELY TO OCCUR

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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-JAN-2015  
 Repository:   
 Reference No.: 10672825

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
 Address: [REDACTED]  
 City: OXNARD State: CA Zip Code: [REDACTED]  
 Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]  
 Evening Telephone Number: [REDACTED]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1HD4NBB35FC [REDACTED]  
 Make: H-D Model: XG750 Model Year: 2015  
 Date Purchased: [REDACTED] Dealer's Name and Telephone Number: [REDACTED] Engine: [REDACTED] Fuel Type: [REDACTED]  
 Original Owner:  Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
 Transmission Type: [REDACTED]  Antilock Brakes  Cruise Control Powertrain: [REDACTED] Multiple Failure: [REDACTED] Incident Date(s): 14-JAN-2015

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL Failure Mileage: 2100 Failure Speed: 25

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]  
 DOT No. (Example: DOTM19ABC036): [REDACTED]  Original Equipment  Prior Repair Failure Location: [REDACTED]  
 Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
 Seat Type: [REDACTED] Installation System: [REDACTED]  
 Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

**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 RIDING ON THE FREEWAY I TRIED TO ACCELERATE, I WAS LOWER ON GAS (APPROXIMATELY, 1 - 1.25 GALLON LEFT). THE BIKE ONLY HAS A 3.5 GALLON TANK, AS I ATTEMPTED TO ACCELERATE WHILE PASSING A VEHICLE IN TRAFFIC, THE BIKE LAGGED, NO RESPONSE FOR A QUARTER TO HALF SECOND, AND THEN SUDDENLY IT LEAPED FORWARD AND THEN LAGGED AGAIN. IT CONTINUED TO DO THIS FOR A SECOND OR TWO UNTIL I RELEASED THE THROTTLE AND ACCELERATED VERY SLOWLY.

THIS WAS A VERY DANGEROUS SITUATION AS I WAS SHARING A LANE TO PASS (AS ALLOWED IN CALIFORNIA), AND THIS HAPPEN LEAVING ME STUCK BETWEEN TWO VEHICLES. THIS HAS HAPPENED MANY TIMES BEFORE, BUT ONLY WHEN I LOW GAS (GAS LIGHT IS ON).

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

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**(1-888-327-4236)**  
**INTERNET:www.nhtsa.dot.gov/hotline**

FOR AGENCY USE ONLY 100148

Date Received

07-JAN-2015

Repository

Reference No.

10670752

**OWNER INFORMATION (Type or Print)**

Name

Daytime Telephone Number

E-mail Address

City LAKEPORT

State CA

Zip Code

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

1HD4NBB31F

H-D

XG750

2015

Date Purchased

Dealer's Name and Telephone Number

Engine:

Fuel Type:

No: Cylinders

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

Cruise Control

04-SEP-2014

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 180000 VEHICLE SPEED CONTROL, 080000 FUEL SYSTEM, DIESEL, 110000 ELECTRICAL SYSTEM, 100000 POWER TRAIN

Failure Mileage

Failure Speed

830

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTMAL9ABC036)

Original Equipment

Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type:

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

**APPLICABLE INCIDENT INFORMATION**

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

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes  No

Yes  No

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).

TL-THE CONTACT OWNS A 2015 HARLEY DAVIDSON XG750. THE CONTACT STATED THAT WHILE ACCELERATING, THE VEHICLE STALLED WITHOUT WARNING. THE VEHICLE WAS TAKEN TO A DEALER WHERE IT WAS DIAGNOSED THAT THE FUEL INJECTION THROTTLE BODY NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED HOWEVER, THE FAILURE RECURRED. THE VEHICLE WAS TAKEN BACK TO THE DEALER WHERE IT WAS DIAGNOSED THAT AN ELECTRICAL CONNECTOR NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED HOWEVER, THE FAILURE RECURRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 830. DJR UPDATED 3/1815\*CN

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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**(1-888-327-4236)**  
**INTERNET:www.nhtsa.dot.gov/hotline**

FOR AGENCY USE ONLY 100148

Date Received

16-DEC-2014

Repository

Reference No.  
10664539

**OWNER INFORMATION (Type or Print)**

Name

City BROOKLYN

State NY

Zip Code

Daytime Telephone Number

E-mail Address

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  
1HD4NBB17FC

Make  
H-D

Model  
XG750

Model Year  
2015

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

09-SEP-2014

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Codes: ENGINE (PWS), FUEL/PROPULSION SYSTEM (PWS)

Failure Mileage  
70

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: 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

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).

