



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 100148

Date Received

27-MAY-2008

Repository ☐

Reference No.

10228947

OWNER INFORMATION (Type or Print)

Name

Address

City

CARROLLTON

State

TX

Zip Code

Daytime Telephone Number

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 authorization, NHTSA will not provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 6/30/08

VEHICLE INFORMATION

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

JTHF10U620256107

JTHF10U620

Make

LEXUS

Model

RX300

Model Year

2002

Date Purchased

Dealer's Name and Telephone Number

Carmax

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

30-APR-2008

Failure Mileage

70000

Failure Speed

35

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

1

Number of Deaths

0

Reported to Police

Y

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).

TL*THE CONTACT OWNS A 2002 LEXUS RX300. WHILE DRIVING 35-45 MPH, THE CONTACT STATED THAT ANOTHER VEHICLE CRASHED IN THE DRIVERS SIDE HER VEHICLE. THE AIRBAGS DID NOT DEPLOY. THE CONTACT SUSTAINED A CONCUSSION AND NECK INJURIES AND FELT THIS WAS CAUSED BECAUSE THE AIRBAGS DID NOT DEPLOY. AS OF MAY 27, 2008, THE DEALER HAD NOT REPAIRED THE VEHICLE. THE FAILURE AND CURRENT MILEAGES WERE 70,000.

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.

Law Enforcement and TxDOT Use ONLY

☐ FATAL ☐ CMV INVOLVED ☐ SCHOOL BUS RELATED ☐ RAILROAD RELATED ☐ MEDICAL ADVISORY BOARD ☐ HIT AND RUN ☐ AMENDMENT/SUPPLEMENT


Texas Peace Officer's Crash Report

Submission of Crash Records: This report may be submitted via the CRIS Web Portal, electronically submitted via XML or by mailing to the Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714.
Questions? Call: 512/486-5780

