



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) 2003 JUN -4 21:49:20
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received

Repository

Reference No.
10017216

OWNER INFORMATION (Type or Print)

Name

Address

City EDMOND

State OK

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

JAME

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, you must provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 5/23/03

VEHICLE INFORMATION

17 dot Vehicle Identification Number

Make

LEXUS

Model

SC300

Model Year

1992

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

6

Fuel Type:

R00 UNLEAD

Original Owner:

Dealer's City

OKLAHOMA CITY

State

OK

Zip Code

Transmission Type

Auto

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

114200 ELECTRICAL SYSTEM: WIRING: INTERIOR/UNDER DASH

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

21-APR-2003

Failure Mileage

120000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

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).

CONSUMER STATES VEHICLE'S GAUGES ARE HARD TO SEE DURING THE DAY. DEALER NOTIFIED. PLEASE PROVIDE ADDITIONAL INFORMATION.

IMPOSSIBLE OR NIGHT

I CAN NOT TELL HOW FAST I AM GOING OR HOW MUCH FUEL IS IN THE TANK.

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 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.