



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

Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8303  
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 <b>1/17/02</b>	Order # _____
Reference No. _____	Unit # _____
	Subunit # _____

## OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

## VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) <b>JT8BF28G0YS076318</b>		VEHICLE MAKE <b>LEXUS</b>	VEHICLE MODEL <b>ES300</b>	MANUFACTURE DATE	MODEL YEAR <b>2000</b>	
VEHICLE MANUFACTURER <input type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other _____ <input type="radio"/> Daihatsu/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input checked="" type="radio"/> Toyota <input type="radio"/> VW						
PURCHASE DATE <b>9/21/99</b>	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME <b>JIM FALK LEXUS</b>	CITY <b>BEVERLY HILLS CA.</b>	STATE <b>CA.</b>	ZIP CODE <b>90212</b>	
ENGINE SIZE (CID/CC) <b>3.0L</b>	FUEL SYSTEM <input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input checked="" type="radio"/> Yes <input type="radio"/> No	RESTRAINT SYSTEM <input checked="" type="radio"/> Driver's Side Airbag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passenger Side Airbag <input type="radio"/> Motor-bell <input checked="" type="radio"/> 3-Point Belt	CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No
NO. CYLINDERS <b>6</b>	DRIVETRAIN <input checked="" type="radio"/> Front <input type="radio"/> Rear	VEHICLE TYPE <input checked="" type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Sport Utility <input type="radio"/> Van <input type="radio"/> Truck <input type="radio"/> Motorcycle <input type="radio"/> Other _____	DOORS <input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	BODY STYLE <input type="radio"/> Hatchback <input checked="" type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon		

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

COMPONENT <input type="radio"/> Clutch/Seal <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input checked="" type="radio"/> Service Brakes <input checked="" type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other _____	NO. OF FAILURES <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters). ✓		
	INCIDENT DATE <b>11/25/01</b>		TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT <b>14,400</b>		TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other _____	
	VEHICLE SPEED AT INCIDENT <b>25 M.P.H.</b>		FAILED PART(S) <input type="radio"/> Original <input type="radio"/> Replacement	
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" type="radio"/> No	FAILED PART(S) AVAILABLE? <input type="checkbox"/> Yes <input checked="" type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input type="radio"/> No	NUMBER OF PERSONS INJURED <b>0</b> (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	CAUSE OF INCIDENT <input type="radio"/> Wear/Corroded/Hust <input type="radio"/> Weak/Flex/Fatigue <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fall Off <input checked="" type="radio"/> Error/Procedural Performance <input type="radio"/> Excessive Effort <input type="radio"/> Noisy <input type="radio"/> Locks <input type="radio"/> Short <input type="radio"/> Loose/Stuck/Grabs <input type="radio"/> Stability/Vibration <input type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Emission/Fire <input checked="" type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	FIRE <input type="checkbox"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES <b>0</b> (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)		

PLEASE DO NOT WRITE IN THIS AREA



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