



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 100161

Date Received

Repository

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Reference No.
10083306

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: NEW HAVEN State: CT Zip Code: [REDACTED]

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 a signature, provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 3/30/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: JT8 Bd69S 720152590
Make: LEXUS Model: GS300 Model Year: 2002
Date Purchased: 10/19/01 Dealer's Name and Telephone Number: 203-466-4999 Engine: Fuel Type:
Original Owner: [X] Dealer's City: EAST HAVEN CT State: CT Zip Code: 06512 No. Cylinders: 6
Transmission Type: AUTOMATIC Antilock Brakes Powertrain: Vehicle Component Code: U36000 SERVICE BRAKES, HYDRAULIC; ANTILOCK
 Cruise Control Multiple Failure: 6

FAILED COMPONENT(S)/PART INFORMATION

Incident Date(s): Failure Mileage: 23000 Failure Speed: Reported 3 times
WHEEL STOP MULTIPLE FAILURE 5 OR 6 TIMES

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: DOTM198AB038) Original Equipment Failure Location:
 Prior Repair
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).

WHEN PRESSING THE BRAKE PEDAL VEHICLE INTERMITTENTLY LURCHED FORWARD. DEALER COULD NOT DETERMINE THE CAUSE OF THE PROBLEM. *AK

SERVICE NOTE IS A LIE. THRU AT 19716, NO WEAR, NOW AT 60,000, NO WEAR ON BRAKE PEDAL. MY FLOOR MAT CAN'T GET IN THE WAY OF OUR PRESSING ON BRAKES PEDAL.

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.

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**