



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 SEP

FOR AGENCY USE ONLY 100078

Date Received

21 AM 9:08
25-AUG-2004

Repository

Reference No.
10069764

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City LEXINGTON State MO Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening 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 authorized signature, NHTSA will attempt to contact the manufacturer of the vehicle.
Signature of Owner [REDACTED] Date 9/7/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side JTHBA30G040 [REDACTED] Make LEXUS Model ES 330 Model Year 2004

Date Purchased 1-31-04 Dealer's Name and Telephone Number SUPERIOR LEXUS 816-942-9000 Engine: No. Cylinders 6 Fuel Type: Gas

Original Owner Dealer's City KANSAS CITY, State MO Zip Code 64114

Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT-REAR WHEEL DRIVE Vehicle Component Code 126200 EXTERIOR LIGHTING:TURN SIGNAL:SWITCH Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 25-AUG-2004 1-31-04 Failure Mileage FROM 000 Failure Speed ALL

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) 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 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).

WHILE DRIVING AND WHEN CONSUMER TURNED ON THE TURN SIGNAL LIGHTS TO MAKE RIGHT OR LEFT TURNS THE ARROWS INDICATED LEFT OR RIGHT, BUT DIDNT MAKE A CLICKING NOISE. CONSUMER INDICATED HE HAD TO OBSERVE THE DASHBOARD TO SEE IF THEY WERE WORKING WHILE HE WAS DRIVING. THE DEALERSHIP INDICATED VEHICLE WAS OPERATING AS DESIGNED BY THE MANUFACTURER. *AK

Clicking noise is audible with motor running and vehicle stopped. When vehicle is moving the wind, tire and motor noise makes the clicking inaudible. It is hazardous to drive with the turn signals on and you have no intention to turn. I am not hearing impaired.

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.