



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 1374

Date Received: **RECEIVED** Repository

**05 FEB 25 AM 5:22**  
**22-JAN-2003** Reference No. 10004358

**DEFECTS INVESTIGATION** E-mail Address

Daytime Telephone Number

Evening Telephone Number

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: ALTA LOMA State: CA Zip Code: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an address to the vehicle manufacturer, Signature of Owner: [Redacted] Date: **02.05.03**

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: **JT8BF28G210** [Redacted]  
Make: LEXUS Model: LEXUS Model Year: 2001  
Date Purchased: **07/08/2001** Dealer's Name and Telephone Number: **LEXUS OF RIVERSIDE 800-899-5398** Engine: No: Cylinders: Fuel Type:  
Original Owner: [Redacted] Dealer's City: **RIVERSIDE, CA 92504** State: **CA** Zip Code: **92504**  
Transmission Type: **AUTOMATIC DRIVE** Antilock Brakes:  Powertrain: Vehicle Component Code: **141000 AJR BAGS:FRONTAL**  
 Cruise Control Multiple Failures:

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

Incident Date(s): **11-DEC-2002** Failure Mileage: Failure Speed: **30** **FRONTAL AIRBAGS DID NOT DEPLOY**

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

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

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

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

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash:  Yes  No Fire:  Yes  No Number of Persons Injured: Number of Deaths: Reported to Police: **N**

Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING 30MPH HAD FRONT END COLLISION NEITHER AIR BAG DEPLOYED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. TS  
**Passenger had Fractured rib - due to seat belt restraint**  
**The Dealer that repaired my car, said the sensor that activates the Airbags was too low to be contacted. I feel the sensor should be relocated to allow for a low contact, or a high contact.**  
**LEXUS OF CERRITOS, was the Repair Facility.**

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

The Privacy Act of 1974-Public Law 93-502 This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.