



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

Date Received

Repository

03-JAN-2003

Reference No.
10001920

OFFICE OF DEFECTS INVESTIGATION

Daytime Telephone Number

E-mail Address

Evening Telephone Number

OWNER INFORMATION (Type or Print)

Name

Address

City

SHREWSBURY

State MA

Zip Code

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/17/2003

VEHICLE INFORMATION

Provide Vehicle Identification Number (located at bottom of windshield on driver's side)

PLEASE PRINT: JTB DASH 0003 1772

Make
LEXUS

Model
ES300

Model Year
1999

Date Purchased
APRIL 1999

Dealer's Name and Telephone Number
ENSKIP LEXUS 401-821-1510

Engine:
No. Cylinders
6

Fuel Type:

Original Owner

Dealer's City
WARWICK

State
RI

Zip Code
02886

REGULAR

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code
141000 AIR BAGS:FRONTAL

AUTOMATIC

Cruise Control

FRONT WHEEL DRIVE

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
22-NOV-2002

Failure Mileage
BY KENNY

Failure Speed
15

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R25)

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

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

2

0

N YES

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 DRIVING AT 15 MPH VEHICLE WAS INVOLVED IN A HEAD ON COLLISION AND AIRBAGS DID NOT DEPLOY. DEALER NOTIFIED. PLEASE PROVIDE ADDITIONAL INFORMATION. TS

WHILE IN HEAVY SLOW MOVING TRAFFIC, A FASTER MOVING VEHICLE, COMING TOWARDS US IN THE OPPOSITE DIRECTION, CROSSED OVER TO OUR SIDE AND HIT US HEAD ON. OUR VEHICLE WAS TOTALLED, INJURIES WERE NOT LIFE THREATENING, BUT DEALER AND BODY SHOP COULD NOT EXPLAIN WHY AIR BAGS DID NOT DEPLOY - THIS IS THE WANT WE WOULD LIKE TO FIND OUT. (THE INSTRUMENT PANEL SAID THAT WERE WORKING

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.

