

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



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

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148

Date Received

Repository ☐

20-DEC-2016

Reference No.
10936475

JAN 26 2017

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City PALM BEACH State FL Zip Code [REDACTED]

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: JTHBJ46G872 [REDACTED] Make LEXUS Model ES 350 Model Year 2007

Date Purchased

Dealer's Name and Telephone Number
LEXUS OF PALM BEACH, 561-697-7800

Engine:

Fuel Type:

No: Cylinders 6

HIT

Original Owner ☒

Dealer's City
PALM BEACH

State FL

Zip Code 33417

Transmission Type

☒ Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

20-DEC-2016

☒ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS

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)

☐ Original Equipment
☐ 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 ☐ Yes ☒ No Fire ☐ Yes ☒ 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 2007 LEXUS ES 350. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 16V340000 (AIR BAGS); HOWEVER, THE PART FOR THE RECALL REPAIR WAS UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE CONTACT HAD NOT EXPERIEND A FAILURE. THE MANUFACTURER WAS NOT MADE AWARE OF THE ISSUE. VIN TOOL CONFIRMS PARTS NOT AVAILABLE.

CONTACT MADE ABOUT PROBLEM ON MAY 23 2016

PASSENGER AIRBAG (FRONT SEAT)

JUNE 9 2016

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.