



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

2004 MAY

FOR AGENCY USE ONLY 1387

Date Received 11 APR 2004
14-APR-2004

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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City LOUISVILLE State KY 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 authorization, you may be contacted by the manufacturer or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 26 APR 2004

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: JTHBF30G33[REDACTED] Make LEXUS Model ES300 Model Year 2003

Date Purchased 02-APR-03 Dealer's Name and Telephone Number [REDACTED] Engine: No. Cylinders [REDACTED] Fuel Type: [REDACTED]
Original Owner Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]

Transmission Type [REDACTED] Antilock Brakes Cruise Control Powertrain [REDACTED] Vehicle Component Code 191000 VEHICLE SPEED CONTROL; ACCELERATOR PEDAL
Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 22-SEP-2003 Failure Mileage 2000 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: DOTM19ABC036) 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 [REDACTED] Number of Deaths [REDACTED] 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).

UPON STOPPING, AND WHEN CONSUMER REMOVED FOOT FROM THE GAS PEDAL VEHICLE SURGED FORWARD BEFORE THE BRAKE PEDAL WAS DEPRESSED. THIS OCCURRED NUMEROUS TIMES. ONCE, RESULTING IN CONSUMER'S VEHICLE CRASHING INTO A CONCRETE POLE WHILE PULLING INTO A PARKING LOT. ALSO, STARTING AT 5000 MILES BATTERY HAD TO BE REPLACED 3 TIMES BECAUSE IT DIED. THIS WAS DUE TO AN ELECTRICAL SHORT. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. 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.