

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

24-AUG-2009

Repository Reference No.
10281605**OWNER INFORMATION (Type or Print)**

Name

Address

City OLYMPIA

State WA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

LEXUS

Model

ES350

Model Year

2009

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Multiple Failure:

Incident Date(s)

23-AUG-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL

Failure Mileage

500

Failure Speed

40

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

Y

Narrative Description of Incident(S), Crash(es), and Injury(ies).**Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).**

LEXUS ES 350 HAD UNCONTROLLED ACCELERATOR CAUSING SPEEDS IN EXCESS OF 90 MILES PER HOUR UNTIL CAR WAS FORCED OUT OF GEAR. WITHOUT ATTEMPTS TO ACCELERATE THE CAR TOOK OVER AND SPED OUT OF CONTROL. CRUISE CONTROL WAS NOT ENGAGED AND BRAKES WOULD NOT SLOW THE VEHICLE. I CALLED 911 AND THEY TOLD ME TO PUT THE CAR IN NEUTRAL WHICH CAUSED THE RPM'S TO RACE OUT OF CONTROL. THE CAR THEN WENT INTO REVERSE BY ITSELF UNTIL I SLAMMED IT INTO PARK. THE DEALER CAME AND PICKED UP THE CAR AS IT WAS UNSAFE TO DRIVE. FORUNATELY THIS OCCURRED ON THE FREEWAY AND I HAD ROOM TO MANEUVER AND MISS CARS AND OBSTACLES. HAD THIS OCCURRED ANYWHERE ELSE I WOULD BE IN THE HOSPITAL.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 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.