



FAX 202-366-7882

POSTED



Vehicle Owner's Questionnaire



Office of Defects Investigation

VOQ Submitted

QC'd COPIED

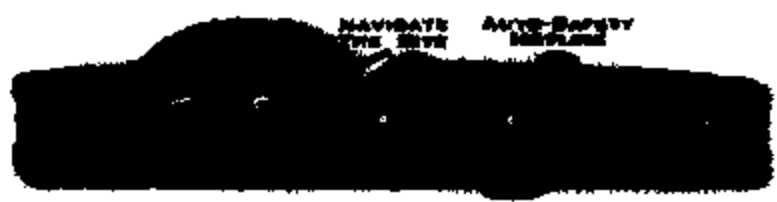
RECEIVED
ON JUN 29 AM 5:59
OFFICE OF DEFECTS INVESTIGATION

VOQ Status: In Process

ODI Number: 724481

We appreciate the report you have provided. Reports from motorists are a very important source of information for our investigations. Each report is analyzed and compiled into a computerized data system to assist us in identifying potential recall inadequacies and safety defects to determine whether an investigation is warranted. The information you have provided will be reviewed and entered into our data system. It will be used with other reports to identify recall inadequacies and safety-defect trends which require our attention.

Enter Another VOQ



Send mail to the Web Master



Vehicle Owner's Questionnaire

1-800-4-A-SAFE

Office of Defects Investigation

VOQ Confirmation

Owner Information

FirstName:

LastName:

MI:

Organization:

Address 1:

Address 2:

City:

State:

Zip:

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

Vehicle Information

Vehicle Identification Number (VIN): JT8BD68S7X0066415

Vehicle Make: Lexus Vehicle Model: gs 400

Vehicle Year: 1999 Current Odometer Reading: 18000

Purchase Date: 05/99 New or Used: New

Engine Size: Antilock Brakes: Yes

No. Cylinders: 6 Driverside Airbag: Yes

Fuel Injection: Yes Passengerside Airbag: Yes

Turbo: No Side Airbag - Driver: No

Fuel Type: Gas Side Airbag - Passenger: No

Drivetrain: Rear 3-Point Belt: No

Cruise Control: Yes Motor Belt: No

Body Style: 4-Door 2-point Belt: Yes

Dealer Information

Name: Lexus of Norwood
Address: 50 Providence Highway
City: East Walpole
State: MA
Zip: 02032
Phone: (508) 668-5600

Failed Component/Part Information

Major Assembly	Description	Location Left-Right	Location Front-Rear	Part Type	Num. Failures	Failure Date	Failure Mileage	Failure Speed	Mfg Contacted	NHTA Costs
	Crash	Fire	Driver Airbag Deployed	Driver Sidebag Deployed	Passenger Airbag Deployed	Passenger Sidebag Deployed	Num. Injured	Num. Fatalities	Est. Damage	Full Rep
FUEL THROTTLE LINKAGES AND CONTROL	NA	NA	NA	Original	6	05/20/2000	17000	10	No	N
FUEL THROTTLE LINKAGES AND CONTROL	No	No	NA	NA	NA	NA	NA	NA	NA	N
FUEL THROTTLE LINKAGES AND CONTROL	NA	NA	NA	Original	6	05/20/2000	17000	10	Yes	N
FUEL THROTTLE LINKAGES AND CONTROL	No	No	NA	NA	NA	NA	0	0	\$0	N

Information on Tire Failure

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

Comments: On at least six occasions as my husband and son applied the brake to stop the car jerked forward. This was caused by their foot overhanging the brake and when depress this overhang hits the accelerator. The last time in May was the most significant one. In the process of parking the car in a restaurant the car jumped forward and was stopped by a cement parking barrier.



[Send mail to the Web Master](#)

FILE MODE	OPTION	ADDRESS (GROUP)	TTI	NAHTSA/OFC DEFECTS INV
139	MEMORY TX	178		
			RESULT	PAGE
			E-3)3)3)3)3)	P. 0/1

REASON FOR ERROR

E-1) HANG UP OR LINE FAIL
E-3) NO ANSWER

E-2) BUSY
E-4) NO FACSIMILE CONNECTION



**U. S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation**

400 Seventh St., S.W.
Room 5326 NSA-10
Washington, DC 20590

Date: 6/26/00

To: Mr. Paul Roberts

Company: The Interface Group

Telephone No.: _____; Fax No.: 781-449-3189

From: Al Jenerias

Telephone No.: (202)-366-5211

Message: As I stated. One of the files was not from our files.

She provided the summary on it appears in our
Ohio file. The certified copy will be filed by Paul

U.S. Department
of TransportationNational 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

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Date Received

24-JUN-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

724481

 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 front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JT8BD68S7X0066415	LEXUS	GS400	1999	

Purchase Date 01-MAY-1999	Dealer's Name _____	Engine Size (CID/CC/L) _____	<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 type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle	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 06400000 03250000	Par. Name(s) FUEL:THROTTLE LINKAGES AND CONTROL BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Frnt <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 6	Date(s) of Failure(s) 20-MAY-2000 Mileage at Failure(s) 17000 Vehicle Speed at Failure(s) 10	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ON AT LEAST SIX OCCASIONS AS MY HUSBAND AND SON APPLIED THE BRAKE TO STOP THE CAR JERKED FORWARD. THIS WAS CAUSED BY THEIR FOOT OVERHANGING THE BRAKE AND WHEN DEPRESS THIS OVERHANG HITS THE ACCELERATOR. THE LAST TIME IN MAY WAS THE MOST SIGNIFICANT ONE. IN THE PROCESS OF PARKING THE CAR IN A RESTAURANT THE CAR JUMPED FORWARD AND WAS STOPPED BY A CEMENT PARKING BARRIER. *AK

CONTINUED ON BACK PLEASE

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.



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

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Data Received 29-JUN-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 724481	

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 front of windshield or drivers side)</small> JT8BD68S7X0066415	Vehicle Make LEXUS	Vehicle Model GS400	Vehicle Year 1999	Current Odometer Reading
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Purchase Date 01-MAY-2099	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 type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle	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 03210000	Par. Name(s) BRAKES:HYDRAULIC:PEDALS AND LINKAGES	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
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No of Failures 6	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE APPLYING THE BRAKE PEDAL TO STOP THE CAR JERKED FORWARD ON MANY OCCASIONS, THIS IS DUE TO A DESIGN FLAW, THE CONSUMERS FOOT ACCIDENTALLY ENGAGES THE ACCELERATOR PEDAL AT THE SAME TIME AS THE BRAKE PEDAL CAUSED BY THE FOOT OVERHANGING THE BRAKE PEDAL. *MJS

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Oid_or _____
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up_ltr _____

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<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle	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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