



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 1368

Date Received *2004*
27-MAY-2004
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OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City CAMILLA State GA 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, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [Redacted] Date *11/9/04*

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side
PLEASE PROVIDE *JTBJS47K9P0* [Redacted]
Make *LEXUS* Model GS300 Model Year 1993
4DR
1993
Date Purchased *10-1-96* Dealer's Name and Telephone Number *1435 Berkeley*
Metropolx Sales/Leasing, Inc Marietta, GA. Engine: No: Cylinders Fuel Type: *GAS*
Original Owner Dealer's City *Marietta, GA.* State *GA.* Zip Code *30066*
Transmission Type *Auto.* Antilock Brakes Powertrain Vehicle Component Code
 Cruise Control 071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) *22-APR-2004* Failure Mileage 195000 Failure Speed *THE GAS TANK Began Leaking and had to be replaced. Tank in front of car*

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]
The Component Code [Redacted] The 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).

THE FUEL TANK WAS LEAKING FUEL INSIDE THE VEHICLE'S TRUNK. THE CONSUMER COULD SMELL GAS FUMES WHILE DRIVING/PARKED. THE DEALERSHIP WILL BE NOTIFIED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. *NM

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 began to smell gas so we started looking to see where it was coming from. The smell got worse and worse to the point where I had to drive with the windows down to keep from passing out. I then took my spare tire out and it bottom was full of gas so we took the tire out and began to check and realized the gas tank was in the trunk/back seat. We removed the cover and the bottom of the gas tank had been leaking, so we pulled the bottom rim of the gas tank and it continued to leak. The tank had to be removed and replaced. I had to pay for the tank and the labor.

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 73173 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, NYS-216
400 7th Street, SW
Washington, DC 20590

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IN THE
UNITED STATES

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QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

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and dial toll free at

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(DASH) & DOT



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