Form CR-3
(Rev 04/08)
(GSD-EPC)
Page 1 of 2

PLACE WHERE CRASH OCCURRED		LOC # A08000835	
COUNTY BELL	CITY OR TOWN TEMPLE	ORI # 0140700	
IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN		DPS #	
MILES ☐ N ☐ S ☐ E ☐ W ☐ OF			
ROAD ON WHICH CRASH OCCURRED 1500 Blk of W Marlandwood Rd		CONSTRUCTION ZONE WORKERS PRESENT ☐ YES ☒ NO SPEED LIMIT 35	
BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____			
INTERSECTING STREET OR RR X'ING NUMBER		CONSTRUCTION ZONE WORKERS PRESENT ☐ YES ☐ NO SPEED LIMIT _____	
BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____			
NOT AT INTERSECTION ☐ FT. ☐ MI. ☐ N ☐ S ☐ E ☐ W ☐ OF		MILEPOST _____ LATITUDE _____ LONGITUDE _____	
SHOW MILEPOST OR NEAREST INTERSECTING HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT			
DATE OF CRASH	April	30	2008
MONTH	DATE	YEAR	DAY OF WEEK
			Wednesday
			HOUR 3:45
			☐ AM ☒ PM IF EXACTLY NOON OR MIDNIGHT, SO STATE
UNIT # 1	1-MOTOR VEHICLE 2-TRAIN 3-PEDALCYCLIST	4-PEDESTRIAN 5-MOTORIZED CONVEYANCE 6-TOWED	7-NON-CONTACT 8-OTHER
			VIN # 1GCHC24U42E
			ALTERED VEHICLE HEIGHT ☐ YES ☒ NO
YEAR MODEL 02	COLOR & MAKE Red/ Chevy	MODEL NAME C2500	BODY STYLE Truck
			LICENSE PLATE _____ YEAR _____ STATE _____ NUMBER _____
DRIVER'S NAME		Address (STREET, CITY, STATE, ZIP) Belton, TX	
DRIVER'S LICENSE		LISCENSE STATUS 1	
STATE TX NUMBER _____ CLASS/TYPE C ENDORSEMENTS _____ RESTRICTIONS A DATE OF BIRTH _____			
DRIVER'S ETHNICITY 1 1-WHITE 2-HISPANIC 3-BLACK 4-ASIAN 5-OTHER DRIVER'S SEX ☒ MALE ☐ FEMALE DRIVER'S OCCUPATION Unknown		POLICE, FIREFIGHTER, EMS, ON EMERGENCY ☐ IF CHECKED, PLEASE EXPLAIN IN NARRATIVE	
TYPE OF ALCOHOL SPECIMEN TAKEN 4 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED TEST RESULTS _____		TYPE OF DRUG SPECIMEN TAKEN 3 1-BLOOD 2-URINE 3-NONE 4-REFUSED TEST RESULTS _____	
LESSEE ☐ OWNER ☒		DRUG CATEGORY 1	
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)		ADDRESS (STREET, CITY, STATE, ZIP)	
LIABILITY INSURANCE ☒ YES ☐ NO ☐ EXP		VEHICLE DAMAGE RATING FD-2	
INSURANCE COMPANY NAME & PHONE NUMBER American International 800-241-1188		POLICY NUMBER _____	
UNIT # 2	1-MOTOR VEHICLE 2-TRAIN 3-PEDALCYCLIST	4-PEDESTRIAN 5-MOTORIZED CONVEYANCE 6-TOWED	7-NON-CONTACT 8-OTHER
			VIN # JTJHF10U620
			ALTERED VEHICLE HEIGHT ☐ YES ☒ NO
YEAR MODEL 02	COLOR & MAKE Black/ Lexus	MODEL NAME RX300	BODY STYLE SUV
			LICENSE PLATE 09 TX YEAR _____ STATE _____ NUMBER _____
DRIVER'S NAME		Address (STREET, CITY, STATE, ZIP) Carrollton, TX	
DRIVER'S LICENSE		LISCENSE STATUS 1	
STATE TX NUMBER _____ CLASS/TYPE C ENDORSEMENTS _____ RESTRICTIONS A DATE OF BIRTH _____			
DRIVER'S ETHNICITY 1 1-WHITE 2-HISPANIC 3-BLACK 4-ASIAN 5-OTHER DRIVER'S SEX ☐ MALE ☒ FEMALE DRIVER'S OCCUPATION Teacher		POLICE, FIREFIGHTER, EMS, ON EMERGENCY ☐ IF CHECKED, PLEASE EXPLAIN IN NARRATIVE	
TYPE OF ALCOHOL SPECIMEN TAKEN 4 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED TEST RESULTS _____		TYPE OF DRUG SPECIMEN TAKEN 3 1-BLOOD 2-URINE 3-NONE 4-REFUSED TEST RESULTS _____	
LESSEE ☐ OWNER ☒		DRUG CATEGORY 1	
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) Same As Driver		ADDRESS (STREET, CITY, STATE, ZIP)	
LIABILITY INSURANCE ☒ YES ☐ NO ☐ EXP		VEHICLE DAMAGE RATING LD-3	
INSURANCE COMPANY NAME & PHONE NUMBER STATE FARM INS		POLICY NUMBER _____	
DAMAGE TO PROPERTY OTHER THAN VEHICLES			
OBJECT _____ NAME AND ADDRESS OF OWNER _____ FEET FROM CURB _____ DAMAGE ESTIMATE _____			
IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☒ YES ☐ NO			
CHARGES FILED			
NAME _____		CHARGE Fail to Yield ROW from Private Drive	
		CITATION # 0801953A	
NAME _____		CHARGE _____	
		CITATION # _____	
TIME NOTIFIED OF CRASH	04-30-08	3:45 pm	HOW Dispatch
DATE	TIME	HOW	TIME ARRIVED
			SCENE
			04-30-08
			3:46pm
			DATE OF REPORT 04-30-08
TYPED OR PRINTED NAME OF INVESTIGATOR Saulter		ID # 511	AGENCY TEMPLE POLICE DEPT
		DIST/AREA	REPORT COMPLETE ☒ YES ☐ NO

SEAT POSITION 1-FRONT LEFT 2-FRONT CENTER 3-FRONT RIGHT 4-SECOND SEAT LEFT 5-SECOND SEAT CENTER 6-SECOND SEAT RIGHT		7-THIRD SEAT LEFT 8-THIRD SEAT CENTER 9-THIRD SEAT RIGHT 10-CARGO AREA 11-OUTSIDE VEHICLE 12-UNKNOWN		SOLICITATION INDICATES A PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS FOR ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON, REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY (Y-SOLICIT, N-NO SOLICIT)		EJECTED 1-NONE 2-YES 3-YES, PARTIAL 4-NOT APPLICABLE 5-UNKNOWN		RESTRAINT USED 1-SHOULDER & LAP BELT 2-SHOULDER BELT ONLY 3-LAP BELT ONLY 4-CHILD SEAT, FACING FORWARD 5-CHILD SEAT, FACING REAR 6-CHILD SEAT, UNK		7-BOOSTER SEAT 8-NONE 9-OTHER 10-UNKNOWN		AIRBAG 1-NOT APPLICABLE 2-NOT DEPLOYED 3-DEPLOYED, FRONT 4-DEPLOYED, SIDE 5-DEPLOYED, OTHER 6-UNKNOWN		HELMET USE 1-NONE, DAMAGED 2-WORN, NOT DAMAGED 3-WORN, UNK, DAMAGED 4-NOT WORN 5-UNKNOWN IF WORN		INJURY SEVERITY X-KILLED A-INCAPACITATING INJURY B-NON INCAPACITATING INJURY C-POSSIBLE INJURY N-NOT INJURED U-UNKNOWN	
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UNIT # 1	TOWED DUE TO DISABLING DAMAGE	☐ YES ☒ NO	VEHICLE REMOVED TO	COMPANY & ADDRESS Driven From Scene	BY Driver	COMPANY & PHONE NUMBER
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ITEM #	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS NAMES, POSITIONS, RESTRAINTS USED, ETC HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED NAME (LAST, FIRST, MI)	ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	1		Belton, TX		1	1	2	4			N
2											
3											
4											
5											

