



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  
 MAR 2 8 2011  
 23-FEB-2011

Repository   
 Reference No.  
 10384142

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
 Address [REDACTED]  
 City HO-HO-KUS State NJ Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]  
 Evening Telephone Number [REDACTED]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
 JTHBN30FX20 [REDACTED] Make LEXUS Model LS Model Year 2002  
 Date Purchased 1.03 Dealer's Name and Telephone Number PRESTIGE LEXUS 201 825 5200 Engine: No: Cylinders Fuel Type:  
 Original Owner  Dealer's City RAMSEY State NJ Zip Code 07446  
 Transmission Type  Antilock Brakes Powertrain Multiple Failure: Incident Date(s) 30-OCT-2010  
 Cruise Control

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 160000 STRUCTURE Failure Mileage 120000 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: DOTMAL9ABC036)  Original Equipment Failure Location: HOME  
 Prior Repair  
 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 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).

TL\* THE CONTACT OWNS A 2002 LEXUS LS400. THE CONTACT STATED THAT THE TRUNK LID WAS AJAR WHEN IT UNEXPECTEDLY FAILED AND CRASHED DOWN ONTO THE CONTACTS HEAD. THE CONTACT SUSTAINED A LOSS OF BLOOD AND SEVERE SWELLING OF THE HEAD. THE CONTACT DID NOT INFORM THE DEALER OR THE MANUFACTURER OF THE FAILURE. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE CURRENT MILEAGE WAS 130,000 AND THE FAILURE MILEAGE WAS 120,000.

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.

Step 1: Complete this form.  
Step 2: Click [here](#) to save the form to your computer  
Step 3: Click [here](#) to access the upload web page.

Temporary Complaint Number (TCN): BBN5-5066

This PDF document is secured and the content is protected

Required Information in **Bold**

ODI 103 862 20

Form Approved: O.M.B. No. 2127-0008

Vehicle Information

Vehicle Identification Number (VIN) (See instructions on the next page to locate the VIN.)

J	T	H	B	N	3	0	F	X	2	0						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

Select/Enter Make

LEXUS

Enter Model

LS430

Select/Enter Year

2002

Incident Information

Approximate Incident Date

10/30/2010

For multiple incident dates enter the first date of occurrence.

(mm/dd/yyyy)

Was there a Crash?  Yes  No

Was there a Fire?  Yes  No

Failure Mileage 120,000 miles

For multiple incidents enter the first failure mileage.

Number of Persons Injured, if any 1

Speed (at time of incident) 0 mph

Number of Deaths, if any 0

Description (up to 1900 characters)

1494 characters remaining

**WARNING:** This description, exactly as you enter it, may appear in a public NHTSA database. Do not include any personal information (name, street/email address, phone number, social security/driver license number, Vehicle Identification Number (VIN), etc...).

READ →

The trunk lid of a 2002 Lexus LS430 landed on my wife's head causing injury and bleeding. Gas cylinders are used to hold up the trunk lid which failed due to lost gas pressure. I complained about the gas cylinders in the past concerning holding the hood up on Lexus that we own and owned in the past. I also complained to you people in the past and you did nothing about it. Previous ODI number is 10165699

If your component is not listed below, please describe the component in the above description field.

Failed Component 1

Unknown or Other

Failed Component 2

Select the Component

Failed Component 3

Select the Component

Personal Information

First Name [Redacted]

Last Name [Redacted]

Email [Redacted] (provided earlier and locked for your security)

Daytime Phone [Redacted] Evening Phone [Redacted]

Address 1 [Redacted]

Address 2 [Redacted]

City Ho-Ho-Kus

State NEW JERSEY Zip Code [Redacted]

1 OF 2 GAS CYLINDERS THAT  
FAILED



03-14-11 06:36:11