



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 100145

Date Received: 31-MAR-2004
Repository:
Reference No.: 10065355

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: BATAVIA State: IL 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?
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 4-16-04 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: JT3BH68X0 [Redacted]
Make: LEXUS Model: GS400 Model Year: 1999
Date Purchased: 4-9-99 Dealer's Name and Telephone Number: Lexus of Naperville
Original Owner: Dealer's City: Naperville State: IL Zip Code: 60570
Engine: No. Cylinders: 8 Fuel Type: [Redacted]
Transmission Type: Automatic Antilock Brakes Powertrain: [Redacted]
 Cruise Control Vehicle Component Code: 181000 VEHICLE SPEED CONTROL; ACCELERATOR PEDAL

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 20-MAR-2004 Failure Mileage: 40000 Failure Speed: [Redacted]

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: DOTM18ABC036): [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), condition(s), 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 BACKING OUT AND SHIFTING INTO DRIVE VEHICLE SURGED FORWARD. AS A RESULT, VEHICLE CRASHED INTO A BUILDING. UPON IMPACT, DUAL AIRBAGS DID NOT DEPLOY. *AK

Airbags did deploy. Auto total loss.

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 by 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.