UNIT # 2	TOWED DUE TO DISABLING DAMAGE	☐ YES ☒ NO	VEHICLE REMOVED TO	COMPANY & ADDRESS Driven From Scene	BY Guillen, Roland (V2 fiancée)	COMPANY & PHONE NUMBER
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ITEM #	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS NAMES, POSITIONS, RESTRAINTS USED, ETC HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED NAME (LAST, FIRST, MI)	ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6	1		Carrollton, TX	N	1	1	1	4			A
7											
8											
9											
10											

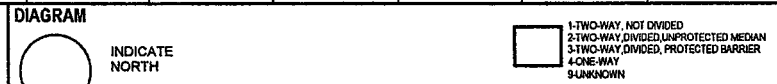
FED., PEDAL, MOT., CONVEY, ETC.	COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE CASUALTY NAME (LAST, FIRT, MI)	ADDRESS	SOL	ALCOHOL SPECIMEN TAKEN	RESULT	DRUG SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED OR INJURED				IF AMBULANCE USED, SHOW				
ITEM #	TAKEN TO (INCLUDE CITY & STATE)	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	AMBULANCE UNIT #	# OF ATTENDANTS INCLUDING DRIVER	# OF PERSONS TRANSPORTED FOR TREATMENT	
2	Scott & White Temple, TX	EMS	3:47 pm	3:53 pm	22	2	1	

COMPLETE THIS SECTION IF PERSON KILLED (if a person dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)											
ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

V1 stated that he waited for crossing traffic to pass before he pulled out from the private drive. V1 stated when he thought that he had a clear passage he pulled out. V1 stated that he cleared the eastbound lanes and pulled into the median. V1 stated as he began to cross the westbound lanes V2 appeared out of no where causing him to crash into the left side of the vehicle. V2 stated as she was traveling westbound she observed V1 pull into the median so she moved into the middle lane. V2 stated as she pulled into the middle lane she noticed that V1 accelerated and crashed into her car. V2 was transported to the hospital. V2 vehicle was released to Guillen, Roland (V2 fiancée) per her request.



FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION											
UNIT #	FACTORS/CONDITIONS CONTRIBUTING			OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED			VEHICLE DEFECTS CONTRIBUTING		VEHICLE DEFECTS MAY HAVE CONTRIBUTED		
1	1	2	3	1	2	3	1	2	1	2	
1	34										
	1	2	3	1	2	3	1	2	1	2	

1- ANIMAL ON ROAD - DOMESTIC
2- ANIMAL ON ROAD - WILD
3- BACKED WITHOUT SAFETY
4- CHANGED LANE WHEN UNSAFE
5-10 SEE VEHICLE DEFECTS
14- DISABLED IN TRAFFIC LANE
15- DISREGARD STOP AND GO SIGNAL
16- DISREGARD STOP SIGN OR LIGHT
17- DISREGARD TURN SIGNALS AT INTERSECTION
18- DISREGARD WARNING SIGN AT CONSTRUCTION
19- DISTRACTION IN VEHICLE
20- DRIVER INATTENTION
21- DROVE WITHOUT HEADLIGHTS
22- FAILED TO CONTROL SPEED
23- FAILED TO DRIVE IN SINGLE LANE
24- FAILED TO GIVE HALF OF ROADWAY
25- FAILED TO HEED WARNING SIGN
26- FAILED TO PASS TO LEFT SAFELY
27- FAILED TO PASS TO RIGHT SAFELY
28- FAILED TO SIGNAL OR GAVE WRONG SIGNAL
29- FAILED TO STOP AT PROPER PLACE
30- FAILED TO STOP FOR SCHOOL BUS
31- FAILED TO STOP FOR TRAIN
32- FAILED TO YIELD ROW - EMERGENCY VEHICLE
33- FAILED TO YIELD ROW - OPEN INTERSECTION
34- FAILED TO YIELD ROW - PRIVATE DRIVE
35- FAILED TO YIELD ROW - STOP SIGN
36- FAILED TO YIELD ROW - TO PEDESTRIAN
37- FAILED TO YIELD ROW - TURNING LEFT
38- FAILED TO YIELD ROW - TURN ON RED
39- FAILED TO YIELD ROW - YIELD SIGN

