



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 2011
02-MAR-2011
Repository
Reference No.
10386220

OWNER INFORMATION (Type or Print)

Name	[REDACTED]			Daytime Telephone Number	F-mail Address
Address	[REDACTED]			[REDACTED]	[REDACTED]
City	HOKUS	State	NJ	Evening Telephone Number	[REDACTED]
		Zip Code	[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 LS430	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 <input checked="" type="checkbox"/>	Dealer's City RAMSEY	State NJ	Zip Code 07446	
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 30-OCT-2010	

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 162510 STRUCTURE: BODY: TAILGATE: HINGE AND ATTACHMENTS	Failure Mileage 120000	Failure Speed 0
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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: DOTMAL9ABC036)	<input checked="" type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: HOME
Tire Component Code	Tire Failure Type: NA	

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 1	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 2002 LEXUS LS430. THE CONTACT STATED THAT A PASSENGER WAS STRUCK ABRUPTLY IN THE HEAD BY THE TRUNK HATCH AND SUSTAINED SEVERAL ABRASIONS TO THE HEAD. THE TRUNK LATCH FAILED AND WOULD NOT REMAIN OPEN. THE VEHICLE WAS NOT INSPECTED OR REPAIRED. THE MANUFACTURER WAS CONTACTED BUT PROVIDED NO ASSISTANCE. THE FAILURE MILEAGE WAS APPROXIMATELY 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 [Redacted]

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

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 THIS

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 OID 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]



2 OF 2 GAS CYLINDERS THAT FAILED