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|  <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> | <p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> | <p>FOR AGENCY USE ONLY 1375</p> <p>Date Received 15-NOV-2002</p> <p>OFFICE OF INVESTIGATION</p> <p>Reference No. 8022834</p> <p>Work Number _____ Home Number _____</p> |
|--|---|--|

OWNER INFORMATION (Type or Print)

[Redacted] **KIMBERLY AL** [Redacted]

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 **12/1/02**

VEHICLE INFORMATION

| | | | | | | |
|---|--|--|--|---|---|---|
| Vehicle Ident. No. (VIN) (Located at bottom or windshield on driver's side) 1GCCS145211817613 | Vehicle Mak DELCO | Vehicle Mode BATTERY | Vehicle Year 1900 2001 | Current Odometer Reading 62000 | | |
| Purchase Date 1-18-01 | Dealer's Name Delta Chevrolet | Engine Sta. (CID/DC/L) No Cylinders 4 | <input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas Fuel Injectio | | | |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City Center Point, Ala | State Ala | Zip Code _____ | | | |
| Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag | Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other | Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input 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 checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s) <input checked="" type="checkbox"/> Original Replacement |
| No of Failures | Date(s) of Failure(s) 01-NOV-2002 | Mileage at Failure(s) 53000 | Vehicle Speed at Failure(s) 15 |
| | Failed Part(s) Available? | NHTSA Previously | |
| | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <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 type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---------------------------|----------------------|---------------------------|--|

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

CONSUMER STATED THAT VEHICLE WAS STALLING WITHOUT WARNING AND COULD NOT BE RESTARTED UNTIL A MINIMUM OF 30MIN HAD ELAPSED. VEHICLE CHECKED BY DEALER WHO DETERMINED THAT THE "ORIGINAL" DELCO BATTERY LEAKED, ATE THROUGH THE BATTERY TRAY AND DAMAGED THE FUNCTION OF THE VEHICLE'S COMPUTER. TS

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Engine shot off at 2000
in drive mode.
Threw out bearings in making manual
Doals get... (hand labeled) (hand labeled) (hand labeled)
foot as while
Threw on back Rattle when moving

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

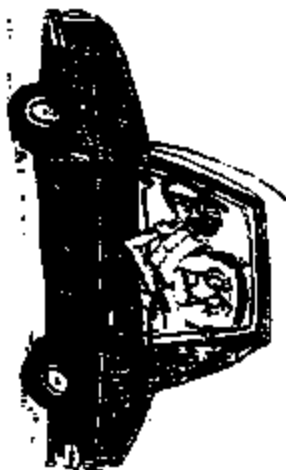
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration
http://www.nhtsa.dot.gov/dotinfo