



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

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

DOT Auto Safety Hotline  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)  
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 07-JUL-2016  
SEP -8 2016

Repository

Reference No.  
10883269

OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City MONTGOMERY State TX 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: 2T2ZK1BA7FC [REDACTED]  
Make LEXUS Model RX350 Model Year 2015  
Date Purchased APPROX 5-14 Dealer's Name and Telephone Number NORTHSIDE LEXUS 800/289-2998 Engine: No: Cylinders Fuel Type:  
Original Owner  Dealer's City State Zip Code  
Transmission Type  Antilock Brakes Powertrain Multiple Failure: Incident Date(s) 10-MAR-2016 MAY  
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS DRIVER & PASSENGER SEAT BELTS / SHOULDER HARNESSSES Failure Mileage 30000 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)  Original Equipment Failure Location:  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 2 Number of Deaths 0 Reported to Police Y

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 2015 LEXUS RX350. WHILE AT A STOP SIGN, ANOTHER VEHICLE CRASHED INTO THE REAR OF THE CONTACT'S VEHICLE. THE AIR BAGS DID NOT DEPLOY. THE CONTACT AND THE FRONT SEAT PASSENGER SUSTAINED UNKNOWN INJURIES THAT REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS FILED. THE VEHICLE WAS DESTROYED AND TOWED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 30,000.

THE SEAT BELTS & SHOULDER HARNESSSES FAILED TO RESTRAIN CONTACTS.

NOTE! COPY OF POLICE REPORT & LETTER SUMMARIZING RESULTS OF TOYOTA'S INVESTIGATION ATTACHED

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 to 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)**

VEHICLE OWNERS (HUSBAND & WIFE) WERE REAR ENDED WHILE STOPPED AT A STOP LIGHT. AIR BAGS DID NOT DEPLOY NOR DID THE SEAT BELTS & SHOULDER HARNESSES RESTRAIN US. HUSBAND (DRIVER) SUSTAINED FACIAL CONTUSION & NASAL FRACTURE FROM STRIKING STEERING WHEEL. WIFE (PASSENGER) SUSTAINED CONCUSSION, TURN UP AND 4 FRACTURED TEETH FROM HITTING DASHBOARD. CAR WAS TOTALED.

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

HOUSTON  
TX 773  
29 AUG '16  
PM 11



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



**BUSINESS REPLY MAIL**

FIRST CLASS MAIL      PERMIT NO. 1888      WASHINGTON, DC

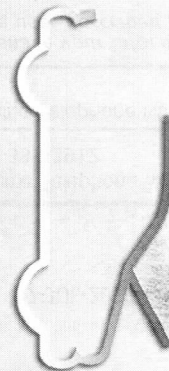
POSTAGE WILL BE PAID BY ADDRESSEE

**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**



**safercar.gov**

**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

TOYOTA

NHTSA  
COMPLAINT  
#(ODI#): 10883269

Nick Rojas  
Direct Phone (310) 468-1456  
Fax (310) 381-8690

TOYOTA MOTOR NORTH AMERICA, INC.  
19001 South Western Avenue  
Torrance, CA 90501

June 28, 2016

[REDACTED]  
Montgomery, TX [REDACTED]

RE: Date of Loss: May 10, 2016  
Vehicle: 2015 Lexus RX 350  
VIN: 2T2ZK1BA7FC [REDACTED]

Dear [REDACTED]

Thank you for contacting Lexus Customer Satisfaction in reference to the above mentioned incident Mr. Robert Decker experienced. You reported that Mr. Decker was stopped at an intersection and you were sitting in the front passenger seat. Another vehicle behind you failed to stop and rear-ended your vehicle. You believe the seat belt failed to restrain you and that the Supplemental Restraint System (SRS) front airbags should have deployed.

In regards to your concerns, Toyota Motor North America, Inc. assigned Engineering Analysis Associates (EAA) to perform an inspection of your vehicle and Event Data Recorder (EDR) readout. The Inspection was completed on May 20, 2016 at Northside Lexus in Houston, TX. Based on the vehicle inspection and EDR readout, we found no evidence of a manufacturing or design defect with the airbag system or seat belt system.

