



U.S. Department of Transportation

National Highway Traffic Safety Administration

**DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)**

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 254

Data Received
11-SEP-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.
554418

Work Number **202-567-6608**
Home Number **301-384-0352**

OWNER INFORMATION (Type or Print)

CHRISTINE D. EASTERLING 643835
1929 OLIVINE COURT
SILVER SPRING MD 20904

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Listed at top of windshield or driver's side)</small> JT8BF28GXY0272103	Vehicle Make LEXUS	Vehicle Model ES300	Vehicle Year 2000	Current Odometer Reading
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Purchase Date 01-AUG-2000	Dealer's Name _____	Engine Size (CID/CC/L) 6 CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000 08540000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC ELECTRICAL SYSTEM:IGNITION:ELECTRONIC CONTROL UNIT	Location <input type="checkbox"/> Left <input type="checkbox"/> Right	Failed Part(s) <input checked="" type="checkbox"/> Original
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POSTED



RECEIVED
OFFICE OF DEFECT INVESTIGATION
MAY 11 AM 7:28

VOQ Confirmation *QC'd*

Owner Information

554418

FirstName:

LastName:

MI:

Organization:

Address 1:

Address 2:

City:

State:

Zip:

Home Phone:

Work Phone:

Ext:

Fax Number:

Email

Address:

Would you like to receive a mailed signature card authorizing release of your vehicle information to manufacturers? Yes

Vehicle Information

Vehicle Identification Number (VIN): jt8bf28gxy0272103

Vehicle Make: Lexus Vehicle Model: 2000 MY ES300

Vehicle Year: 2000 Current Odometer Reading: 2000

Purchase Date: 08/00 New or Used: New

I authorize NHTSA to receive submit a copy of the owner information along with the vehicle information contained in this report to the manufacturer of the vehicle
Christina D. Easterday



Engine Size: 24 val v6 **Antilock Brakes:** Yes
No. Cylinders: 6 **Driverside Airbag:** Yes
Fuel Injection: Yes **Passengerside Airbag:** Yes
Turbo: Yes **Side Airbag - Driver:** Yes
Fuel Type: Gas **Side Airbag - Passenger:** No
Drivetrain: Front **3-Point Belt:** Yes
Cruise Control: Yes **Motor Belt:** No
Body Style: 4-Door **2-point Belt:** No

Dealer Information

Name: Lexus of Silver Spring
Address: 2505 Prosperity Terrace
City: Silver Spring
State: MD
Zip: 20904
Phone: (301) 680-0400

Failed Component/Part Information

Major Assembly	Description	Location Left-Right	Location Front-Rear	Part Type	Num. Failures	Failure Date	F: M
	Crash	Fire	Driver Airbag Deployed	Driver Sidebag Deployed	Passenger Airbag Deployed	Passenger Sidebag Deployed	N In
POWER TRAIN: TRANSMISSION: AUTOMATIC	NA	NA	NA	Original	6	09/08/2000	2
	No	No	NA	NA	NA	NA	

	along					
	No	No	NA	NA	NA	NA

Information on Tire Failure

DOT Number: NA
Manufacturer: NA
Tire Name: NA
Complete Tire Size: NA

Comments: On September 7 with the servicemanager and mechanic testing the vehicle at 55 mph in heavy traffic it downshifted from 4th to 1st gear, started jerking, and moving on it's on at a slow uncontrolled pace by computer only. Driver had no control over acceleration or deceleration. This problem happened to me at least six time in heavy traffic barely escaped death by oncoming traffic. Lexus plans to replace the computer and the transmission and give it back to me Tuesday, Sept. 12. I have a fear of driving that car and don't wish to take it back. Please help. The car has a factory defect that Lexus does not want publicized. I don't want to die in that car, nor cause someone else to be killed.


