



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 252

Date Received

2004 MAY 21
10-MAR-2004

Repository

1911
10062096

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: NEW ROCHELLE State: NY Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
E-mail Address: [Redacted]
Evening Telephone Number: [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 authorized signature, please provide your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 04 14 04

VEHICLE INFORMATION

17 digit vehicle Identification Number Located at bottom of windshield on driver's side: JTHBF30G6.30144905
Make: LEXUS Model: ES300 Model Year: 2003
Date Purchased: 7-2-03 Dealer's Name and Telephone Number: Lexus Ray Catena (914) 833-5000
Original Owner: Dealer's City: Larchmont State: NY Zip Code: 10538
Engine: No: Cylinders: 6 Fuel Type: Regular
Transmission Type: Automatic Antilock Brakes Cruise Control
Powertrain: [Redacted] Vehicle Component Code: 180000 VEHICLE SPEED CONTROL
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 10-MAR-2004
Failure Mileage: 2200
Failure Speed: less than 5 mph

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTM18ABCD36): [Redacted] Original Equipment Prior Repair
Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

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: 0
Number of Deaths: 0
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).

WHILE WAITING IN HEAVY TRAFFIC AT AN INTERSECTION AND WITHOUT WARNING VEHICLE SUDDENLY ACCELERATED. THIS CAUSED THE DRIVER TO REAR END THE VEHICLE IN FRONT. UPON IMPACT, BOTH AIR BAGS DID NOT DEPLOY. THE VEHICLE WAS TOWED TO THE DEALER. THE INSURANCE COMPANY TOTALED THE VEHICLE. *AK The Lexus dealership insisted, there was nothing wrong with the car. I have an impeccable driving record of 38 yrs. I know when a car accelerates on its own. My insurance co. met life had to pay for the repair of my front bumper & the repair of the car of the person I hit. (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)

I did not want to drive my faulty car again & had to purchase a 2004 Lexus with all the transactions, I cost me \$10,000 to get into another car. (see attached letter to the President of Lexus) The President's assistant said there was no thing they could do for me.



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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. 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



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT
1-888-327-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety Administration
<http://www.nhtsa.gov/dot>

December 17, 2003

[REDACTED]
New Rochelle, NY [REDACTED]

Denny Clemens, President, Lexus
209 Technology Drive
Irvine, CA 92618

Dear Mr. Clemens:

On July 2, 2003 a long time dream of owning a Lexus 300 became a reality. The cash purchase of a new 2003 ES 300 from the Ray Catena Lexus dealership in Larchmont, New York was a 60th birthday present to myself.

In three months I put about 2200 miles on my car which preformed flawlessly until October 14, 2003 when I had an accident as a result of the car malfunctioning. I was following a car which stopped to make a turn. When she accelerated, I did likewise and was shocked when my car bolted and accelerated faster than it should have. Fortunately, I applied the brake quickly hence causing less damage than what could have happened.

I had the car towed to Ray Catena's Lexus service department. They found nothing wrong with the car and returned it to me. However, two days later I asked the Lexus dealership to take the car back as I didn't care for the way it was operating. At this point I spoke to Michael Goodman at the Lexus customer service department and informed him that I didn't feel safe in the car.

Ultimately, a Lexus engineer checked the car and found nothing wrong with it. I spoke to Mr. Goodman and asked him how he could help me as I could not take back a car that made me feel unsafe especially since I purchased a Lexus as a result of its reputation for being very safe.

In view of the fact that I have an impeccable driving record of almost forty years, I paid cash for my car and had no hidden agenda to get out of a car lease, and I put over 2200 miles on my car, Mr. Goodman said there was nothing he could do for me as no one could find anything wrong with the car.

After a month of having my car checked by several Lexus employees, I asked the dealership to get me another car. This experience cost me time and money lost in unkept business appointments, a \$500 deductible to cover the cost of changing the bumper on my car, over \$200 for a rental car, \$4100 for the difference between my car and the purchase of a 2004 Lexus ES 330. I also forfeited the navigation system I had in the 2003 car in order to keep my expenses down. Hence, I lost an additional \$5500.

I am very disappointed with all the money I lost because of a car that malfunctioned. I'm also very unhappy with the blemish on my impeccable driving record when the accident wasn't my fault.

I know there was something wrong with that car, and now Mr. Clemens I'm asking you what can you do to rectify a very unpleasant experience.

