Form Approved: O.M.B. No. 2127-0042

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 436

Date Received: 06-APR-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 859835

[redacted]

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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
NOT AVAILABLE	LEXUS	ES300	1993	

Purchase Date

☐ New ☒ Used

Dealer's Name_____

City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____

No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other_____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
12113000	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG IMPACT SENS	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	_____	☐ Yes ☐ No	☐ Yes ☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

AIR BAG SENSOR LIGHT COMES ON/OFF. CONSUMER WILL COMPLETE COMPLAINT FORM.*AK

CONTINUED ON NEXT PAGE

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

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

RECEIVED
00 MAY 17 AM 10:22
DEFECTS INVESTIGATION

FOR AGENCY USE ONLY	436
Date Received: 04-APR-2000	Od_or rt_dt od_rt up_ltr
	Reference No. 859835

OWNER INFORMATION (Type or Print)

[redacted]

Work Number
Home Numb [redacted]

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 provide owner name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 5/2/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JT8VK13T6P0196854	LEXUS	ES300	1993	33,337

Purchase Date: APRIL, 1993 ☒ New ☐ Used
Dealer's Name: LEXUS OF TAMPA BAY
City: TAMPA State: FL Zip Code: 33614
Engine Size (CID/CC/L): 3.0 L No Cylinders: 6
☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☒ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Ut ☐ Truck ☐ Motorcycle	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
12113000	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG IMPACT SENS	☒ Left ☐ Right ☒ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
1	7-5-99 33,000 MI.	☒ Yes ☐ No	☐ Yes ☒ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	0	☐ Yes ☒ No

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

AIR BAG SENSOR LIGHT COMES ON: CONSUMER WILL COMPLETE COMPLAINT FORM.*AK

NON SPIRAL CABLE + AIR BAG SYSTEM IN SAILBOAT TO MAKE SENSOR LIGHT GO OUT. I WAS TOLD THIS WAS NORMAL WEAR + TEAR AND NO WARRANTY WOULD APPLY. I HAD TO PAY $816.25 OUT OF POCKET! THIS DOESN'T SEEM RIGHT WITH ONLY 33,000 MILES FOR A MAJOR SAFETY ITEM.

CONTINUE ON BACK IF NEEDED

SARASOTA,FLORIDA 34231
941-924-3040/800-330-1332
M-F 7:30-5:00 SAT 8:00-12:00

SERVE YOUR SERVICE NEEDS!!
BARRY BOWLES SERVICE DIRECTOR
LABOR $64.50 PER FLAT RATE HR.

PARTS AN
SERVICE INVOICE

PAGE 1 OF 1 *** PAYMENT $ 93.*** 7/13/99 TIME 17:34 JOB # 947 RO # 42633

[redacted]

93 LEXUS ES300
VIN: JT8VK13T6P0196854
DOFU: 4/29/93
MILES IN/OUT: 33337/ 33339
DATE IN-OUT: 7/07/99- 7/13/99
LICENSE:
S/C: RYAN J DEWITT

EXT RECOMMENDED SERVICE - MILEAGE: 37089 DATE: 0/00/00

CONDITION 01 - CUSTOMER PAY

OPERATION CODE	INSTRUCTION	TECH	AMOUNT
TIME ITEM PER ,	AIR BAG INDICATOR LIGHT ON DIAGNOSIS OF AIR BAG SYSTEM AND REPLACEMENT OF AIR BAG AND SPIRAL CABLE	012	129.00

PART NUMBER	DESCRIPTION	QTY	NET	EXT NET
90633020	CABLE S\A, SPIRAL	1	199.98	199.98
1303304162	PAD ASSY, STEERING W	1	511.47	511.47

DISCOUNTS	AMOUNT
CUST MECH LBR-LEXUS	12.90-
P&A RO CUST MECH-LEX	71.15-
CUST MECH LBR-LEXUS	129.00
[redacted]	[redacted]
SUPPLY&SM TOOLS-SERV	6.45
SALES TAX	53.40
LESS DISCOUNTS	84.05-
CONDITION TOTAL	816.25

Discover

TOTAL LABOR	129.00
TOTAL PARTS	711.45
TOTAL SHOP SUPPLIES	6.45
TOTAL SALES TAX	53.40
LESS TOTAL DISCOUNTS	84.05
TOTAL AMOUNT DUE	816.25
CASH/CHECK $:	816.25

DISCLAIMER OF WARRANTIES

e seller hereby expressly disclaims all warranties, either express or implied, including any implied rranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes y other person to assume for it any liability in connection with the sale of said products.

ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE AS BEING USED OR REMANUFACTURED.

DDITIONAL REPAIRS AUTHORIZED: I ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE.

STIMATE $ _____ TIME _____ PM ☐
DDITIONAL $ _____ DATE _____
OTAL $ _____ OKD _____

CUSTOMER SIGNATURE X _____

NOTICE TO CUSTOMER: PLEASE READ IMPORTANT INFORMATION ON REVERSE SIDE