



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) **2004 MAY 11 FAILURE: 2003**
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100182

Date Received

Repository

Reference No.
10067142

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: URBAN DALE State: IA Zip Code: [Redacted]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Same

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

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: JTTHBF30GX3 [Redacted]
Make: LEXUS Model: ES300 Model Year: 2003
Date Purchased: 8-23-03 Dealer's Name and Telephone Number: [Redacted] / [Redacted] 515-253-9911
Original Owner: Dealer's City: Des Moines, Ia 50329 State: Zip Code: [Redacted]
Engine: No. Cylinders: 6 Fuel Type: Gasoline
Transmission Type: Automatic Antilock Brakes: Powertrain: [Redacted]
 Cruise Control: [Redacted] Vehicle Component Code: 181000 VEHICLE SPEED CONTROL; ACCELERATOR PEDAL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 1-04 Failure Mileage: 1500 Failure Speed: 2 mph

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: DOTM1A9ABC036) 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: 0 Number of Deaths: 0 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).

CONSUMER COMPLAINED ABOUT UNEXPECTED ACCELERATION. CONSUMER TOOK VEHICLE TO THE DEALER. ALSO, THE LEXUS CORPORATION SENT A REPRESENTATIVE TO INSPECT THE VEHICLE, AND THEY CLAIMED THERE WAS NO PROBLEM. *AK

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 was pulling into restaurant parking space. Went to put car in park but car prevented forward now park and into gear before I could get it to stop. Damage done to front bumper (Unintended acceleration)

This is the fourth Recall I have received and consequently I am very familiar with the vehicle.

Although a class representative warned the vehicle the Company had refused to furnish me with a copy of the Administration Report. The Company's Press/PR Legal Department has simply indicated that vehicle was not defective.

We have made no claim against the Company and have made it clear we have no intention of being so but our request for the report has been continually denied.

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



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73175 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



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and dial toll free at

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TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE



**VEHICLE
OWNER'S**