Sincerely,

[REDACTED]

New York State Department of Motor Vehicle
POLICE ACCIDENT REPORT
MV-104A (7/01)

41066

Local Codes
File # 41066
1245 HAS

AMENDED REPORT OMV COPY

Accident Date Month 10 Day 14 Year 2003	Day of Week THUR	Military Time 1240	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Lost Score <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						Accident Reconstructed <input type="checkbox"/>	OTHER PEDESTRIAN <input type="checkbox"/>	

VEHICLE 1				VEHICLE 2			
State of Lic. NY				State of Lic. NY			
City of Town NEW Rochelle NY				City of Town NEW Rochelle NY			

Date of Birth 04/17/73 Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth 10/13/52 Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>
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Vehicle Year & Make NY 03 LEXUS	Vehicle Type 4DSD	Ins. Code 219	Vehicle Year & Make NY 02 VOLVO	Vehicle Type 4DSD	Ins. Code 328
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Check if involved vehicle is:
 more than 95 inches wide;
 more than 34 feet long;
 operated with an overweight permit;
 operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES
 Box 1 - Point of Impact 2 2
 Box 2 - Most Damage 3 3 5

VEHICLE 2 DAMAGE CODES
 Box 1 - Point of Impact 6 8
 Box 2 - Most Damage 2 4 5

VEHICLE DAMAGE CODING:
 1-13. SEE DIAGRAM ON RIGHT.
 14. UNDERCARRIAGE 17. DEMOLISHED
 15. TRAILER 18. NO DAMAGE
 16. OVERTURNED 19. OTHER

Place Where Accident Occurred:
 County WEST City of Town NEW Rochelle
 Road on which accident occurred NORTH AVE
 at 1) intersecting street PAINE AVE
 or 2) _____ of _____

Accident Description/Officer's Notes (see SAR)

9	8	10	11	12	13	14	15	16	17	BY	TO	19
1	1	4	1	60	F	-	-	-	-			
2	1	4	1	51	F	6	12	6	-			

Officer's Rank and Signature: PTL M.R. Petya #1186
 Print Name in Full: LRT1219-R
 Badge/ID No.: 7704
 NCIC No.: 05904
 Precinct/Post/Trap/Zone: -
 Station/Beat/Section: 8
 Reviewing Officer: [Signature]
 Date/Time Reviewed: 10/15/03 1523

41066

OPTIONAL FORM NO. 108

POLICE REPORT OF MOTOR VEHICLE TRAFFIC ACCIDENT

TIME	DATE OF ACCIDENT	14 OCT 03	Day of Week	TUESDAY	Hour	12:00	A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>
LOCATION	ROAD ON WHICH ACCIDENT OCCURRED	NORTH AVE <small>Give name of street or highway number (U.S. or State). If no highway number, identify by name.</small>					
	AT ITS INTERSECTION WITH	PAINÉ AVE <small>Name of intersecting street or highway number</small>					
	IF NOT AT INTERSECTION	feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<small>Show reasons intersecting street or highway, house no., bridge, RR crossing, alley, driveway, sidewalk, milepost, landmark, or other landmark.</small>

SIGN HERE	PTLM.R. Letizia #1186 <small>Officer's rank and name</small>	7707 <small>Badge No.</small>	05907 <small>Department</small>	14 OCT '03 <small>Date of report</small>
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18. DETAILED RECONSTRUCTION OF ACCIDENT

I WAS detailed to accident location RE: A MVA.

I interviewed OPR-2 who stated, she was driving Southbound on NORTH AVE when she hit vehicle two. Vehicle two was stopped on NORTH AVE, waiting to MAKE A left turn onto PAIN AVE.

I interviewed OPR-2 who stated, she was stopped on NORTH AVE, waiting to MAKE A left turn onto PAIN AVE, when she was struck by VEH-1.

OPR-2 Reported NO INJURIES.

OPR-2 complained of MINOR PAIN to her upper back. OPR-2 refused medical aid and stated she would seek medical attention later.

Both operators displayed valid documentation

SGT CIANNOTTI was advised.

VAC'S ISSUED.

25. REPORTING OFFICER PRINT LETIZIA - R. SIGN PTLM.R. Letizia #1186	26. EMPLOYEE NO. 7707	27. SUPERVISOR SIGNATURE <i>[Signature]</i>	28. CASE REVIEW APPROVAL	29. COPY TO
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