WHEN FUEL IS LOW (USUALLY BELOW 1 GALLON), THE MOTORCYCLE BEHAVES DANGEROUSLY WHEN ACCELERATING FROM A STOP. VEHICLE WILL BEGIN TO MOVE FORWARD, SUDDENLY LOSE POWER CAUSING IT TO SLOW DOWN, AND SUDDENLY REGAIN POWER CAUSING IT TO ACCELERATE UNEXPECTEDLY. MOST LIKELY CAUSE IS FUEL PUMP STARVATION. FUEL PUMP IS LOCATED AT FRONT OF THE TANK, AS VEHICLE MOVES FORWARD THE REMAINING GAS IS PUSHED TO THE REAR OF THE TANK, PUMP CAN'T MAINTAIN FUELING TO FUEL INJECTORS, CAUSING THE BIKE TO LOSE POWER AND SLOW. THE GAS THEN MOVES FORWARD, PUMP ACCESSES THE FUEL AND FEEDS THE SYSTEM CAUSING A SUDDEN AND UNEXPECTED RETURN OF POWER AND ACCELERATION. AT STOPLIGHTS AND STOP SIGNS THIS COULD EASILY RESULT IN THE MOTORCYCLE BEING REAR-ENDED, AND IN CORNERS COULD EASILY CAUSE THE REAR WHEEL TO LOSE TRACTION RESULTING IN AN ACCIDENT.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department  
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**1-888-DASH-2-DOT**  
**(1-888-327-4236)**  
**INTERNET:www.nhtsa.dot.gov/hotline**

FOR AGENCY USE ONLY 100148

Date Received

11-DEC-2014

Repository

Reference No.

10663574

**OWNER INFORMATION (Type or Print)**

Name

City WEST BOYLSTON

State MA

Zip Code

Daytime Telephone Number

E-mail Address

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

1HD4NAA16FC

Make

H-D

Model

XG500

Model Year

2015

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)

18-OCT-2014

Cruise Control

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)

Failure Mileage

94

Failure 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

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).

VEHICLE LURCHES FORWARD UNCONTROLLABLY. THROTTLE RESPONSE IS EXTREMELY ERRATIC. THIS CAUSED INEXPERIENCED RIDER TO LOSE CONTROL AT A LOW SPEED AND WAS THROWN FROM VEHICLE AS IT WENT OUT OF CONTROL ONTO THE SIDEWALK. FUEL TANK WAS NEARLY FULL. CONTINUED RIDING EXHIBITED EXTREMELY ERRATIC THROTTLE CONTROL. VEHICLE IS VERY UNPREDICTABLE.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department  
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National Highway  
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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-NOV-2014

Repository

Reference No.

10660847

**OWNER INFORMATION (Type or Print)**

Name

City LITHIA

State FL

Zip Code

Daytime Telephone Number

E-mail Address

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

1HD4NBB19FC

Make

H-D

Model

XG750

Model Year

2015

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)

01-NOV-2014

Cruise Control

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)

Failure Mileage

120

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

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).

AT LOW FUEL (APPROX .9 GALLONS LEFT IN TANK), WHILE ACCELERATING FROM A STOP, MOTORCYCLE WILL LOSE FUEL PRESSURE, UNEXPECTEDLY THROWING THE RIDER FORWARD. A SECOND LATER, THE FUEL DELIVERY RESUMES, THROWING THE RIDER BACKWARDS. FILLING THE TANK WITH FUEL FIXES THE PROBLEM UNTIL A LOW FUEL CONDITION IS ONCE AGAIN REACHED. THIS HAPPENED TO ME SEVERAL TIMES. MOST RECENTLY WHEN THIS OCCURRED, I STOPPED TO FILL THE TANK. I PUT 2.6 GALLONS OF GAS IN THE 3.5 GALLON CAPACITY TANK, AND THIS SOLVED THE "LAG AND LEAP" PROBLEM. I HAVE CALLED H-D FACTORY 3 TIMES REGARDING THIS ISSUE, THEY ALWAYS REFER ME TO MY DEALER, WHERE THE BIKE HAS ALREADY BEEN IN FOR THIS ISSUE 3 TIMES. I BELIEVE AT LOW FUEL CONDITION, THE REMAINING FUEL IN THE TANK IS BEING FORCED AWAY FROM THE PICKUP DURING ACCELERATION, AND RETURNING SHORTLY THEREAFTER, CAUSING THIS VERY UNSAFE CONDITION.

