



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 100079

Date Received
2004 APR 20 AM 10:12
16-MAR-2004

Repository
Reference No.
10063297

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CAPE CORAL State FL 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 1/1/04

VEHICLE INFORMATION

1/ digit Vehicle Identification Number located at bottom of windshield on driver's side
JT8BN2BF4Y0168403
Make LEXUS Model LS400 Model Year 2000
Date Purchased 9-27-99 Dealer's Name and Telephone Number FT. MYERS LEXUS
Engine: No. Cylinders 8 Fuel Type: Gas PREMIUM
Original Owner Dealer's City FT. MYERS State FL Zip Code [REDACTED]
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE
Vehicle Component Code 180000 VEHICLE SPEED CONTROL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 16-MAR-2004
Failure Mileage
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: DOTMALBABC036) 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).

WHILE CONSUMER WAS PARKING IN A PARKING SPACE VEHICLE SUDDENLY ACCELERATED. *AK THESE WERE REMIND TIMES TO SERVICE DEPT AT LEXUS
HELP!!! 1/21/04 SURGES AT IDLE
4/14/03 CAR SURGED AT A STOP MOTOR RACED SO HIGH HAD TO SHUT CAR OFF
11/15/01 HESITATES AT ACCELERATION

NOTHING COULD EVER BE FOUND WRONG!!!

ALL THESE ARE ON FILE AT FT. MYERS LEXUS

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.