



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
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	Repository <input type="checkbox"/>
04-DEC-2008	Reference No. 10250697

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City BRIDGEPORT	State CT	Zip Code

Do you authorize NHTSA to use the information you provide for your vehicle? YES NO
In the absence of a signature of owner, address to the vehicle manufacturer.
Signature of Owner _____ Date 12/22/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side JT8BF28G5Y	Make LEXUS	Model ES300	Model Year 2000
Date Purchased 8/22/06	Dealer's Name and Telephone Number New Country Lexus of Westport	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City Fairfield	State CT	Zip Code 06821
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 22-NOV-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 103000 POWER TRAIN: AUTOMATIC TRANSMISSION	Failure Mileage 130000	Failure Speed 40
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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 2000 LEXUS ES300. WHILE DRIVING 40 MPH AND APPROACHING A STOP, THE CONTACT HEARD A LOUD GRINDING NOISE COMING FROM THE ENGINE. SHE ATTEMPTED TO ACCELERATE, BUT THE VEHICLE COMPLETELY FAILED AND WAS UNABLE TO BE RESTARTED. THERE WERE NO FAILURES PRIOR TO THE TRANSMISSION STALLING. THE VEHICLE WAS TOWED TO THE DEALER AND THEY STATED THAT THE TRANSMISSION FAILED. THE REPAIR WOULD COST \$3,700. THE CONTACT IS IN THE PROCESS OF NOTIFYING THE MANUFACTURER. THE FAILURE MILEAGE WAS 130,000.

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 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.