



U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

Auto Safety Hotline

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 241

Date Received

28-JAN-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8003008

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
JT8BH28F1V0080385	LEXUS	LS400	1997			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____	No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input 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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <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 type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000 12112100	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT; INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG: SIDE DOOR	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) _____ 08-SEP-2001 Mileage at Failure(s) _____ 23368 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 checked="" 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 Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS INVOLVED IN A DRIVER SIDE FRONT FENDER COLLISION AT 50 MPH, AND BOTH FRONTAL AIR BAGS AND SIDE AIR BAGS DID NOT DEPLOY. DEALER / MANUFACTURER WERE NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION ON THIS MATTER.\*AK

CONTINUE ON REVERSE

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.

<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <h2>Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY</b> 241</p>
	<p>Date Received: FEB 25 2002 28-JAN-2002 EFFECTIVE</p>	<p>Od, or rt, dt qd, rt up, ltr</p>

<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>[Redacted] 736239</p>		<p>Reference No. 6003008</p>
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an _____</p>		<p>Work Number _____ Home No. [Redacted]</p>

Signature of Owner: \_\_\_\_\_  
Date: 2/5/02

<p>Vehicle Ident. No. (VIN) JT8BH28F1V0080385 80355</p>	<p>Vehicle Make LEXUS</p>	<p>Vehicle Model LS400</p>	<p>Vehicle Year 1997</p>	<p>Current Odometer Reading CAR WAS TOTALLED IN ACCIDENT -</p>
<p>Purchase Date 3/17/97</p>	<p>Dealers Name: LEXUS OF RIVERSIDE, CA City: RIVERSIDE State: CA Zip Code: 92504</p>		<p>Engine Size: 8 No. Cylinders: 8</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio</p>
<p>Transmission Type <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes</p>	<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control <input checked="" type="checkbox"/> Yes</p>	<p>Drive Train <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel</p>
<p>Vehicle Type <input checked="" type="checkbox"/> Car</p>	<p>Body Style <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p>	<p>Other options: <input type="checkbox"/> Sport Ult, <input type="checkbox"/> Truck, <input type="checkbox"/> Motorcycle</p>		

FAILED COMPONENT(S)/PART(S) INFORMATION			
<p>Component 12111000 12112100</p>	<p>Part Name(s) INTERIOR SYSTEM: PASSENGER RESTRAINTS: AIR BAG: FRONT INTERIOR SYSTEM: PASSIVE RESTRAINT: AIR BAG: SIDE DOOR AIR BAGS ON SIDE OF SEAT - DRIVERS + PASSENGER</p>	<p>Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacemen</p>
<p>No of Failures 4</p>	<p>Date(s) of Failure(s): 08-SEP-2001 Mileage at Failure(s): 23368 Vehicle Speed at Failure(s): MY VEH. 10MPH - OTHER VEH. 45 PLUS - PER POLICE RPT.</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Yes</p>	<p>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)					
<p>Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured 2</p>	<p>Number of Fatalities 0</p>	<p>Estimated Property Damage 40,000</p>	<p>Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

