



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 1039

Date Received

19-SEP-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

896506

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>(Leave blank for VIN and vehicle identification)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
PLEASE ADD VIN	LEXUS	GS400	2000			
Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____				
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<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 _____	<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 03211000	Part Name(s) BRAKES:HYDRAULIC:PEDAL	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	Date(s) of Failure(s) 12-JUN-2001 4	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) _____		

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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	--------------------------	--

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

WHEN APPLYING BRAKES CONSUMER HIT ACCELERATOR AT THE SAME TIME. THERE IS NOT ENOUGH DISTANCE BETWEEN BRAKE PEDAL AND ACCELERATOR. CONTACTED MANUFACTURER, AND GAVE A REPORT, MANUFACTURER WILL SEND IT TO ENGINEER. *AK

COPIED FROM NHTSA FORM 1039

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> <h3>Vehicle Owner's Questionnaire (VOQ)</h3> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 1039</p> <p>Date Received: 02 FEB 25 11:11 AM 13 SEP 2001</p> <p>Od or rt dt _____ od rt up_ltr _____</p> <p>Reference No. 496505</p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>715932</p>				<p>Work Number _____ Home Number _____</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of _____ name and address to the vehicle's manufacturer.</p> <p>Signature of Owner _____ Date 1/24/02</p>					
<p>VEHICLE INFORMATION</p> <p>Vehicle Ident. No. (VIN) JTB3468X3Y0026267 (located at bottom of vehicle) PLEASE ADD VIN</p> <p>Vehicle Make LEXUS Vehicle Model GS400 Vehicle Year 2000 Current Odometer Reading 4650</p>					
<p>Purchase Date JUN 00</p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>Dealer Name POHANKA LEXUS OF CHANTILLY</p> <p>City CHANTILLY State VA Zip Code 20151</p>		<p>Engine Size (CID/CC) 4.0L <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio</p> <p>No Cylinders 8</p>	
<p>Transmission Type <input type="checkbox"/> Manua <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 type="checkbox"/> Motorbelt <input type="checkbox"/> Diverside Airbag <input type="checkbox"/> 2-Point Bel <input checked="" type="checkbox"/> Passengerside Airbag</p>	
<p>Cruise Control <input checked="" type="checkbox"/> Yes</p>		<p>Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>		<p>Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component 03211000</p>		<p>Part Name(s) BRAKES:HYDRAULIC:PEDAL LOCATION IN REFERENCE TO ACCELERATOR</p>		<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Original Replacement</p>	
<p>No. of Failures _____</p>		<p>Date(s) of Failure(s) 12-JUN-2001</p> <p>Mileage at Failure(s) 4</p> <p>Vehicle Speed at Failure(s) WHEN STOPPING VEHICLE WITH BRAKE - ACCELERATOR WAS APPLIED</p>		<p>Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<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>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Number of Persons Injured NONE</p>	
<p>Number of Fatalities NONE</p>		<p>Estimated Property Damage NONE</p>		<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> <p>WHEN APPLYING BRAKES CONSUMER HIT ACCELERATOR AT THE SAME TIME. THERE IS NOT ENOUGH DISTANCE BETWEEN BRAKE PEDAL AND ACCELERATOR. CONTACTED MANUFACTURER, AND GAVE A REPORT, MANUFACTURER WILL SEND IT TO ENGINEER. *AK</p> <p>P.S. WHEN WEARING MY SIZE 12 (WIDE) SHOES, AND ON MORE OCCASIONS THEN I LIKE, WHILE APPLYING THE BRAKE PEDAL THE ACCELERATOR IS DEPRESSED CAUSING THE ENGINE TO REV. TO STOP CAR IT IS NECESSARY</p>					

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974-Public Law 93-57: 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.

TO REPOSITION YOUR FOOT ON THE BRAKE PEDAL, THIS MEANS YOU MUST RELEASE THE BRAKE AND REAPPLY. (OVER)

