 <p>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</p>				FOR AGENCY USE ONLY 100148			
U.S. Department of Transportation National Highway Traffic Safety Administration				Date Received 28-APR-2021 JUN 24 2021		Repository <input type="checkbox"/> Reference No. 11414297	
OWNER INFORMATION (Type or Print)							
Name				Daytime Telephone Number		E-mail Address	
Address				Evening Telephone Number			
City LOXAHATCHEE		State FL		Zip Code			
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 JTHU9J8H7K				Make LEXUS		Model UX250 HYBRID	Model Year 2019
Date Purchased		Dealer's Name and Telephone Number Lexus of Palm Beach 5616832000			Engine: No: Cylinders 4		Fuel Type: GAS HYBRID
Original Owner <input type="checkbox"/>		Dealer's City West Palm Beach		State FL	Zip Code 33417		
Transmission Type Auto	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain		Multiple Failure:		Incident Date(s) 17-JAN-2021	
	<input checked="" type="checkbox"/> Cruise Control						
FAILED COMPONENT(S)/PART(S) INFORMATION							
Vehicle Component Codes: 030000 BRAKES (PWS), 265000 FORWARD COLLISION AVOIDANCE: WARNINGS					Failure Mileage 6500		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 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 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 2019 LEXUS UX250 HYBRID. THE CONTACT STATED THAT UPON EXITING A CAR WASH, THE BRAKES FAILED TO OPERATE UPON DEPRESSION WITHOUT WARNING. DUE TO FAILURE, THE CONTACT COLLIDED WITH ANOTHER VEHICLE IN FRONT OF HIM, THE AIR BAGS DID NOT DEPLOY DUE TO THE CRASH. NO INJURIES WERE REPORTED AND A POLICE REPORT WAS NOT FILED. THE CONTACT CALLED THE MANUFACTURER WHERE AN APPOINTMENT WAS MADE TO INSPECT THE VEHICLE. THE CONTACT HAD TAKEN THE VEHICLE TO LEXUS OF PALM BEACH (5700 OKEECHOBEE BLVD, WEST PALM BEACH, FL 33417) WHERE THE BLACK BOX INVESTIGATION DETERMINED THAT THE CONTACT'S FOOT WAS ON THE ACCELERATOR AND THAT THE BRAKES WERE NEVER DEPRESSED. THE CONTACT CONTESTED THE FINDINGS OF THE REPORT STATING THAT MORE DAMAGE WOULD HAVE CAUSED TO THE VEHICLE HAD HIS FOOT BEEN DEPRESSED ON THE ACCELERATOR. HE ALSO MENTIONED THE FORWARD COLLISION WARNING SYSTEM FAILED TO OPERATE DURING THE ACCIDENT. THE VEHICLE HAD BEEN REPAIRED FOR MINOR DAMAGE. THE FAILURE MILEAGE WAS APPROXIMATELY 6,500.							
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)

After exiting A CAR WASH I WAS DIRECTED TO THE AREA WHERE JOB WASH WOULD BE COMPLETED. MY CAR WOULD NOT STOP EVEN WHEN I WAS APPLYING THE FOOT BRAKE AND TRAVELING ABOUT 5 MPH. THE PRE-COLLISION AVOIDANCE FAILED AS WELL.

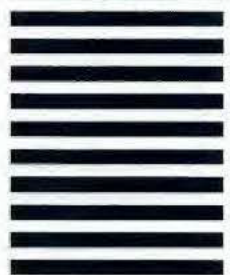
ATTACH ADDITIONAL SHEETS IF NECESSARY

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25 MAY 2021PM 1 L



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U.S. Department
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National Highway Traffic Safety Administration
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**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

