



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-DCG
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 10C145

Date Received

Repository

11-25 OCT-2004

Reference No.
10097242

OWNER INFORMATION (Type or Print)

Name

Address

City TALLMADGE

State OH

Zip Code

Daytime Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: YES NO
Date 11/3/4

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side

JTH9F30E735

Make

LEXUS

Model

ES300

Model Year

2003

Date Purchased

11-18-02

Dealer's Name and Telephone Number 330-645-4800

LEXUS OF AKRON/CANTON

Engine:

No: Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

AKRON

State

OH

Zip Code

44312

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

04-OCT-2004

Failure Mileage

34900

Failure Speed

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: DOTM19ABC036)

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).

THE CONSUMER STATED AT ANY TIME THE VEHICLE ACCELERATED WITHOUT WARNING. NO IMPACT REPORTED. PLEASE PROVIDE ADDITIONAL INFORMATION. *JB

VEHICLE WILL NOT ACCELERATE AT TIMES - 3 to 4 seconds HESITATION, THEN WILL GO. VERY DANGEROUS WHEN PULLING OUT INTO TRAFFIC. VEHICLE STICKS IN GEAR. HAS DONE IT SINCE PURCHASE. DEALERSHIP TOLD ME THAT IT IS A PROBLEM BUT CANNOT BE REPAIRED. IN FOR REPAIR 4 TIMES FOR PROBLEM

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.