40- FATIGUED OR ASLEEP
41- FAULTY EVASIVE ACTION
42- FIRE IN VEHICLE
43- FLEEING OR EVADING POLICE
44- FOLLOWED TOO CLOSELY
45- HAD BEEN DRINKING
46- HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)
47- ILL (EXPLAIN IN NARRATIVE)
48- IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)
49- IMPROPER START FROM PARKED POSITION
50- LOAD NOT SECURED
51- OPENED DOOR INTO TRAFFIC LANE
52- OVERSIZE VEHICLE OR LOAD
53- OVERTAKE & PASS INSUFFICIENT CLEARANCE
54- PARKED AND FAILED TO SET BRAKES
55- PARKED IN TRAFFIC LANE
56- PARKED WITHOUT LIGHTS
57- PASSED IN NO PASSING LANE
58- PASSED ON RIGHT SHOULDER
59- PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE
60- SPEEDING - UNSAFE (UNDER LIMIT)
61- SPEEDING - (OVER LIMIT)
62- TAKING MEDICATION (EXPLAIN IN NARRATIVE)
63- TURNED IMPROPERLY - CUT CORNER ON LEFT
64- TURNED IMPROPERLY - WIDE RIGHT
65- TURNED IMPROPERLY - WRONG LANE
66- TURNED WHEN UNSAFE
67- UNDER INFLUENCE - ALCOHOL
68- UNDER INFLUENCE - DRUG
69- WRONG SIDE - APPROACH OR IN INTERSECTION
70- WRONG SIDE - NOT PASSING

71- WRONG WAY - ONE WAY ROAD
72- DRIVER INATTENTION-(CELL/MOBILE PHONE USE)
73- ROAD RAGE
74- OTHER FACTOR (WRITE ON LINE BELOW)

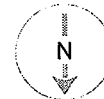
TRAFFIC CONTROL 1-NONE 2-OPERATIVE 3-OFFICER 4-FLAGMAN 5-SIGNAL LIGHT 6-FLASHING RED LIGHT		7-FLASHING YELLOW LIGHT 8-STOP SIGN 9-YIELD SIGN 10-WARNING SIGN 11-CENTER STRIPE/DIVIDER 12-NO PASSING ZONE		13-RR GATES/SIGNAL 14-SCHOOL ZONE 15-CROSSWALK 16-BIKE LANE 17-OTHER		ROADWAY RELATION 1-ON ROADWAY 2-OFF ROADWAY 3-SHOULDER 4-MEDIAN	
				1		1	
PART OF THE ROADWAY 1-MAIN LANE 2-SERVICE ROAD 3-ENTRANCE RAMP 4-EXIT RAMP 5-CONNECTOR 6-DETOUR 7-OTHER		ROADWAY ALIGNMENT 1-STRAIGHT, LEVEL 2-STRAIGHT, GRADE 3-STRAIGHT, HILLCREST 4-CURVE, LEVEL 5-CURVE, GRADE 6-CURVE, HILLCREST		1		4	
				1		1	
TYPE OF ROAD SURFACE 1-CONCRETE 2-BLACKTOP 3-BRICK 4-GRAVEL		5-DIRT 6-OTHER 7-UNKNOWN		2			
WEATHER 1-CLEAR/CLOUDY 2-RAIN 3-SLEETHAIL 4-SNOW 5-FOG 6-BLOWING SAND/SNOW		7-SEVERE CROSSWINDS 8-OTHER 9-UNK		1			
SURFACE CONDITION 1-DRY 2-WET 3-STANDING WATER 4-SNOW 5-SLUSH 6-ICE		7-SAND, MUD, DIRT 8-OTHER 9-UNK		1		1	

Case Number:

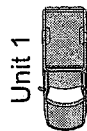
Date: 05/01/08

Location:

Description:

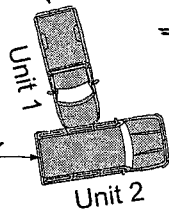


Private Drive



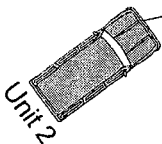
Unit 1

1500 Blk W Marlandwood Rd



Unit 1

Unit 2



Unit 2

Private Drive