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  
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National Highway  
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**(1-888-327-4236)**  
**INTERNET:www.nhtsa.dot.gov/hotline**

FOR AGENCY USE ONLY 100148

Date Received

23-NOV-2014

Repository

Reference No.  
10660381

**OWNER INFORMATION (Type or Print)**

Name

City LITHIA

State FL

Zip Code

Daytime Telephone Number

E-mail Address

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

1HD4NBB19FC

Make

H-D

Model

XG750

Model Year

2015

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)

01-NOV-2014

Cruise Control

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)

Failure Mileage

850

Failure 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

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).

FUEL TANK CAPACITY IS 3.5 GALLONS. AT APPROXIMATELY .9 GALLONS LEFT IN THE TANK, THE FUEL WILL CUT OUT WHEN ACCELERATING FROM A STOP, THROWING THE RIDER FORWARD. AFTER APPROXIMATELY 2 SECONDS, THE FUEL SYSTEM RECOVERS, THROWING THE RIDER BACKWARDS. THE FUEL IN THE TANK IS BEING FORCED TO THE REAR OF THE TANK WHEN ACCELERATING FROM A STOP, CAUSING THE STALL CONDITION.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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-NOV-2014

Repository

Reference No.  
10659116

**OWNER INFORMATION (Type or Print)**

Name

[REDACTED]

Daytime Telephone Number

[REDACTED]

E-mail Address

[REDACTED]

City MINNEAPOLIS

State MN

Zip Code [REDACTED]

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  
1HD4NBB17FC [REDACTED]

Make  
H-D

Model  
XG750

Model Year  
2015

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)

01-OCT-2014

Cruise Control

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)

Failure Mileage  
400

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: DOTM9ABC036)

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).**

STARTING WITH A FULL TANK OF GAS I DROVE FOR APPROXIMATELY 100 MILES AND THE BIKE BEGAN TO SURGE AND BUCK. PROBLEM GETTING WORSE THE MORE I DROVE. AFTER 20 MILES THE LOW FUEL LIGHT CAME ON. I FILLED TANK WITH FUEL AND THE PROBLEM WENT AWAY UNTIL I AGAIN DROVE APPROXIMATELY 100 MILES. BUCKING SURGING BEGAN AGAIN AND GOT CONTINUALLY WORSE UNTIL THE LOW FUEL LIGHT CAME ON 20 MILES LATER. FILLED WITH GAS AND PROBLEM CLEARED UP. DEALER HAS HAD BIKE THREE TIMES TO REPAIR. THIS LAST TIME I TOLD THEM THE FUEL PUMP IS LOSING SUCTION POSSIBLY BECAUSE OF PROBLEM WITH FUEL PICKUP TUBE. I WILL PICKUP AT DEALER AGAIN. DEALER RECOMMENDED I NOT LET FUEL LEVEL GET LOW. HOPEFULLY IT IS FIXED BUT NOT LETTING THE FUEL LEVEL GET TOO LOW IS AN UNACCEPTABLE FIX.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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-NOV-2014  
Repository   
Reference No. 10659100

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
City LAVERN State AZ Zip Code [REDACTED]  
Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]  
Evening Telephone Number [REDACTED]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1HD4NBB1XFC [REDACTED]  
Make H-D Model XG750 Model Year 2015  
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-AUG-2014

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS) Failure Mileage 130 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: 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 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).

WITH ROUGHLY .9 GALLONS OF FUEL IN TANK, WHEN LEAVING A FULL STOP, VEHICLE PAUSES HARD ON ACCELERATION. PROBABLE CAUSE IS FUEL STARVATION CAUSED BY FUEL FLOWING BACK IN THE TANK, AWAY FROM THE FRONT-LOCATED FUEL PUMP, STARVING EFI SYSTEM OF GASOLINE. AS FUEL MOVES FORWARD AFTER A BRIEF PAUSE IN FORWARD MOMENTUM, THE PUMP HAS ACCESS TO THE FUEL AND THE BIKE SUDDENLY LURCHES FORWARD. THIS HAPPENS MULTIPLE TIMES AS THE FUEL IN TANK TRAVELS FORWARD AND AFT. EXTREMELY UNSAFE CONDITION AT LOW SPEEDS, ESPECIALLY AT INTERSECTIONS WHEN THIS IS MOST LIKELY TO OCCUR.