The seat belts were visually inspected and no sign of damage was observed. There was no unusual wear observed when inspected. When tested, the seat belt emergency lock retractors activated. The seat belts extend and retract as designed. In reference to the non-deployment of the airbags, the inspection revealed that this was not a direct frontal impact. Damages are primarily to the rear of the vehicle with no intrusion into the engine compartment. The inspection reveals that there was a lack of rearward deformation and insufficient frontal deceleration.

The SRS front airbags are designed to deploy in response to an abrupt frontal deceleration in severe frontal impacts. The SRS airbags are not designed to deploy in every collision. The SRS front airbags are generally not designed to inflate if the vehicle is involved in a side or rear collision, if it rolls over, or if it is involved in a low-speed frontal collision. But, whenever a collision of any type causes sufficient forward deceleration of the vehicle, deployment of the SRS front airbags may occur. This incident did not fall within the parameters for SRS airbag deployment. Please refer to your Owners' Manual page 124.

We are very sorry to hear about this unfortunate incident and appreciate the opportunity to address your concerns.

Sincerely,

A handwritten signature in black ink, appearing to be 'Nick Rojas', enclosed within a circular scribble.

Nick Rojas  
Legal Claims Administrator  
Toyota Motor North America, Inc.

Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 05 / 10 / 2016		*Crash Time (24HRMM) 1 4 0 0		Case ID [REDACTED]		Local Use		
*County Name HAYS				*City Name [REDACTED]				<input checked="" type="checkbox"/> Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees)		Longitude (decimal degrees)		
<b>ROAD ON WHICH CRASH OCCURRED</b>								
*1 Rdwy. Sys. FM		*Hwy. Num. 2325		2 Rdwy. Part 1		Block Num. 900		
3 Street Prefix		*Street Name FM 2325		4 Street Suffix				
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit 45		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.						
<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>								
At Int <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		
Block Num. [REDACTED]		3 Street Prefix		Street Name [REDACTED]		4 Street Suffix [REDACTED]		
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker		Reference Marker		
Street Desc.		RRX Num.						
Unit Num. 1		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		
LP Num. [REDACTED]		VIN 3 D 7 M U 4 8 C X 4 G [REDACTED]						
Veh. Year 2 0 0 4		6. Veh. Color WHI		Veh. Make DODGE		Veh. Model RAM 3500		
7 Body Style PK		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. [REDACTED]		9 DL Class CM		
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) [REDACTED]				
Address (Street, City, State, ZIP) [REDACTED] Wimberley, TX [REDACTED]								
<b>VEHICLE, DRIVER, &amp; PERSONS</b>								
Person Num. 1		12 Prsn. Type I		13 Seat Position I		Name: Last, First, Middle [REDACTED]		
14 Injury Severity N		Age [REDACTED]		15 Ethnicity W		16 Sex I		
17 Eject. I		18 Restr. I		19 Airbag I		20 Helmet 97		
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96		
24 Drug Result 97		25 Drug Category 97						
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.								
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address [REDACTED] Wimberley, TX [REDACTED]						
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name Farmers		
Fin. Resp. Num. 19 60589-70-44		27 Vehicle Damage Rating 1 1 2 - - F D - 1		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Towed By		Towed To						
<b>VEHICLE, DRIVER, &amp; PERSONS</b>								
Unit Num. 2		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		
LP Num. [REDACTED]		VIN 4 1 C T F E P 2 0 7 M [REDACTED]						
Veh. Year 2 0 0 7		6. Veh. Color WHI		Veh. OTHER (EXPLAIN IN Make NARRATIVE)		Veh. OTHER (EXPLAIN IN Model NARRATIVE)		
7 Body Style TL		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)				
Address (Street, City, State, ZIP)								
<b>VEHICLE, DRIVER, &amp; PERSONS</b>								
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle [REDACTED]		
14 Injury Severity		Age		15 Ethnicity		16 Sex		
17 Eject.		18 Restr.		19 Airbag		20 Helmet		
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		
24 Drug Result		25 Drug Category						
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.								
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address [REDACTED] Wimberley, TX [REDACTED]						
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name		
Fin. Resp. Num.		27 Vehicle Damage Rating 1 - - - - -		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Towed By		Towed To						

