

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

29-NOV-2006

Repository Reference No.  
10174732**OWNER INFORMATION (Type or Print)**

Name [REDACTED]

Address [REDACTED]

City MELVINDALE

State MI

Zip Code [REDACTED]

Daytime Telephone Number

[REDACTED]

E-mail Address

[REDACTED]

Evening Telephone Number

[REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
JTHBJ46G372 [REDACTED]Make  
LEXUSModel  
RX350Model Year  
2007Date Purchased  
31-MAY-06Dealer's Name and Telephone Number  
MEADE LEXUS OF SOUTHFIELD 8888820339Engine:  
No: Cylinders 6Fuel Type:  
GasOriginal Owner  
Dealer's City  
SOUTHFIELDState  
MIZip Code  
48034Transmission Type  
AUTOMATIC Antilock Brakes  
 Cruise ControlPowertrain  
FRONT WHEEL DRIVEVehicle Component Code  
180000 VEHICLE SPEED CONTROL

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**Incident Date(s)  
02-SEP-2006Failure Mileage  
4369Failure Speed  
55**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

1

Number of Deaths

0

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).

WHILE TRAVELING NORTH BOUND AT APPROXIMATELY 55 MPH ON INTERSTATE I-75 / M-59 WITH IN OAKLAND COUNTY / STATE OF MICHIGAN MY AUTOMOBILE SUDDENLY ACCELERATED, AFTER ATTEMPTING TO APPLY THE AUTOMOBILE BRAKES, TO APPROXIMATELY 85 MPH. THIS SUDDEN UNWANTED ACCELERATION CAUSED THE VEHICLE TO CRASH INTO THE HIGHWAY GUARD RAIL AND GO INTO A ROLL OVER. AS A RESULT OF THE SUDDEN ACCELERATION AND ROLL OVER THE VEHICLE WAS DAMAGE BEYOND REPAIR AND I WAS INJURED WITH SERIOUS BACK, NECK AND PELVIC INJURIES. \*JB SEE ALSO 10176450 \*DSY

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.