



U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-3393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received: 4/17/01 Call: _____
 Referral No. _____ Fax: _____
 _____ e-mail: _____
 _____ Other: _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) <u>JTBHF10U9X0023322</u>				VEHICLE MAKE <u>LEXUS</u>		VEHICLE MODEL <u>RX300</u>		MANUFACTURE DATE		MODEL YEAR <u>1999</u>			
VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input checked="" type="checkbox"/> Other <u>LEXUS</u> <input type="checkbox"/> Daimler/Chrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW													
PURCHASE DATE <u>07/13/98</u>		DEALER'S NAME <u>ROHRICH LEXUS</u>		CITY <u>PITTSBURGH</u>		STATE <u>PA</u>		ZIP CODE <u>15226</u>					
ENGINE SIZE <u>(3.0)/200/12</u>		FUEL SYSTEM <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Manual <input type="checkbox"/> Automatic		FUEL TYPE <input checked="" type="checkbox"/> Gas		TRANSMISSION TYPE <input checked="" type="checkbox"/> Automatic		ANTILOCK BRAKES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		RESTRAINT SYSTEM <input checked="" type="checkbox"/> Driver Side Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Motorbel: <input type="checkbox"/> 3-Point Belt		CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
NO. CYLINDERS <u>6</u>		DRIVETRAIN <input type="checkbox"/> Front <input checked="" type="checkbox"/> 4-Wheel <input type="checkbox"/> Rear		VEHICLE TYPE <input type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other <input checked="" type="checkbox"/> Van <input checked="" type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle		DOORS <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door		BODY STYLE <input type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Stationwagon					

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Cold Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input checked="" type="checkbox"/> Other <u>Side Air Bags</u>	NO. OF FAILURES <u>1</u>	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE <u>3/4/01</u>	TIRE NAME	COMPLETE TIRE SIZE <u>P225/70R16</u>
	MILEAGE AT INCIDENT <u>20,000</u>	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input checked="" type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other	
	VEHICLE SPEED AT INCIDENT <u>45 mph</u>	FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICABLE 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	NUMBER OF PERSONS INJURED <u>0</u>	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Nclay <input type="checkbox"/> Weak/Floor HI/Loose <input type="checkbox"/> Leaks <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Snow <input type="checkbox"/> Disconnect/Fell Off <input type="checkbox"/> Locke/Sticks/Grabs <input type="checkbox"/> Ereno/Floor Performance <input type="checkbox"/> Stability/Vibrator <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Broken	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input checked="" type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Hit over <input type="checkbox"/> Shells <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES <u>0</u>		

PLEASE DO NOT WRITE IN THIS AREA



02117

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

On a snow day, I drove my
Lexus RX300 SUV on the ramp of an
EXIT of the highway. Suddenly the car
starts sliding at a speed of 45 mph.
The car finally stopped by hitting on the
tree on the driver-side door. As a
result, the door was completely
damaged by strong impact verti-
cally. However, the side-air bag
wasn't pop out. Maybe this is
a failure.

Continue on additional page if necessary.

Describe any additional incidents. (include date and mileage)

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-related issue. 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.

Mark Reflex® by NCS BW-202020-1-841321 HRO6 Printed in U.S.A.
© Copyright 1999 by National Computer Systems, Inc. All rights reserved.
HS Form 350 (Rev. 8/99)

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 73173 WASHINGTON, D.C.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

Complete and return or place in your car manual for future use

VEHICLE OWNER'S QUESTIONNAIRE (V00Q)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration

www.nhtsa.dot.gov/hotline



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

