



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 335

Date Received

Repository ☐

2003 OCT 12 12:00:35

Reference No.
10032423

OWNER INFORMATION (Type or Print)

Name

Address

City MILWAUKEE

State WI

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1/1

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side

JTBUEF1EECLCO

Make

LEXUS

Model

LS400

Model Year

1990

Date Purchased

11/16/2002

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

Vehicle Component Code

140000 AIR BAGS

☐ Cruise Control

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

4/12/03

Failure Mileage

140000

Failure Speed

30

AIR BAG

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), condition(s), and injury(ies).)

Crash

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

Y

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 STATED WHILE TRAVELING AT 30 MPH, ANOTHER VEHICLE RAN A LIGHT AND THE CONSUMER HIT THAT VEHICLE. CONSUMER'S VEHICLE ROLLED OVER AND WAS TOTALED. ONLY THE DRIVER SIDE AIRBAG DEPLOYED. PASSENGER'S NECK AND BACK WAS INJURED AS A RESULT. PASSENGERS WERE WEARING SEAT BELTS. PLEASE PROVIDE ANY FURTHER INFORMATION. "PH"

The driver's airbag did not
deploy. The vehicle did not
roll over.

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

The consumer was traveling approximately 30 mph. Another vehicle pulled into the path of the consumer's vehicle, forcing to yield the right of way. The consumer hit this vehicle broadside with the front end of the vehicle. The air bag did not deploy.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY MAIL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



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QUESTIONNAIRE**

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COMPLETE THIS FORM
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DASH2DOT

and dial toll free at

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(DASH) 2 DOT



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