

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>	FOR AGENCY USE ONLY 100161	
		Date Received 2004 APR -1 PM 12 20 JAN 2004	Repository <input type="checkbox"/> 29 Reference No. 1005388

OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		
Address	[REDACTED]		
City	WAYNE	State	MI 7
Zip Code	[REDACTED]		
Daytime Telephone Number	[REDACTED]		
Evening Telephone Number	[REDACTED]		
Do you authorize NHTSA to contact the manufacturer of your vehicle? In the absence of an authorized signature, your name or address to the vehicle manufacturer. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Signature of Owner [REDACTED] Date 3/2/04			

VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of or stamped on driver's side 5THBA30G54501969		Make LEXUS	Model ES 330
Year 2004		Engine: No. Cylinders	Fuel Type:
Date Purchased 11/22/03	Dealer's Name and Telephone Number WORLDWIDE 975 535 2722		
Original Owner [REDACTED]	Dealer's City ANN ARBOR	State MI	Zip Code 48106
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 021000 SUSPENSION:FRONT
Multiple Failures: 1			

FAILED COMPONENT(S)/PART(S) INFORMATION		
Incident Date(s)	Failure Mileage 3	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: DOTM19ABC026)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 HAD DIFFICULTY STEERING BECAUSE THE VEHICLE PULLED TO THE LEFT. DEALER MECHANIC STATED THE VEHICLE WAS WITHIN TOLERANCE. CONSUMER GOT A SECOND OPINION FROM AN INDEPENDENT MECHANIC WHO PERFORMED A FRONT ALIGNMENT. VEHICLE PERFORMED BETTER AFTER THE ALIGNMENT. *AX