

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)
 DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148



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

Vehicle Owner's Questionnaire
 To Report Vehicle Safety Defects
 1-888-DASH-2-DOT
 (1-888-327-4236)
 INTERNET:www.nhtsa.dot.gov/hotline

Date Received 07-AUG-2014	Repository <input type="checkbox"/>
	Reference No. 10619546

OWNER INFORMATION (Type or Print)

Name	[REDACTED]		
Address	[REDACTED]		
City	JACKSON	State	SC
Zip Code	[REDACTED]		

Daytime Telephone Number	E-mail Address NOEMAIL@UNK.GOV
Evening Telephone Number	

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 JTHBA30GX40 [REDACTED]	Make LEXUS	Model ES 330	Model Year 2004
Date Purchased Sept. 26, 2003	Dealer's Name and Telephone Number CAROLINA Motor Club Inc 6600 AAA Dr		Engine: No: Cylinders 6
Original Owner <input checked="" type="checkbox"/>	Dealer's City Charlotte	State NC	Zip Code 28212
Transmission Type A	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:
			Incident Date(s) 04-AUG-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 162000 STRUCTURE: BODY, 110000 ELECTRICAL SYSTEM	Failure Mileage 180000	Failure Speed 35
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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input 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 OWNED A 2004 LEXUS ES 330. WHILE DRIVING 35 MPH, THE VEHICLE WAS STRUCK BY A DEER AND DAMAGED THE VEHICLE. THE CONTACT CONTINUED DRIVING AND SMELLED TRANSMISSION AND/OR BRAKE FLUID. THE INSTRUMENT PANEL ILLUMINATED, THE WINDSHIELD WIPERS ACTIVATED, AND THE VEHICLE CAUGHT FIRE. THE FIRE DEPARTMENT EXTINGUISHED THE FIRE AND THE VEHICLE WAS DESTROYED. THE MANUFACTURER WAS NOTIFIED. THE FAILURE MILEAGE WAS 180,000.

July 24
2014
Aug 4, 14

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Hit deer on July 24, 2014 - insurance did not pay until 8-11-14, after the fire.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation
National Highway Traffic Safety Administration
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