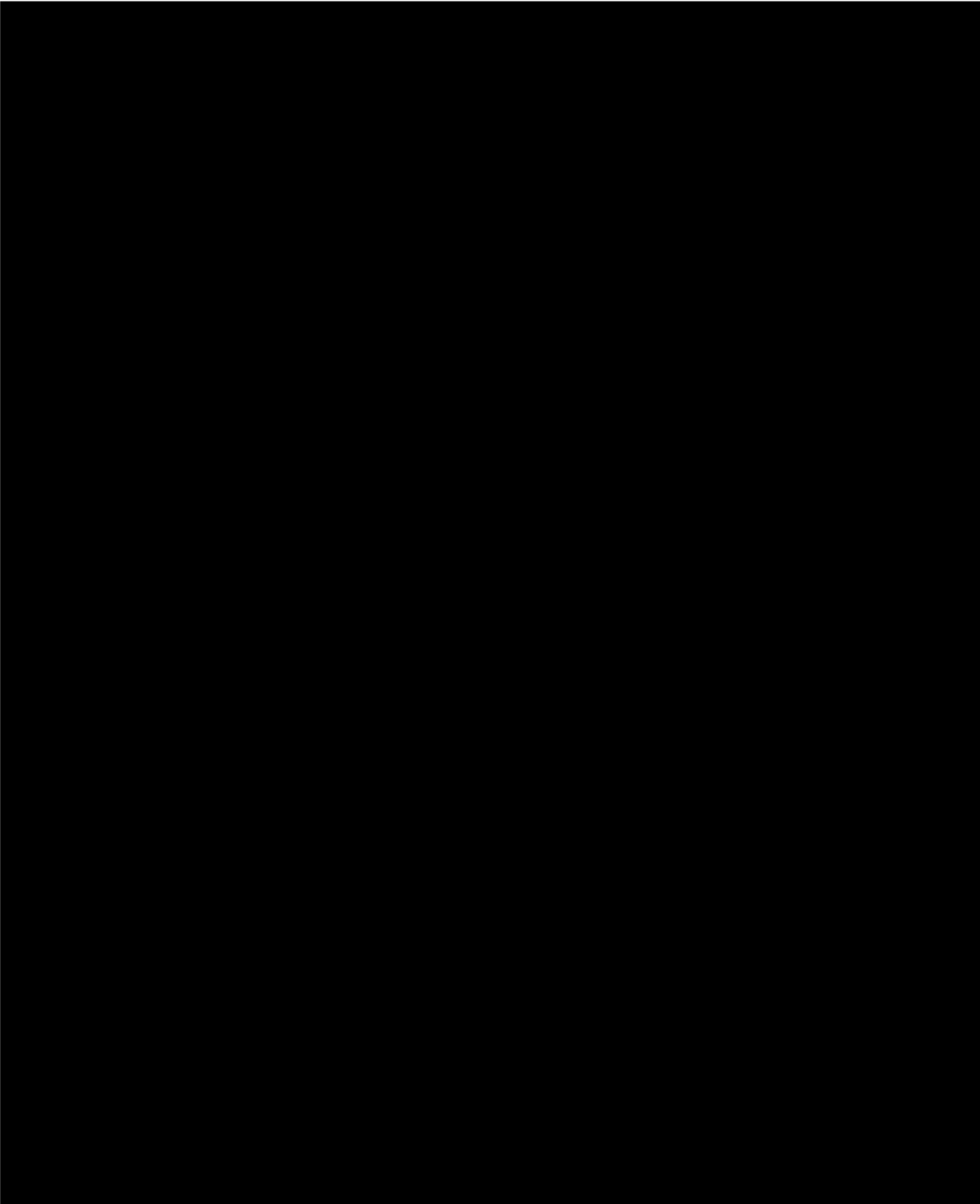
VEHICLE WAS INVOLVED IN A DRIVER SIDE FRONT FENDER COLLISION AT 50 MPH, AND BOTH FRONTAL AIR BAGS AND SIDE AIR BAGS DID NOT DEPLOY. DEALER / MANUFACTURER WERE NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION ON THIS MATTER. \*AK

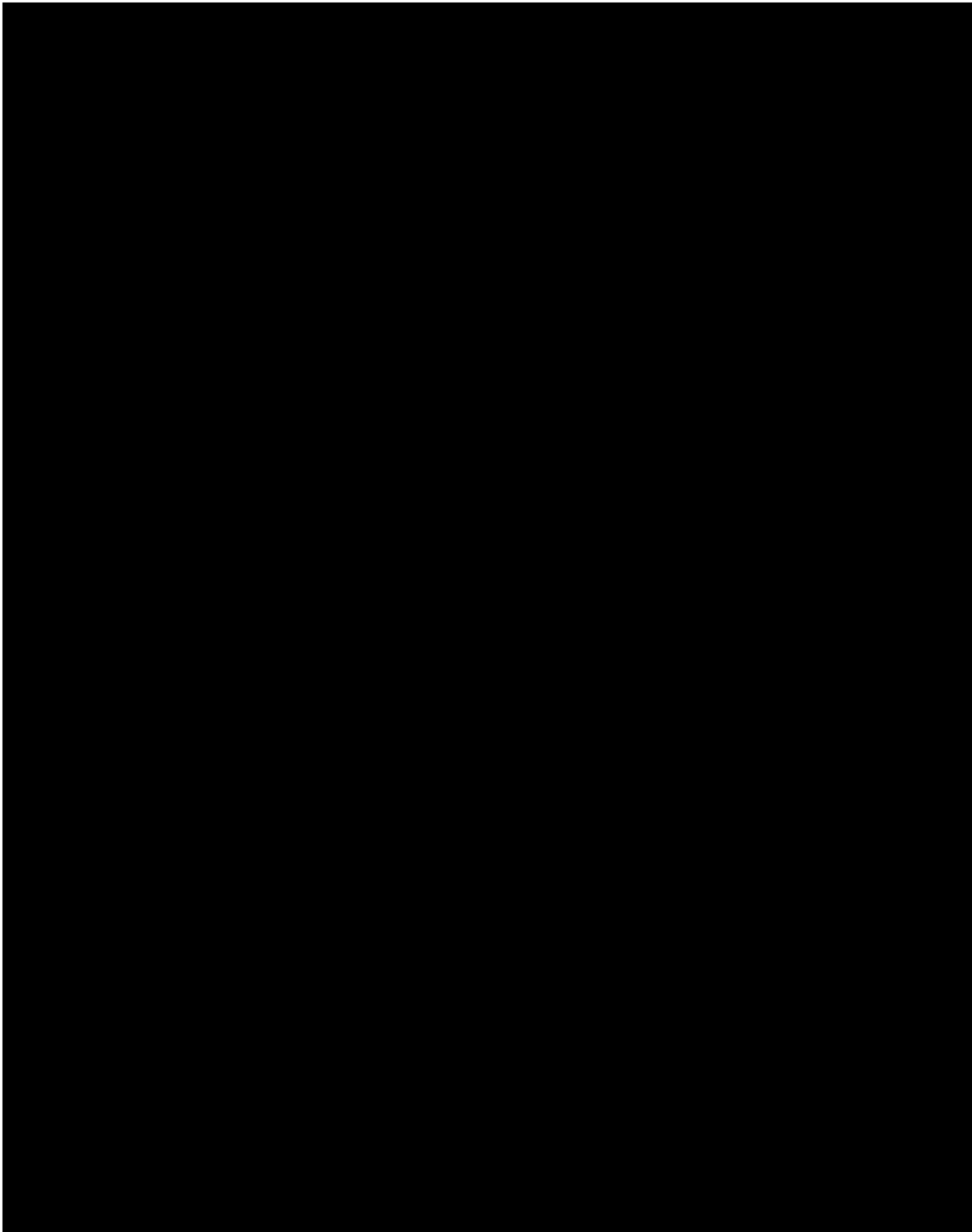
OTHER DRIVER RAN A RED LIGHT - POLICE RPT. STATES VEH SPEED WAS 45 PLUS MPH, POLICE OFFICER QUESTIONED WHY NONE OF THE 4 AIR BAGS DEPLOYED.