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

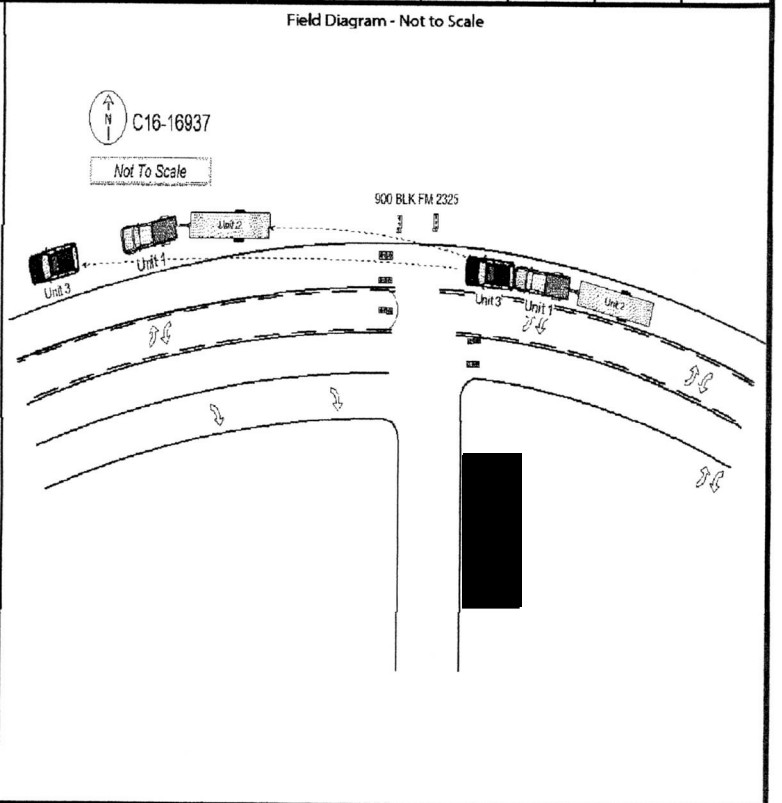
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type			
31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	1	22	44						1	1	2	1	4	1	5

**Investigator's Narrative Opinion of What Happened**  
(Attach Additional Sheets if Necessary)

Driver of Unit 3 was traveling West in the 900 BLK of FM 2325. Driver of Unit 3 slowed to a stop for a yellow traffic light at the intersection of [REDACTED]. Driver of Unit 1 was traveling behind Unit 3 while towing a Dutchmen Travel Trailer (Unit 2). Driver of Unit 1 failed to control speed and was following too closely. Driver of Unit 1 was unable to stop, striking Unit 3, pushing Unit 3 through the intersection and causing damage.



Time Notified (24HR:MM)	1   4   0   3	How Notified Radio	Time Arrived (24HR:MM)	1   4   2   2	Report Date (MM/DD/YYYY)	05 / 13 / 2016
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Andrews, Mark		ID Num.	S04981
ORI Num.	T   X   1   0   5   0   0   0   0	*Agency	HAYS COUNTY SHERIFF'S OFFICE		Service/Region/DA	0   1

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR.MM)
	3	2	No treatment needed	Self		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.				30 Veh. Type		
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale

Time Notified (24HR:MM)	1   4   0   3	How Notified	Radio	Time Arrived (24HRMM)	1   4   2   2	Report Date (MM/DD/YYYY)	05 / 13 / 2016	
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Andrews, Mark				ID Num.	SO4981
ORI Num.	T   X   1   0   5   0   0   0   0	*Agency	HAYS COUNTY SHERIFF'S OFFICE				Service/Region/DA	0   1