**Think your vehicle
has a safety defect?**



**If so:
Use the enclosed
form to file a report.**

**or visit:
www.safercar.gov**

**or call:
Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



AGENCY I.D.
SC0021000

OFFICIAL USE ONLY
UNIFORM CRIME REPORT

CASE NUMBER

NCIC
Inquiry Entered

EVENT	INCIDENT TYPE		Incident Code	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM		
	1. Law Enforcement Assistance		D404	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13		<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Business	
	2. Fire (Vehicle Fire)		D508	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13		<input type="checkbox"/> Financial Inst.	<input type="checkbox"/> Government	
COMPLAINANT	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON USED	WEAPON TYPE	
	South Carolina Highway [REDACTED]						29802	N	99	
	INCIDENT DATE	24 HR. CLOCK	TO DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.			
8/4/14	0516			DISPATCH DATE	DISPATCH TIME	ARRIVE TIME	DEPART TIME	900N		
COMPLAINANT'S LAST NAME		COMPLAINANT'S FIRST NAME		MI	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	
Same as Victim					#1 #2 #3					
ADDRESS		CITY		STATE	ZIP CODE	HOUSEHOLD		EVENING PHONE		
		Jackson		SC	[REDACTED]	No		[REDACTED]		
VICTIM #	VICTIM'S LAST NAME		VICTIM'S FIRST NAME		MI	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	
	[REDACTED]		[REDACTED]			#1 #2 #3		S	W	
	HEIGHT	WEIGHT	HAIR	EYE	SSN	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
505	138	BLN	BLU		[REDACTED]					
ADDRESS		CITY		STATE	ZIP CODE	SECTOR NO.		EVENING PHONE		
[REDACTED]		Jackson		SC	[REDACTED]	S1		[REDACTED]		
VISIBLE INJURY (VICTIM 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		EXPLAIN -		COMPLAINT OF ANY NON-VISIBLE INJURIES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
VICTIM (NO. 1) USING:		ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		TYPE				
TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPL. ASMT. <input type="checkbox"/> OTHER <input type="checkbox"/>		ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/>		*J - This Jurisdiction, S-State, O - Out of State, U- Unknown						
SUBJECT #1	<input type="checkbox"/> SUBJECT	SUBJECT'S LAST NAME		SUBJECT'S FIRST NAME		MI	RACE	SEX	AGE	
	<input type="checkbox"/> SUSPECT									
	<input type="checkbox"/> RUNAWAY	SSN		FACIAL HAIR, SCARS TATTOOS GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.						
<input type="checkbox"/> WANTED	ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.			
<input type="checkbox"/> WARRANT										
<input type="checkbox"/> ARREST	SUBJECT (NO. 1) USING:		DRUG TYPE:		ARRESTED NEAR OFFENSE SCENE		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST	
<input type="checkbox"/> JAIL	ALCOHOL <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK				<input type="checkbox"/> Y <input checked="" type="checkbox"/> N TOTAL # ARRESTED					
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK									
NARRATIVE	On 8/4/14, at approximately 0516 hours, Law Enforcement Dispatch received a 911 call referencing a vehicle fire outside Barricade 1. Upon arrival, Officers Gain and S. Hood observed a gray in color Lexus (SC Tag # [REDACTED]), in the south bound median of SC Highway 125, that had caught fire and was fully engulfed with flames. Officers Gain and S.Hood stopped traffic in all directions until arrival of the SRS Fire Department. SRS Fire Department personnel arrived on scene and extinguished the fire. The vehicle was removed from the scene by CJ's Towing of Aiken.									
	Vehicle Description:									
	2004 Lexus ES330 VIN # JTHBA30GX40 [REDACTED] SC Tag # [REDACTED]									
PROPERTY	TYPE (GROUP)		03		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE	
	STOLEN									
	DAMAGED		\$5000						\$5000	
BURNED										
RECOVERED										
SEIZED										
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER		
REASON FOR EXCEPTIONAL CLEARANCE: 1 <input type="checkbox"/> OFFENDER DEATH 2 <input type="checkbox"/> NO PROSECUTION 3 <input type="checkbox"/> EXTRADITION DENIED 4 <input type="checkbox"/> VICTIM DECLINES COOPERATION 5 <input type="checkbox"/> JUVENILE-NO CUSTODY										
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER			
Gain II, Grey		8/4/14	A4730	Davis, Herbert W. ET.		8/4/14	S9690			
Hood, Susan W.			B1505	FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
				INVESTIGATING OFFICER						

**RIVERFRONT COLLISION CENTER
INC.**

Workfile ID: 81decbc7

93 SAND BAR FERRY RD, AUGUSTA, GA 30901
Phone: (706) 828-0708
FAX: (706) 724-0882

Preliminary Estimate

Customer: [REDACTED]

Job Number:

Written By: DENNY GARDNER

Insured: [REDACTED]
Type of Loss:
Point of Impact:

Policy #:
Date of Loss: *July 24, 2014*

Claim #:
Days to Repair: 0

Owner:
[REDACTED]
JACKSON, SC [REDACTED]
[REDACTED] Cell

Inspection Location:
RIVERFRONT COLLISION CENTER INC.
93 SAND BAR FERRY RD
AUGUSTA, GA 30901
Repair Facility
(706) 828-0708 Business

Insurance Company:

VEHICLE

Year: 2004	Body Style: 4D SED	VIN: JTHBA30GX40 [REDACTED]	Mileage In:
Make: LEXU	Engine: 6-3.3L-FI	License:	Mileage Out:
Model: ES 330	Production Date:	State:	Vehicle Out:
Color: Int:	Condition:	Job #:	

TRANSMISSION

Automatic Transmission
Overdrive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Power Driver Seat
Power Passenger Seat
Memory Package

