

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

## FOR AGENCY USE ONLY

119

Date Received

21-JUN-2000

Od\_or

rt\_dt

od\_rt

up\_ltr

Reference No.

863953

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.)<br><small>(located at front of<br/>windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|---------------------------------------------------------------------------------------------------|--------------|---------------|--------------|--------------------------|
| NOT AVAILABLE                                                                                     | LEXUS        | GS300         | 2000         |                          |

|                                                                                                    |                                                                                               |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                                                      | Dealer's Name _____                                                                           | Engine Size<br>(CID/CC/L) _____                                                                                                                                                                                                       | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection                                                                                                                   |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                              | City _____ State _____ Zip Code _____                                                         | No. Cylinders _____                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                |
| Transmission Type<br><br><input type="checkbox"/> Manual<br><br><input type="checkbox"/> Automatic | Antilock Brakes<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                   |
|                                                                                                    |                                                                                               | Drive Train<br><br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                                                                                                | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Vlt<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ |
|                                                                                                    |                                                                                               |                                                                                                                                                                                                                                       | Body Style<br><br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____                                                |

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

|                       |                                                                                                          |                                                                                                                                          |                                                                                             |
|-----------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>02700000 | Part Name(s)<br>TIRES                                                                                    | 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<br><input type="checkbox"/> Replacement |
| No. of Failures       | Date(s) of Failure(s) _____<br>Mileage at Failure(s) <u>6</u> _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                    | NHTSA Previously Contacted?<br><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<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-----------------------------------------------------------------------------------------------|

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

BRIDGESTONE TIRES: CONSUMER WAS UNSURE OF THE MODEL. TIRE WENT COMPLETELY FLAT DUE TO A CUT ON THE SIDE OF THE TIRE. CONSUMER HAS REPLACED THE TIRE. PLEASE PROVIDE ANY FURTHER DETAILS. \*AK

CONTINUE ON BACK IF NEEDED

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.