INFORMATION REDACTED PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

Form Approved: O.M.B No. 2127-0008

National Highway Traffic Safety Administration	1-888-DASH-2-DOT (1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline	FOR AGENCY USE ONLY 1001148 Date Received: 21 SEP 2022	Repository ☐ Reference No: 11485669

OWNER INFORMATION (Type or Print)

Name	[redacted]			Daytime Telephone Number: [redacted]	E-mail Address: [redacted]
Address	[redacted]				
City: Clifton	State: NJ	ZIP Code: [redacted]		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: 58ABK1 GG2H [redacted]		MAKE: LEXUS		Model: ES350	Model Year: 2017
Date Purchased	Dealer's Name and Telephone Number: [redacted]			Engine: No. Cylinders: SIX	Fuel Type: GAS
Original Owner ☐	Dealer's City: Coral Gables	STATE: FL	ZIP Code: 33146		
Transmission Type: AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain	Multiple Failure	Incident Date(s): 15-SEP-2022	

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Components Codes: 030000 SERVICE BRAKES, HYDRAULIC, 260000 FORWARD COLLISION AVOIDANCE	Failure Mileage: 55000.0	Failure Speed: 45

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):	☐ Original Requirement ☐ 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), Injury(ies).)

Crash: ☒ Yes ☐ No	Fire: ☐ Yes ☒ No	Number of Persons Injured: 1	Number of Deaths:	Reported to Police: Y

Narrative Description of Incident(s), Crash(es), 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).

The contact owns a 2017 Lexus ES350. The contact stated that while driving at 45 MPH, the contact stated that a beeping alert sounded to notify him that he was approaching another vehicle. As the contact attempted to depress the brake pedal, the brake pedal failed and the contact rear-ended the vehicle. The air bags deployed upon impact. The police and paramedics were called to the scene and the other driver was taken to the hospital; the driver's whereabouts were unknown. The contact did not sustain any injuries. A police report was filed. The vehicle was initially towed to an impound yard and was then towed by his insurance to assess the vehicle's damage. The manufacturer had yet to be notified of the failure. The failure mileage was approximately 55,000.

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

WHILE HEADING WEST ON ROUTE 46 ON THE DAY ON QUESTION AS SOON AS I APPROACHED AN UNDERPASS THE PRECOLLISSION WARNING ACTIVATED AND I IMMEDIATELY DEPRESSED THE BRAKES. I SUDDENLY SAW TRAFFIC AHEAD ON THE LANE WHILE I WAS STILL APPROXIMATELY NINETY FEET FROM IT. THE VEHICLE DID NOT RESPOND TO SLOW DOWN AND I DRIVE IT ONTO THE DIVIDER ON AN EFFORT TO SLOW IT DOWN. BUT TO NO AVAIL. I REAR ENDED A VEHICLE.

ATTACH ADDITIONAL SHEETS IF NECESSARY

LR DANIELS NJ 070
9 JAN 2023 PM 2 L

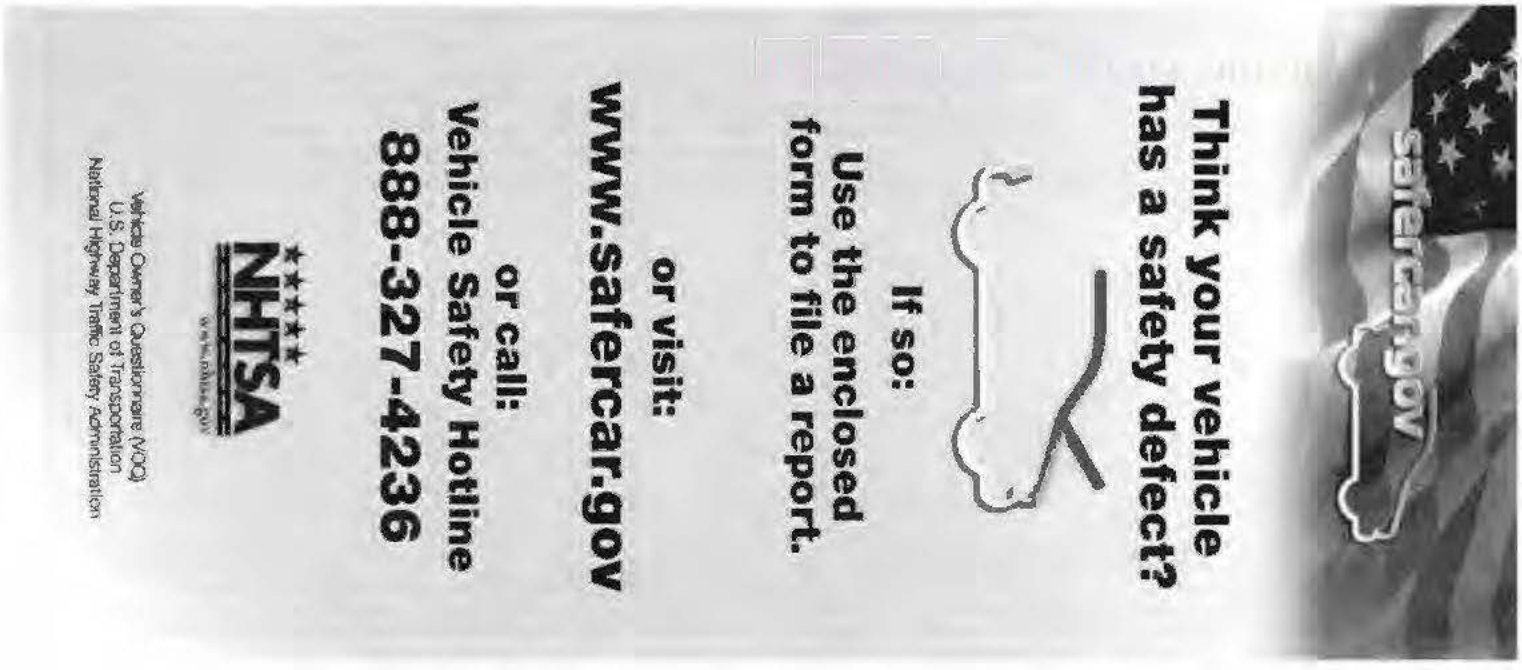
US Department of Transportation
National Highway Traffic Safety Administration
1200 New Jersey Avenue SE
Washington, D.C. 20077-9382
Official Business
Penalty for Private Use $300