DECOR

Dual Mirrors
Console/Storage
Wood Interior Trim

CONVENIENCE

Air Conditioning
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Home Link

RADIO

AM Radio
FM Radio
Stereo
CD Player
Cassette
SAFETY
Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air Bags
Head/Curtain Air Bags

ROOF

Electric Glass Sunroof

SEATS

Leather Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Fog Lamps
Power Trunk/Gate Release

Preliminary Estimate

Customer: XXXXXXXXXX

Job Number:

Vehicle: 2004 LEXU ES 330 4D SED 6-3.3L-FI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER					
2	**	Repl Non OEM Bumper cover	5211933927	1	270.00	1.8	2.6
3		Add for Clear Coat					1.0
4		Add for fog lamps				0.3	
5	**	Repl Non OEM RT Upper support	5206433010	1	32.00	0.2	
6		FRONT LAMPS					
7	**	Repl Non OEM AQRP LT Headlamp assy	8117033450	1	258.00	0.4	
8		Aim headlamps				0.5	
9		FENDER					
10	*	Rpr RT Fender				5.0	2.0
11		Add for Clear Coat					0.8
12		HOOD					
13	*	R&I Emblem				0.2	
14	*	Rpr Hood				4.5	3.0
15		Overlap Major Adj. Panel					-0.4
16		Add for Clear Coat					0.5
17		GRILLE					
18		R&I Grille silver				0.3	
19	#	HAZARDOUS WASTE REMOVAL		1	3.00 X		
20	#	COVER CAR FOR PROTECTION		1	6.00 T	0.2	
SUBTOTALS					569.00	13.4	9.5

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			560.00
Body Labor	13.4 hrs @	\$ 40.00 /hr	536.00
Paint Labor	9.5 hrs @	\$ 40.00 /hr	380.00
Paint Supplies	9.5 hrs @	\$ 28.00 /hr	266.00
Miscellaneous			9.00
Subtotal			1,751.00
Sales Tax	\$ 832.00 @	8.0000 %	66.56
Grand Total			1,817.56
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			1,817.56

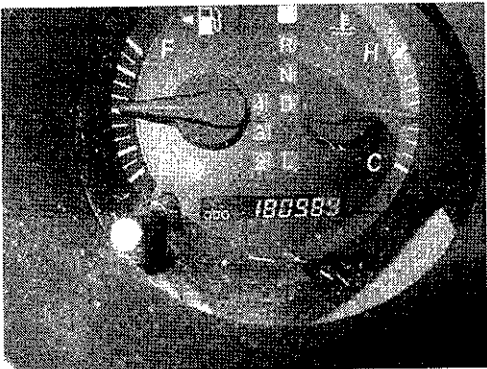
RIVERFRONT COLLISION CENTER INC.

93 SAND BAR FERRY RD, AUGUSTA, GA 30901

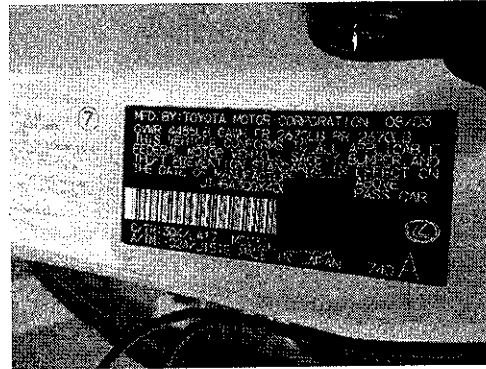
Phone: (706) 828-0708, Fax: (706) 724-0882

Image Report

Owner:		Insurance:	LIBERTY MUTUAL	Estimator:	DENNY GARDNER	Vehicle Out:	
Job Number:		Claim Number:					
Year:	2004	Color:		License Plate:		Production Date:	
Make:	LEXU	Body Style:	4D SED	State:	SC	Mileage In:	180,989
Model:	ES 330	Engine:	6-3.3L-FI	VIN:	JTHBA30GX40	Condition:	



