Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation

National 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]

Evening Telephone Number [redacted]

E-mail Address [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	Make	Model	Model Year
JTHBJ46G372[redacted]	LEXUS	RX350	2007

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
31-MAY-06	MEADE LEXUS OF SOUTHFIELD 8888820339	No: Cylinders 6	Gas

Original Owner	Dealer's City	State	Zip Code
☒	SOUTHFIELD	MI	48034

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	180000 VEHICLE SPEED CONTROL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
02-SEP-2006	4369	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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Iniured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	0	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.