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



CLIFTON FIRE DEPARTMENT
900 CLIFTON AVENUE
CLIFTON, NEW JERSEY 07011

COPY

RELEASE OF MEDICAL RESPONSIBILITY

Date	Fire Apparatus #	Platoon #	Dispatched	Arrival on Scene	Available	RUN #
9-15-22	E6	☐1 ☐2 ☐3 ☑4	15:55:02	16:26:48	16:27:47	[redacted]

TYPE OF CALL: ☐ CARDIAC ☐ RESPIRATORY ☐ CVA ☐ SYNCOPE ☐ FALL ☐ Mutual Aid
☐ SEIZURE ☐ DIABETIC ☑ MVA ☐ SICK ☐ OTHER _____ City

Location of Incident: Rt 46 w/ Bloods St | Sex | Date of Birth

Patient's Name: [redacted] ☑ Male ☐ Female

Patient's Address: [redacted] City Clifton Zip [redacted] Phone # [redacted]

Name of policy holder: Address:

Status on Arrival	Patient's Chief Complaint	History of Injury	Insurance Information
Alert ☐X1 ☐X2 ☑X3 ☐ Agitated ☐ Confused ☐ Responds to Pain ☐ Responds to Voice ☐ Non-Responsive ☐ Un-Responsive ☐	☐ Pain - Injury ☐ Pain - Back ☐ Pain - Limbs ☐ Pain - Chest ☐ Syncope ☐ Loss - Motion ☐ Dizziness ☐ Sick ☐ Seizure ☐ Numbness ☐ S.T.O.H. ☐ Pain - Head ☐ Pain - Neck ☐ Pain - Abdomen ☐ Respiratory ☐ Near Syncope ☐ Vomiting / Nausea ☐ Vision - Lost ☐ Hemoptysis ☐ Diabetic ☐ AMS ☑ Other None	☐ Pedestrian ☐ Automobile ☐ Elec. Shock ☐ Machinery ☐ Fall ☐ Fight / Violence ☐ Firearms ☐ Crushed ☐ Animal Bite ☐ Sport ☐ Bike / Auto ☐ Truck ☐ Motorcycle ☐ Sm. tool/Appl ☐ Explosion ☐ Fire ☐ Blunt Trauma ☐ Knife/arm object ☐ Other ☑ None	SS# Company: Group: ID: Auto Insurance: **Workers Compensation:** Company: Phone#:

Pulse / Respirations / Blood Pressure	L R Pupils	Neurological			Injuries to body parts
/	☑ ☑ Normal	Does the patient?	Can the pt. move?	Can the pt. move NOT?	☐ Head ☐ Face ☐ Neck
/	☐ ☐ Dilated	Yes No	Arm ☑ R ☑ L	Arm ☐ R ☐ L	☐ Chest ☐ Back ☐ Abdomen
/	☐ ☐ Constricted	☑ ☐ Talks	Leg ☑ R ☑ L	Leg ☐ R ☐ L	☐ Shoulder L/R ☐ Hand L/R
/	☐ ☐ Non-Reactive	☑ ☐ Walks			☐ Arm L/R ☐ Elbow L/R
					☐ Hip L/R ☐ Knee L/R
					☐ Leg L/R ☐ Foot L/R
					☑ None

Allergies: NKA ☐
Medication: None ☐

Skin: Normal ☐ Warm ☐ Cool ☐ Moist ☐ Dry ☐ Pale ☐ Ashen ☐ Flushed ☐ Cyanotic

History: ☐ CHF ☐ Seizure ☐ CVA ☐ Psychiatric ☐ MI ☐ Anxiety ☐ Hypertension ☐ Asthma ☐ Pacemaker ☐ Other _____ ☐ Diabetic

Driver involved in two car MVA. Front and side airbags deployed but pt did not have any complaints of pain. Pt did not want to go to the hospital and signed an RMA witnessed by police.

I, THE UNDERSIGNED, HAVE BEEN ADVISED THAT MEDICAL ASSISTANCE ON MY BEHALF IS NECESSARY, AND THAT REFUSAL OF SAID ASSISTANCE AND TRANSPORT MAY RESULT IN DEATH, OR MAY IMPERIL MY HEALTH. NEVERTHELESS, I REFUSE TO ACCEPT TREATMENT OR TRANSPORT AND ASSUME ALL RISKS AND THE CONSEQUENCES OF MY DECISION AND RELEASE THE CLIFTON FIRE DEPARTMENT, AND ITS PERSONNEL FROM ANY LIABILITY ARISING FROM MY REFUSAL.

Outcome: ☑ Patient Refused Care ☐ Treatment Rendered, No Transport

Personnel:
FF: O'Donnell
FF: Scravich
FF:
Officer: Marshalleck
Police on Scene ☑ Yes ☐ No

Pa[redacted]
Witnessed
Company [redacted]