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| <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br><b>National Highway Traffic Safety Administration</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         | <b>FOR AGENCY USE ONLY 258</b><br>Date Received<br><div style="font-size: 1.2em; font-weight: bold;">18-SEP-2000</div> Reference No.<br><div style="font-size: 1.2em; font-weight: bold;">731752</div>                                                                                                                                |                                                                                                                                                                                                                           |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |
| Signature of Owner _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         | Date ____/____/____                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                           |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |
| Vehicle Ident. No. (VIN) <small>(located at front of windshield on drivers side)</small><br><b>JT8UF11E6P0153524</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Vehicle Make<br><b>COOPER</b>                                                                                           | Vehicle Model<br><b>COOPER</b>                                                                                                                                                                                                                                                                                                        | Vehicle Year<br><b>1900</b>                                                                                                                                                                                               |
| Current Odometer Reading _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |
| Purchase Date<br><b>01-JUN-2000</b><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Dealer's Name _____<br>City _____ State _____ Zip Code _____                                                            |                                                                                                                                                                                                                                                                                                                                       | Engine Size (CID/CC/L) <b>4.0L</b><br>No Cylinders _____<br><input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection       |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                               | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbell<br><input type="checkbox"/> 2-Point Belt                                                                                    | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Drive Train<br><input type="checkbox"/> Front<br><input checked="" type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel |
| Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         | Body Style<br><input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |                                                                                                                                                                                                                           |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |
| Component<br><b>02740000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Part Name(s)<br><b>TIRES: TREAD</b>                                                                                     | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear                                                                                                                                                                                        | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                                                                                                               |
| No of Failures<br><div style="font-size: 1.2em; font-weight: bold;">1</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date(s) of Failure(s) <b>10-SEP-2000</b><br>Mileage at Failure(s) <b>68400</b><br>Vehicle Speed at Failure(s) <b>70</b> |                                                                                                                                                                                                                                                                                                                                       | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                          |
| <b>APPLICATION INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |
| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                             | Number of Persons Injured _____                                                                                                                                                                                                                                                                                                       | Number of Fatalities _____                                                                                                                                                                                                |
| Estimated Property Damage _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                         | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |
| <p> <b>I BOUGHT A CAR FROM LEXUS DEALERSHIP ON JUNE 26, LESS THAN 3 MONTH AGO. IT IS A 1993 LEXUS LS400 WITH 67400 MILES ON ODOMETER AT THE TIME OF PURCHASE. LAST SUNDAY MY FAMILY: MY WIFE, DAUGHTER AND MYSELF WENT FOR A 4 DAY VACATION TO LAKE SHASTA. IT WAS OUR FIRST LONG TRIP IN LEXUS. UNTIL THEN THERE WERE ONLY UP TO 50 MILES TRIPS. AFTER ABOUT TWO HOURS OF DRIVING AT 65-70 MILES PER HOUR SOMETHING HAPPENED. WE HEARD SOMETHING FELL OUT FROM THE CAR AND I BARELY HAD THE CAR UNDER CONTROL. WHEN I STOPPED THE CAR WE SAW THAT THE TREAD OF LEFT REAR TIE IS DESTROYED/MISSING. SOME OTHER PARTS INCLUDING LEFT REAR DOOR ARE DAMAGED/MISSING. I SUPPOSE IT HAPPENED BECAUSE THE RADIUS OF THE TIRE INCREASED WITHOUT THE TREAD. WHEN WE DROVE BACK SEPTEMBER 13 THE SAME HAPPENED</b> </p> |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |
| CONTINUED ON BACK (SEE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |
| 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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| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               |
| Signature of Owner _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         | Date ____/____/____                                                                                                                                                                                                                                                 |                                                                                                                                                                                                               |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               |
| Vehicle Ident. No. (VIN) <small>(located at front of windshield on drivers side)</small><br><b>JT8UF11E6P0153524</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Vehicle Make<br><b>LEXUS</b>                                                                                            | Vehicle Model<br><b>LS400</b>                                                                                                                                                                                                                                       | Vehicle Year<br><b>1993</b>                                                                                                                                                                                   |
| Purchase Date<br><b>01-JUN-2000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         | Current Odometer Reading                                                                                                                                                                                                                                            |                                                                                                                                                                                                               |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used<br>Dealer's Name _____<br>City _____ State _____ Zip Code _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         | Engine Size (CID/CC/L) <b>4.0L</b><br><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection<br>No Cylinders _____                                                          |                                                                                                                                                                                                               |
| Transmission Type<br><input type="checkbox"/> Manual <input type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Antilock Brakes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                  | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag                        | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Drive Train<br><input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel |
| Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> 2-Door<br><input type="checkbox"/> Van <input type="checkbox"/> Truck <input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Other _____ <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         | Body Style                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               |
| Component<br><b>02740000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Part Name(s)<br><b>TIRES: TREAD</b>                                                                                     | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear                                                                                                                            | Failed Part(s)<br><input type="checkbox"/> Original <input type="checkbox"/> Replacement                                                                                                                      |
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| <b>APPLICATION INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               |
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| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                             | Number of Persons Injured                                                                                                                                                                                                                                           | Number of Fatalities                                                                                                                                                                                          |
| Estimated Property Damage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                           |                                                                                                                                                                                                               |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               |
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| CONTINUED ON BACK (SEE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               |
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