

 U.S. Department of Transportation <b>National Highway Traffic Safety Administration</b>		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> <b>To Report Vehicle Safety Defects</b> <b>1-888-DASH-2-DOT</b> <b>(1-888-327-4236)</b> <b>INTERNET: www.nhtsa.dot.gov/ hotline</b>		<b>FOR AGENCY USE ONLY 100148</b>	
		Date Received 04-OCT-2006		Repository <input type="checkbox"/> Reference No. 10169969	
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Address		Daytime Telephone Number	
City		State		Evening Telephone Number	
AGANA		GU			
Zip Code		E-mail Address			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner _____ Date ____/____/____					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side			Make	Model	Model Year
JTHBK262462			LEXUS	LS250	2006
Date Purchased		Dealer's Name and Telephone Number		Engine:	Fuel Type:
		AKINS KROLL 671-6461886		No: Cylinders 6	Gas
Original Owner		Dealer's City		State	Zip Code
<input type="checkbox"/>		AGANA		GU	96911
Transmission Type		Powertrain		Vehicle Component Code	
<input type="checkbox"/> Antilock Brakes		FRONT WHEEL DRIVE		181000 VEHICLE SPEED CONTROL: ACCELERATOR PEDAL	
<input checked="" type="checkbox"/> Cruise Control				Multiple Failure: 1	
<b>FAILED COMPONENT(S)/ PART(S) INFORMATION</b>					
Incident Date(s)	Failure Mileage	Failure Speed			
25-SEP-2006	4800	5			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:	
Tire Component Code				Tire Failure Type	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:			Failed Part:		
<b>APPLICABLE INCIDENT INFORMATION</b>					
<i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>					
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			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).					
ACCELERATOR PEDAL STUCK DOWN GOING AT A SPEED OF LESS THAN 5 MILES AN HOUR WHILE TURNING OUT OF A PARKING LOT. FOOT BRAKE AND EMERGENCY BRAKE WERE APPLIED BUT THE CAR WOULD NOT STOP WHICH RESULTED IN AN ACCIDENT. WHEN MY CAR HIT THE OTHER CAR, THE ACCELERATOR POPPED BACK UP. * JB					
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 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 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.					