

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

Data Received

25-SEP-2000

 Ocl_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

732434

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

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

| | | | | |
|---------------------------------------------------------------------------------------------|--------------|---------------|--------------|--------------------------|
| Vehicle Ident. No. (VIN.) <small>(Listed at front of windshield or drivers side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 2GTEC19R2V1506008 | GMC | SIERRA | 1997 | |

| | | | |
|-----------------------------------------------------------------------|---------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date 01-FEB-1997 | Dealer's Name _____ | Engine Size (CID/CC/L) 5.7L | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____ | |

| | | | | | | |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle | Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____ |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component 08100000 | Part Name(s) ELECTRICAL SYSTEM: BATTERY | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No. of Failures 1 | Date(s) of Failure(s) 01-SEP-2000 Mileage at Failure(s) <3000 Vehicle Speed at Failure(s) 0 | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No |

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form.)

| | | | | | |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|---------------------------|---------------------------|-------------------------------------------------------------------------------------------|
| Crash <input type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured 0 | Number of Fatalities 0 | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|---------------------------|---------------------------|-------------------------------------------------------------------------------------------|

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

BATTERY IS LEAKING ACID FROM THE POSITIVE TERMINAL AREA CAUSING CORROSION. THIS CONDITION COULD CAUSE ELECTRICAL OR BRAKE FAILURE. THIS IS THE 2ND 1997 GM PRODUCT WITH A DELCO BATTERY I HAVE SEEN WITH THIS CONDITION.*AK

CONTINUED ON BACK PLEASE

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.



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|------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

| | | | | |
|-----------------------------|------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------|
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| | Vehicle Speed at Failure(s) 0 | | | |

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