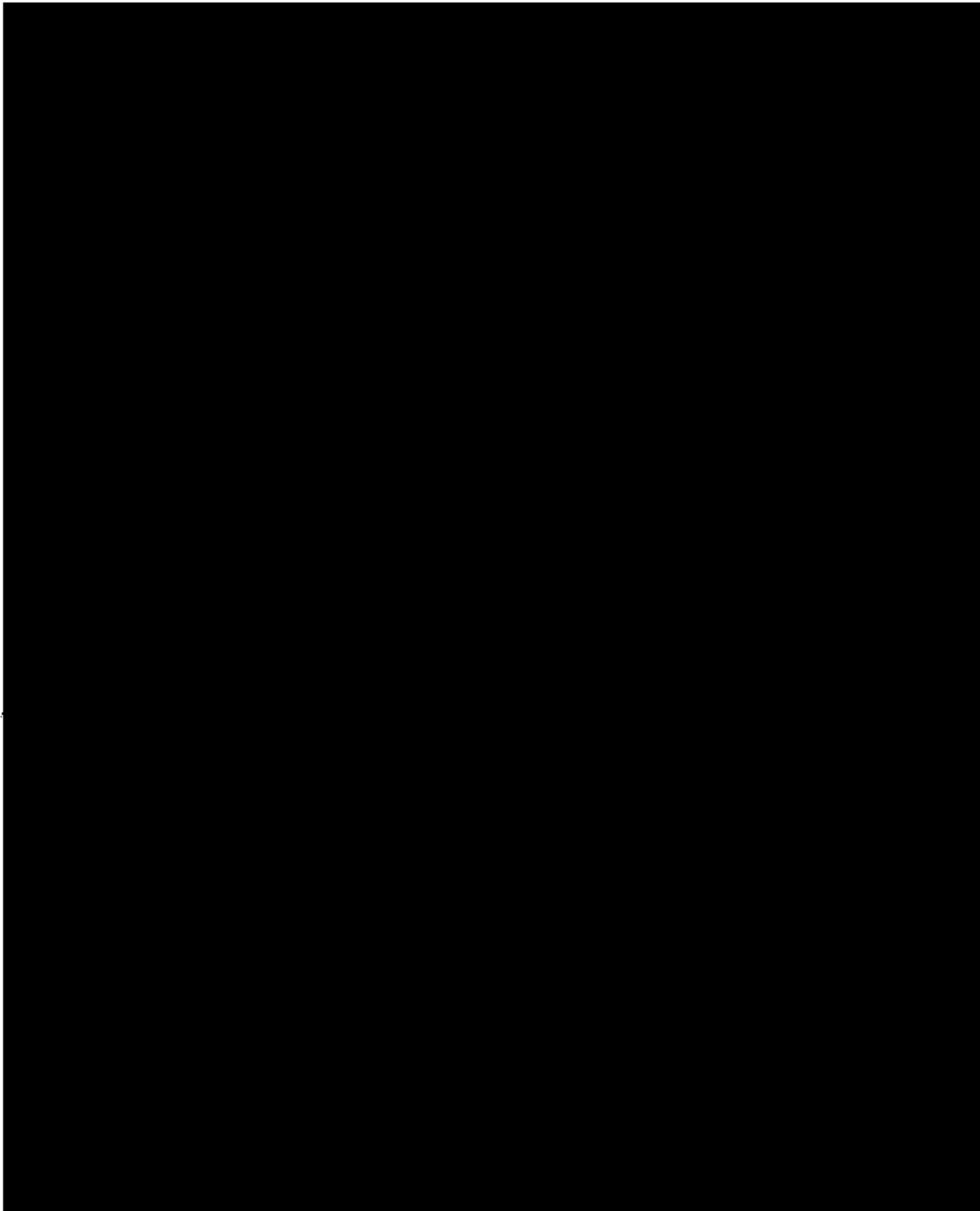
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**THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

