

# INFORMATION Redacted PURSUANT TO THE FREEDOM OF

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|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire</b><br><b>To Report Vehicle Safety Defects</b><br><b>1-888-DASH-2-DOT</b><br><b>(1-888-327-4236)</b><br><b>INTERNET:www.nhtsa.dot.gov/hotline</b>                                                                                                                                                                                                                                                                                          |                                                                                                           | <b>FOR AGENCY USE ONLY 100148</b>                  |                                                                  |
| U.S. Department of Transportation<br><b>National Highway Traffic Safety Administration</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           | Date Received<br>26-APR-2017<br><b>JUN 21 2017</b> | Repository <input type="checkbox"/><br>Reference No.<br>10980842 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           | Daytime Telephone Number<br>[REDACTED]             | E-mail Address<br>[REDACTED]                                     |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           |                                                    |                                                                  |
| Name [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           | Evening Telephone Number<br>[REDACTED]             |                                                                  |
| Address [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           | E-mail Address<br>[REDACTED]                       |                                                                  |
| City<br>GILMER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State<br>TX                                                                                               | Zip Code<br>[REDACTED]                             |                                                                  |
| <i>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).</i>                                                                                                                                                                                                                                                                        |                                                                                                           |                                                    |                                                                  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                    |                                                                  |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br>JTHBK1EG6B2 [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | Make<br>LEXUS                                      | Model<br>ES350                                                   |
| Model Year<br>2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           | Engine: 2500 cc<br>No. Cylinders: 6                |                                                                  |
| Date Purchased<br>2/2/17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Dealer's Name and Telephone Number<br>EVCEL PRE-OWNED SUPER CENTER 663-9737                               |                                                    | Fuel Type:<br>UNLEADED                                           |
| Original Owner<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Dealer's City<br>LONGVIEW                                                                                 | State<br>TX                                        | Zip Code<br>75605                                                |
| Transmission Type<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> Antilock Brakes<br><input checked="" type="checkbox"/> Cruise Control | Powertrain<br>[REDACTED]                           | Multiple Failure:<br>[REDACTED]                                  |
| Incident Date(s)<br>23-MAY-2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           |                                                    | [REDACTED]                                                       |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |                                                    |                                                                  |
| Vehicle Component Code: 140000 AIR BAGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           | Failure Mileage<br>[REDACTED]                      | Failure Speed<br>[REDACTED]                                      |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |                                                    |                                                                  |
| Tire Make<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Tire Model (Name or Number)<br>[REDACTED]                                                                 |                                                    | Tire Size (Example P215/65R15)<br>[REDACTED]                     |
| DOT No. (Example: DOTM19ABC036)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair                      |                                                    | Failure Location:<br>[REDACTED]                                  |
| Tire Component Code<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | Tire Failure Type:<br>[REDACTED]                   |                                                                  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                    |                                                                  |
| Make:<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           | Date Manufactured:<br>[REDACTED]                   |                                                                  |
| Seat Type:<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           | Model No./Name:<br>[REDACTED]                      |                                                                  |
| Child Seat Component Code:<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           | Failed Part:<br>[REDACTED]                         |                                                                  |
| <b>APPLICABLE INCIDENT INFORMATION</b><br><i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |                                                    |                                                                  |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               | Number of Persons Injured<br>[REDACTED]            | Number of Deaths<br>[REDACTED]                                   |
| Reported to Police<br>N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           | [REDACTED]                                         |                                                                  |
| <b>Narrative Description of Incident(s), Crash(es), and Injury(ies).</b><br>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* TAKATA RECALL. THE CONTACT OWNS A 2011 LEXUS ES350. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 16V340000 (AIR BAGS) HOWEVER, THE PART TO DO THE REPAIR WAS UNAVAILABLE. THE CONTACT MENTIONED THAT THE DEALER STATED THAT WHEN THE PART BECAME AVAILABLE FOR THE RECALL REPAIR A CALL WOULD BE MADE TO HAVE THE VEHICLE SERVICED. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE MANUFACTURER WAS NOT MADE AWARE OF THE ISSUE. THE CONTACT HAD NOT EXPERIENCED A FAILURE. VIN TOOL CONFIRMS PARTS NOT AVAILABLE. |                                                                                                           |                                                    |                                                                  |
| Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                    |                                                                  |
| 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.             |                                                                                                           |                                                    |                                                                  |