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-NOV-2014

Repository

Reference No.  
10659062

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]

[REDACTED]

City WHITEHALL

State PA

Zip Code [REDACTED]

Daytime Telephone Number

[REDACTED]

E-mail Address

[REDACTED]

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

1HD4NBB18FC [REDACTED]

Make

H-D

Model

XG750

Model Year

2015

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)

13-NOV-2014

Cruise Control

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)

Failure Mileage

165

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: 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

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).

WHEN LAUNCHING FROM A COMPLETE STOP THE BIKE FAILED TO ACCELERATE.THIS HAPPENED ON MORE THEN ONE OCCASION THAT DAY AND THEN THE LOW FUEL LIGHT WENT ON. I THOUGHT OKAY I AM OUT OF GAS AND THAT'S WHAT CAUSED THE MOTORCYCLE TO LURCH AND THEN LAUNCH THIS IS A VERY UNSAFE PRACTICE WHEN I TOOK IT TO THE GAS STATION TO FILL UP WHAT I THOUGHT WAS AN EMPTY TANK I NOTICED THE TANK WAS HALF FILLED WITH GAS. I FILLED IT ANYWAY AND THE PROBLEM WENT AWAY, I BELIEVE THE TANK IS EITHER NOT PRESSURIZED CORRECTLY OR THE FUEL VALVE IS LOCATED AT THE WRONG PART OF THE TANK. I HAVE OWNED MANY OF MOTORCYCLES AND HAVE NEVER HAD THIS ISSUE. I WOULD LIKE TO SEE AN INVESTIGATION AS TO WHAT THE PROBLEM IS I KNOW I AM NOT THE ONLY ONE WITH THIS ISSUE BASED ON THE FORUMS THAT I HAVE READ.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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-NOV-2014

Repository   
Reference No.  
10652895

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
 [REDACTED]  
 City THOMASVILLE State NC Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]  
 Evening Telephone Number [REDACTED]  
 E-mail Address [REDACTED]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1HD4NBB15FC [REDACTED]

Make H-D Model XG750 Model Year 2015

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) 03-OCT-2014

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS) Failure Mileage 500 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: 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 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).

WITH ROUGHLY .9 GALLONS OF FUEL IN TANK, WHEN LEAVING A FULL STOP, VEHICLE PAUSES HARD ON ACCELERATION. PROBABLE CAUSE IS FUEL STARVATION CAUSED BY FUEL FLOWING BACK IN THE TANK, AWAY FROM THE FRONT-LOCATED FUEL PUMP, STARVING EFI SYSTEM OF GASOLINE. AS FUEL MOVES FORWARD AFTER A BRIEF PAUSE IN FORWARD MOMENTUM, THE PUMP HAS ACCESS TO THE FUEL AND THE BIKE SUDDENLY LURCHES FORWARD. THIS HAPPENS MULTIPLE TIMES AS THE FUEL IN TANK TRAVELS FORWARD AND AFT. EXTREMELY UNSAFE CONDITION AT LOW SPEEDS, ESPECIALLY AT INTERSECTIONS WHEN THIS IS MOST LIKELY TO OCCUR."  
 ALSO CAUSES THE BIKE TO NOT START UP RIGHT. MANY TIMES IT TAKE 3 OR 4 TIMES TO GET THE BIKE STARTED WHEN ITS UNDER HALF A TANK OF GAS.

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  
30-OCT-2014  
Repository   
Reference No.  
10651307

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]  
Evening Telephone Number [REDACTED]  
City BROOKLYN State NY Zip Code [REDACTED]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1HD4NBB17FC [REDACTED] Make H-D Model XG750 Model Year 2015  
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) 09-SEP-2014  
 Cruise Control

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS) Failure Mileage 58 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: DOTM19ABC036)  Original Equipment Failure Location:  
 Prior Repair  
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).