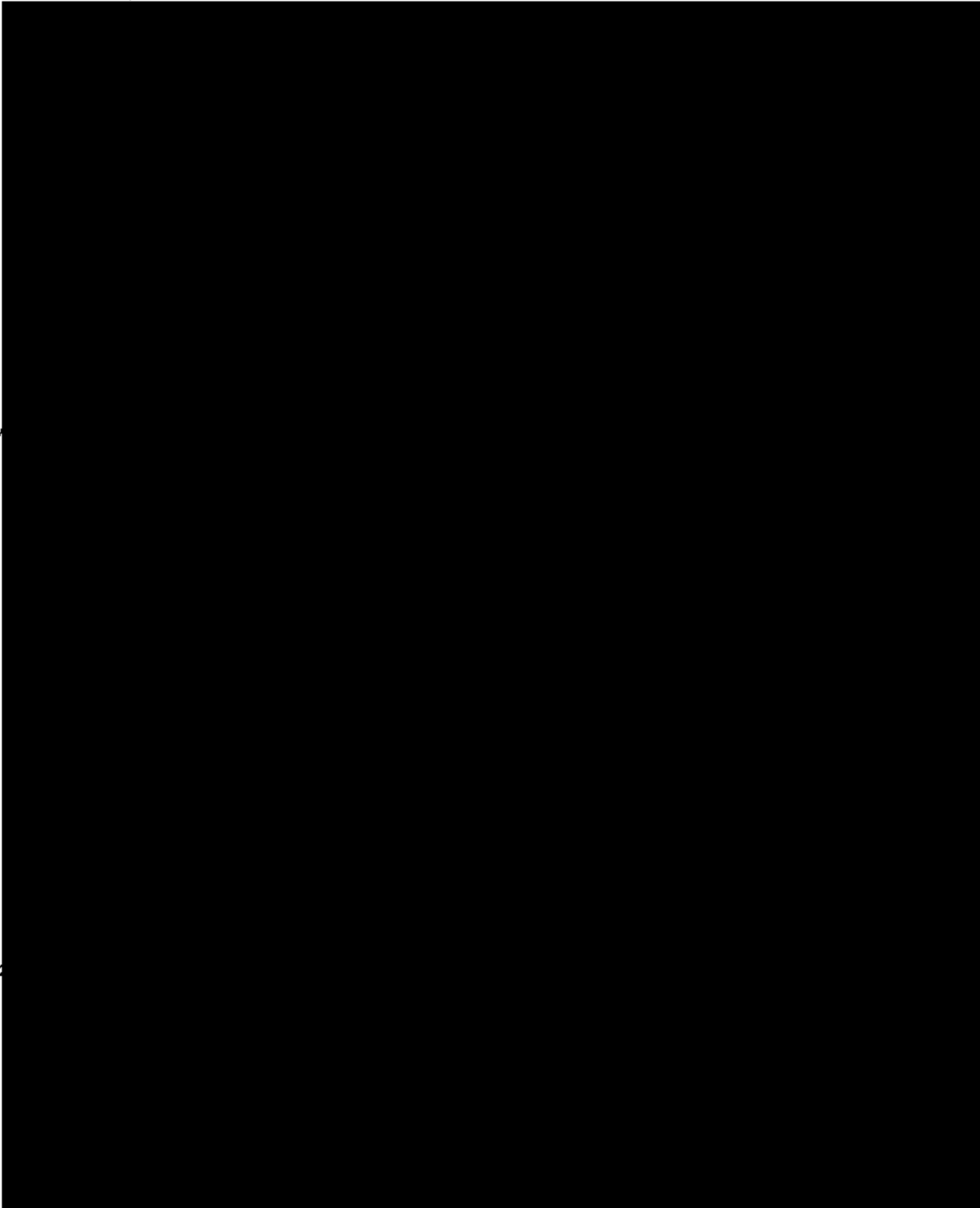
**(Page 1 through Page 10)**







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