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 120

Date Received: 2004 MAR 11 AM 10:39 — 29-JAN-2004
Repository ☐
Reference No.: 10056129

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: LANDOVER | State: MD | Zip Code: [redacted]
Daytime Telephone Number: [redacted]
Evening Telephone Number: [redacted]
E-mail Address: [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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JTBGK13T4S[redacted]	LEXUS	ES300	1995

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
~1999	Select Auto Imports			6	Gas
Original Owner ☐	Dealer's City: Alexandria	State: VA	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
	☑ Antilock Brakes ☐ Cruise Control		060000 ENGINE AND ENGINE COOLING
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
29-JAN-2004	122,563	0	Oil Pressure / Engine

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: DOTMAL9A8C036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

OIL PRESSURE LIGHT CAME ON AND WOULD NOT GO OFF. CONSUMER CALLED DEALER AND EXPLAINED THE PROBLEM. WAS TOLD THAT OIL PRESSURE WAS LOW. WHEN CONSUMER ATTEMPTED TO START VEHICLE AND DRIVE IT TO THE MECHANIC IT MADE A FUNNY NOISE. CONSUMER IMMEDIATELY TURNED THE VEHICLE OFF, AND HAD VEHICLE TOWED TO THE MECHANIC. AFTER EXAMINING THE VEHICLE MECHANIC DETERMINED THAT PROBLEM WAS THE OIL PRESSURE AND [redacted] HAD AFFECT ON THE ENGINE. VEHICLE NEEDED AN ENGINE OVERHAUL. CONSUMER HAD VEHICLE TOWED TO A LEXUS DEALER/MECHANIC. THEY TOLD CONSUMER THE SAME THING THAT IT WAS THE OIL PRESSURE AND THAT IT WOULD COST CONSUMER $10,000-15,000.00 TO HAVE IT REPAIRED. *AK

Lw) Caused engine damage
Consumer believes there could have been a defect with the timing of the oil pressure light. There was not a dealer indication that there was an oil problem or engine trouble.

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 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.