WITH ROUGHLY .9 GALLONS OF FUEL IN TANK, WHEN LEAVING A FULL STOP, VEHICLE PAUSES HARD ON ACCELERATION. PROBABLE CAUSE IS FUEL STARVATION CAUSED BY FUEL FLOWING BACK IN THE TANK, AWAY FROM THE FRONT-LOCATED FUEL PUMP, STARVING EFI SYSTEM OF GASOLINE. AS FUEL MOVES FORWARD AFTER A BRIEF PAUSE IN FORWARD MOMENTUM, THE PUMP HAS ACCESS TO THE FUEL AND THE BIKE SUDDENLY LURCHES FORWARD. THIS HAPPENS MULTIPLE TIMES AS THE FUEL IN TANK TRAVELS FORWARD AND AFT. EXTREMELY UNSAFE CONDITION AT LOW SPEEDS, ESPECIALLY AT INTERSECTIONS WHEN THIS IS MOST LIKELY TO OCCUR.

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  
29-OCT-2014

Repository   
Reference No.  
10651190

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
[REDACTED]  
City ORANGEVALE State CA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]  
Evening Telephone Number [REDACTED]  
E-mail Address [REDACTED]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1HD4NAA30FC [REDACTED] Make H-D Model XG500 Model Year 2015

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) 28-OCT-2014  
 Cruise Control

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS) Failure Mileage 81 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: DOTM19ABC036)  Original Equipment Failure Location:  
 Prior Repair  
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).

VEHICLE BOGS DOWN WHEN ACCELERATING FROM A STOP, THEN LURCHES VIOLENTLY. THIS ONLY HAPPENS WHEN FUEL IS ABOUT 1/3 FULL. THE LOW FUEL LIGHT IS NOT ON AND THE VEHICLE OTHERWISE RUNS NORMAL.

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

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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-SEP-2014

Repository

Reference No.  
10633705

**OWNER INFORMATION (Type or Print)**

Name

City MARYSVILLE

State WA

Zip Code

Daytime Telephone Number

E-mail Address

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  
1HD4NBB14FC

Make  
H-D

Model  
XG750

Model Year  
2015

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-JUL-2014

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)

Failure Mileage  
400

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: 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

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).

ALMOST AT EXACTLY 90 MILES, WHEN THERE IS STILL 1.5 GAL OF GAS IN THE CYCLE IT WILL STALL OUT LIKE SOMEONE HIT THE KILL SWITCH SO IT THROWS YOU FORWARD ON THE BIKE. THEN IT COMES BACK ON AND PRACTICALLY THROWS YOU OFF BACKWARDS.

IT GETS WORSE AT THE 100 MILE MARK AS THE "STALL" WILL HAPPEN EVEN IN HIGHER GEARS AND AT HIGHER SPEEDS. WHN I THEN PUT GAS IN IT, THE PROBLEM GOES AWAY FOR THE NEXT 90 MILES.

NOT SAFE AND INEXPERIENCED RIDERS COULD BE THOWN OFF THE BIKE.

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

03-SEP-2014

Repository

Reference No.  
10630357

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]

Daytime Telephone Number

[REDACTED]

E-mail Address

[REDACTED]

City SALINAS

State CA

Zip Code [REDACTED]

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  
1HD4NAA31FC [REDACTED]

Make  
H-D

Model  
XG500

Model Year  
2015

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-AUG-2014

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)

Failure Mileage  
550

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: 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

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).

UPON ACCELERATION FROM A STOP, THE 2015 HARLEY DAVIDSON STREET 500 AND 750 (XG500 AND XG750) MODELS LOSE FUEL PRESSURE WHEN THE FUEL TANK IS UNDER APPROXIMATELY 1/2 CAPACITY. THE PROBLEM IS EXACERBATED WHEN ACCELERATING UP HILLS.

UPON LOSS OF FUEL PRESSURE, THE MOTORCYCLE VIOLENTLY THRUSTS THE RIDER FORWARD, AND WHEN THE FUEL PRESSURE RECOVERS, THE RIDER IS UNEXPECTEDLY THRUST BACKWARDS, RESULTING IN A POSSIBLE LOSS OF CONTROL OF THE VEHICLE AT BEST. IN MY CASE, MY NECK WAS STRAINED.

MULTIPLE CASES ON THIS PROBLEM HAVE BEEN REPORTED TO H-D, AND THEY SAY THEY ARE INVESTIGATING. THERE IS NO SOLUTION YET, HOWEVER.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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