

INFORMATION Redacted PURSUANT TO THE FREEDOM OF



U.S. Department of Transportation

National Highway Traffic Safety Administration

INFORMATION ACT (FOIA), 5 U.S.C. § 552(B)(6)

FOR AGENCY USE ONLY 100148

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 | Repository <input type="checkbox"/> |
| 13-JUN-2016 | Reference No. 10873921 |

OWNER INFORMATION (Type or Print)

| | | |
|---------|-------|----------|
| Name | | |
| Address | | |
| City | State | Zip Code |
| DEL RAY | FL | |

| | |
|--------------------------|----------------|
| Daytime Telephone Number | E-mail Address |
| | |
| 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 JTHBN36F540 | | Make LEXUS | Model LS430 | Model Year 2004 |
| Date Purchased 5/2004 | Dealer's Name and Telephone Number COUNTY WHEELS | | Engine: No: Cylinders 4.3 LITER V8- | Fuel Type: PREMIUM |
| Original Owner <input checked="" type="checkbox"/> | Dealer's City HOLLYWOOD | State FL | Zip Code 33023 | |
| Transmission Type | <input checked="" type="checkbox"/> Antilock Brakes | Powertrain | Multiple Failure: MAY | Incident Date(s) 15-JUN-2010 8/20/2016 |
| | <input checked="" type="checkbox"/> Cruise Control | | | |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | |
|---|-----------------|---------------|
| Vehicle Component Code: ENGINE (PWS) S/T | Failure Mileage | 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: 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 | 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 2004 LEXUS LS430. THE CONTACT STATED THAT THE VEHICLE FAILED TO START UNTIL AFTER NUMEROUS ATTEMPTS. THE FAILURE RECURRED SPORADICALLY. THE VEHICLE WAS TAKEN TO THE DEALER, BUT NOT DIAGNOSED NOR REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MLEAGE WAS UNKNOWN.

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)

THE S/P appears on dash when car ~~starts~~
steering wheel is frozen & does not start - after a
few minutes the car will start with the yanking
of the steering wheel

ATTACH ADDITIONAL SHEETS IF NECESSARY

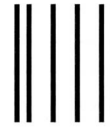
U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300

W PALM BCH
FL 334
26 AUG '16
PM 11



**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**



BUSINESS REPLY MAIL

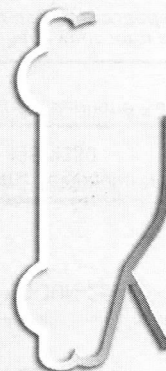
FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NEF-100
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**



www.nhtsa.gov

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

