



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

DOT Auto Safety Hotline
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"/>
20-AUG-2019	Reference No. 11245330

OWNER INFORMATION (Type or Print)			
Name	Address		City
Daytime Telephone Number	E-mail Address		State
Evening Telephone Number	Zip Code		State
	VAN NUYS	CA	

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	Make	Model	Model Year
JTJYARBZ9K2	LEXUS	NX300	2019
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	4	Gas
State	Zip Code		
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
<input type="checkbox"/> Cruise Control	FRONT WHEEL DRIVE	1	Incident Date(s)
29-OCT-2018			

FAILED COMPONENT(S)/PART(S) INFORMATION		
Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	40	40

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: DOTMAL9ABC036)	<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				
<i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>				
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police
		1		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 RENTED A 2019 LEXUS NX300. WHILE DRIVING AT 40 MPH, A VEHICLE FAILED TO YIELD AT THE RED LIGHT AND CRASHED INTO THE FRONT DRIVER'S SIDE DOOR PUSHING THE VEHICLE INTO THE RIGHT LANE. THE AIR BAGS FAILED TO DEPLOY. THE CONTACT SUFFERED INJURIES TO THE HIP AND HEAD TO THE WINDOW THAT REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS FILED UNDER CASE NUMBER [REDACTED]. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE AND FILED A CASE UNDER NUMBER: [REDACTED]. THE VEHICLE WAS TOWED TO THE DEALER (DEALER INFORMATION WAS NOT KNOWN) BY THE RENTAL COMPANY. THE FAILURE MILEAGE WAS 40.
*DT *TR

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.