



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8383
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue
or black ink pen only.
CORRECT MARK: ☒

FOR AGENCY USE ONLY

Date Received: 6-Jun-2002
Reference No.:
City:
State:
Zip:

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

STREET NO. <u>Leominster</u>		APT. NO. <u>Ma</u>		ZIP CODE + 4	AREA CODE
CITY		STATE		ENTER ZIP CODE	

Do you authorize NHTSA to
provide a copy of this report to the
manufacturer of your vehicle? ☒ Yes
☐ No

In the event of a recall, NHTSA will notify your name and address to the vehicle manufacturer.
SIGNATURE: [Signature] DATE: 6/28/02

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Retained at bottom of page)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
<u>JTNBNR30F610</u>	<u>Lexus</u>	<u>LS 430</u>		<u>2001</u>

VEHICLE MANUFACTURER

☐ BMW ☐ Ford ☐ Honda ☐ Nissan ☐ Subaru ☐ Volvo ☒ Other Lexus
☐ Daihatsu/Chrysler ☐ General Motors ☐ Hyundai ☐ Saab ☐ Toyota ☐ VW

PURCHASE DATE <u>7/28/02</u>	☒ New ☐ Used	DEALER'S NAME <u>Herb Chambers</u>	CITY <u>Norwood</u>	STATE <u>Ma</u>	ZIP CODE
ENGINE SIZE (CID/CC/L)	FUEL SYSTEM ☐ Turbo ☒ Fuel Injection	FUEL TYPE ☐ Diesel ☒ Gas	TRANSMISSION TYPE ☐ Manual ☒ Automatic	ANTILOCK BRAKES ☒ Yes ☐ No	RETRAIANT SYSTEM ☒ Driver's Airbag ☐ 2-Point Belt ☒ Passenger's Airbag ☐ Motorbelt ☐ 3-Point Belt
NO. CYLINDERS <u>8</u>	CRUISE CONTROL ☒ Yes ☐ No				

DRIVETRAIN ☐ Front ☒ Rear	VEHICLE TYPE ☒ Car ☐ Minivan ☐ Truck ☐ Van ☐ Sport Utility ☐ Motorcycle	DOORS ☐ 2-Door ☒ 4-Door	BODY STYLE ☐ Hatchback ☐ Pick Up Truck ☒ Sedan ☐ Stationwagon
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FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT ☐ Child Seat ☐ Electrical Lights & Alarms ☐ Engine & Cooling System ☐ Equipment ☐ Fuel System, Exhaust ☐ Heater, Defrost, Ventilation ☐ Interior ☐ Parking Brake ☐ Power Train ☐ Service Brakes ☐ Steering ☐ Structure ☐ Suspension ☐ Visual Systems ☐ Other <u>Air Bag</u>	NO. OF FAILURES ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9	To report defective or failed tire provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE <u>4/21/02</u>	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT <u>9400</u>	TIRE BRAND ☐ BF Goodrich ☐ Cooper ☐ Firestone ☐ Goodyear ☐ Kelly Springfield ☒ Michelin ☐ Yokohama ☐ Other	
	VEHICLE SPEED AT INCIDENT <u>20 to 25 MPH</u>	FAILED PART(S) ☒ Original ☐ Replacement	

HANDICAPPED ADAPTIVE ☐ Yes ☐ No	FAILED PART(S) AVAILABLE? ☐ Yes ☐ No	NHTSA PREVIOUSLY CONTACTED? ☐ Yes ☐ No
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APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.	CRASH ☐ Yes ☐ No	NUMBER OF PERSONS INJURED ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9	CAUSE OF INCIDENT ☐ Wear/Corrosion/Rust ☐ Weak/Poor Fit/Loose ☐ Cut/Torn ☐ Disconnect/Fell Off ☒ Error/Poor Performance ☐ Excessive Effort	☐ Noisy ☐ Leaks ☐ Short ☐ Locks/Sticks/Grabs ☐ Stability/Vibration ☐ Broken	RESULT OF INCIDENT ☐ Explosion/Fire ☐ Loss of Control ☐ Poor Visibility ☒ Inadvertent Start ☐ Rollover ☐ Stalls ☒ Sudden Acceleration
	FIRE ☐ Yes ☐ No	NUMBER OF FATALITIES ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9			

DOT Auto Safety Hotline
(DASH) 2 DOT



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and I had questioned Lexus Corporation
of a defect in the air bag system. Their
response was totally inappropriate and I
feel they should have a little more
compassion toward a loyal customer.
I would like for a more complete and
accurate investigation, so I can feel
a little more comfortable when I'm
driving my car in the near future.

Thanks,