8/1/2014 E01
Comments:



8/1/2014 E01
Comments:



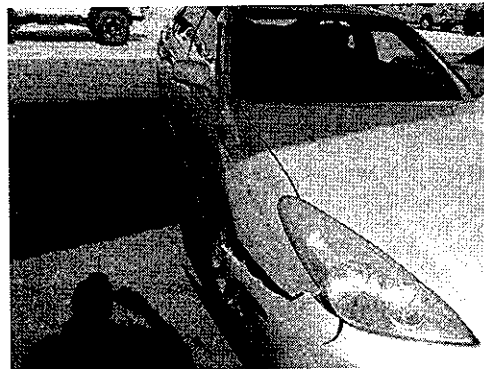
8/1/2014 E01
Comments:



8/1/2014 E01
Comments:



8/1/2014 E01
Comments:



8/1/2014 E01
Comments:

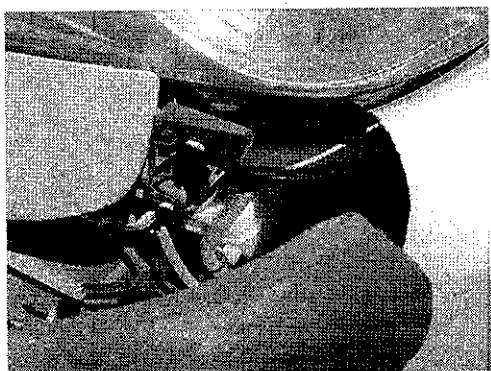
RIVERFRONT COLLISION CENTER INC.

93 SAND BAR FERRY RD, AUGUSTA, GA 30901

Phone: (706) 828-0708, Fax: (706) 724-0882

Image Report

Owner:	[REDACTED]	Insurance:	LIBERTY MUTUAL	Estimator:	DENNY GARDNER	Vehicle Out:
Job Number:	[REDACTED]	Claim Number:	[REDACTED]			
Year:	2004	Color:		License Plate:	[REDACTED]	Production Date:
Make:	LEXU	Body Style:	4D SED	State:	SC	Mileage In: 180,989
Model:	ES 330	Engine:	6-3.3L-FI	VIN:	JTHBA30GX40 [REDACTED]	Condition:



8/1/2014 E01
Comments:



8/1/2014 E01
Comments:

TOYOTA

Writer's Direct Telephone (310) 468-5638
Writer's Fax (310) 381-8690

Toyota Motor Sales, U.S.A., Inc.
19001 South Western Avenue
Torrance, CA 90501
310 468-4000

August 8, 2014

[REDACTED]
JACKSON SC [REDACTED]

Re: Date of Loss: August 4, 2014
Vehicle: 2004 Lexus ES 330
VIN: JTHBA30GX40 [REDACTED]

Dear [REDACTED]

Thank you for contacting Lexus Customer Satisfaction about your accident where you stated that while you were driving the vehicle you smelled a chemical odor followed by flames that came from under the hood. You had recently received the vehicle back from being repaired following a collision with a deer on July 4, 2014. ← NOT REPAIRED [REDACTED] 9/18/14
July 24, 2014

We at Toyota Motor Sales, USA, Inc. ("TMS") are truly sorry for the trauma this incident must have caused as well as the loss you have incurred. However, at the time of the incident, your vehicle was over 10 years old with a reported 180,000 miles on it, placing it well out of the warranty period. While TMS cares very much about our customers, we do not believe that this incident was in any way related to any type of vehicle manufacturing defect we are unable to provide assistance.

You advised that you have already reported this matter to Liberty Mutual for consideration. If they feel that there is an issue involving the manufacturing or design of the vehicle that may have caused or contributed to the fire, we will gladly review any evidence they have in support of such a claim.

Thank you for your attention and understanding.

Sincerely,



Troy H. Higa
Claims Administrator

CAR Burned Before Repairs.
[REDACTED] 9/18/14







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