



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received

Od_or _____
rt_dt _____
od_rt _____
up_itr _____

Reference No.

2004 JUN 14 11:43:27
10079338

OWNER INFORMATION (Type or Print)

Name _____
Street _____ Apt. No. _____
City Coral Springs State FL

Daytime 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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____

Date 5/24/04

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) <u>JTJGF10462</u>		Make <u>LEXUS</u>	Model <u>RX 300/4Dr</u>	Year <u>2002</u>
Purchased Date <u>5-05-02</u>	Dealer's Name <u>J M LEXUS</u>		Engine Size (CID/CC/L) <u>6</u>	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☐ New ☐ Used	Dealer's City <u>MARGATE</u>	State <u>FL</u>	Zip Code <u>33073</u>	No. Cylinders <u>6</u>
Manufacture Date (on driver's door or pillar) <u>03/02</u>	Transmission Type ☐ Manual ☒ Automatic	Restraint System ☒ Driver's Side Air Bag ☐ Motorist ☒ Passenger's Side Air Bag ☐ 2-Point Belt ☐ 3-Point Belt	Cruise Control ☒ Yes ☐ No	Drivetrain ☒ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other		Body Style ☐ 2-Door ☒ 4-Door ☐ Station Wagon ☐ Pick Up Truck ☐ Other		

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) <u>Driver side Air Bag</u>	Location ☒ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement	Handicap Adaptive Equip ☐ Yes ☒ No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name
Complete Tire Size	DOT No.
No. of Failure	Date(s) of Failure(s)
	Mileage at Failure(s)
	Vehicle Speed at Failure(s)
Failed Part(s) Available?	NHTSA Previously Contacted?
☐ Yes ☐ No	☐ Yes ☐ No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash ☒ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured <u>Six (6)</u>	Number of Fatalities	Reported to Manufacturer ☒ Yes ☐ No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

I was traveling north on the Florida turnpike at approximately 65 mph on February 15th 2004. South bound my vehicle cut through median entered to my lane of traffic and struck my vehicle on left front drivers side. The impact failed to deploy airbag damaging the tire and the wheel, bumper and the left front fender. The impact caused injury to my chest, left leg, back, shoulder, etc.
Passenger received minor cuts

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration 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)

bruises, Contusion etc.

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400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590



Complete and return or place in your car manual for future use



**VEHICLE
OWNER'S**

QUESTIONNAIRE

(V00)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

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1-888-327-4236

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(DASH) 2 DOT



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