CL-16177488-9714

FAX COVER SHEET

[redacted]

(702) 456-4791 Office
(702) 456-4791 Fax

SEND TO	
Company Name: NHTSA	From: [redacted]
Attention: Henry Thurgood	Date: 11-20-06
Office location:	Office location:
Fax number: 202-493-2929	Phone number: 702-456-0601

☐ ☒ Reply ASAP ☐ Please comment ☐ Please review

Total pages, including cover: 21

COMMENTS [redacted]

Case No CR0-0645115,
Refuses to buy back vehicle since they can't repair or fix the problem. BBB doesn't apply. Thank you

[redacted]

ES06-007870

Customer Claim Form

Contact Date: 04/06/06 Start Date: Case Number: CAD0645115

Have you contacted the mfr regarding your claim? ☒ YES ☐ NO
Have you previously filed a claim on this vehicle with the BBB or another dispute resolution provider? ☐ YES ☒ NO
If yes, name of provider: _____ Date: _____ Case Number: _____

Titled Owner(s) Name&Address

[redacted]

Day Phone: [redacted] Evening Phone: [redacted] Cell Phone: [redacted]
Fax Number: [redacted] E-mail Address: [redacted]
Customer Contact Info: [redacted] You have my Permission to speak with [redacted] on this matter

Vehicle Information

Name(s) of individual(s) or business that appear on vehicle title: Diane Schaal
Vehicle Use: ☒ Personal ☐ Business ☐ Both Percentage of time vehicle used for business purposes: 0
Transmission Type: Automatic Number of vehicles owned or leased by the business: 0
Make: Cadillac Model: XLR Model Year: 2005 Current Mileage: 6250
Vehicle Identification Number: 1G6 4V3 4AX 53[redacted]
Servicing Dealer/City/State : Findlay Cadillac,
Selling Dealer/City/State : Findlay Cadillac, Henderson, NV
Insurance Carrier : FARMERS INS Policy Number: [redacted]
Has vehicle been in an accident/had body damage? Yes X No __ Date of accident: 12/05
Description of Damage : Backup sensor was damaged

Purchase/Lease Information *(Complete left side if vehicle was purchased or right side if vehicle was leased)*

Purchase Date: Mileage at purchase:
Purchased As : ☐ New ☐ Used ☐ Demo
Is the vehicle in your possession?
Lienholder's Name:
Address:
City/St/Zip:
Phone:
Lienholder Acct # :

Lease Date: 04/23/05 Mileage at lease: 28
Leased As : ☒ New ☐ Used ☐ Demo
Is the vehicle in your possession? yes
Leasing Company's Name: GMAC
Address: PO Box 3100
City/St/Zip: Midland TX
Phone: 800 535 4282
Leasing Company's Acct #: 021-9677-35446

Customer's Desired Outcome *(Describe what you want done to resolve your concern)*

The customer would like to have the vehicle repurchased.

Signature of Titled Owner(s): [redacted] Date 4/13/06
I am submitting this dispute for resolution in the BBB AUTO LINE program, and I agree to arbitrate the dispute under BBB AUTO LINE Arbitration Rules.

Return the Form to: BBB AUTO LINE, 4200 Wilson Blvd., Suite 800, Arlington Va, 22203-1838