



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

2007 JUN 26 PM 2:02
30-APR-2007

Repository

Reference No.
10189285

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]

Daytime Telephone Number

E-mail Address

City SHRUB OAK

State NY

Zip Code [Redacted]

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of your name or address to the vehicle manufacturer.
Signature of Owner [Redacted] Date 5/30/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
3GNFK16Z33G219105

Make CHEVROLET

Model SUBURBAN

Model Year 2003

Date Purchased 30-JUL-03

Dealer's Name and Telephone Number
ARROWAY (914) 232-7733

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
KATONAH

State NY

Zip Code 10536

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
4 WHEEL DRIVE

Vehicle Component Code

D34530 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
08/14/06
08/08/06

Failure Mileage
13,000
18,000

Failure Speed

BRAKES

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: DOTM4SABC036)

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

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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).

TL* THE CONTACT OWNS A 2003 CHEVROLET SUBURBAN. THE ROTORS HAVE BEEN REPLACED 3 TIMES. THE CONTACT HAD TO APPLY PRESSURE TO THE BRAKES IN ORDER TO STOP THE VEHICLES REGARDLESS OF THE DRIVING CONDITIONS. THE DEALER STATED THAT THE ROTORS WERE WERE CORRODED AT 13,000 MILES AND REPLACED THEM. THE FAILURE REPEATED ITSELF AT 18,000 MILES. THE CURRENT MILEAGE WAS 25000. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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 certified summary thereof, may be used in support of the agency's action.

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

See attached Documentation

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

Official Business
Penalty for Private Use \$300



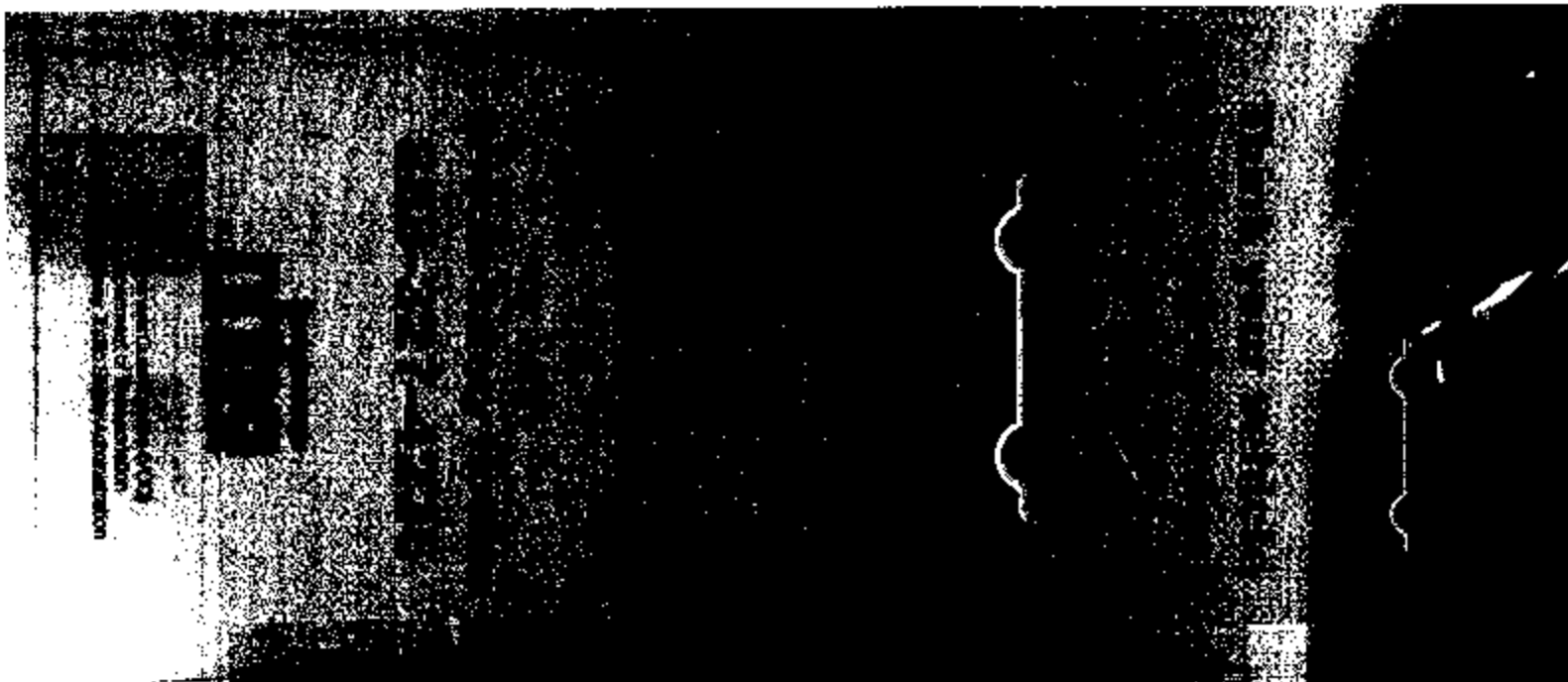
**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

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
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20590



June 18, 2007

Mr. G. Richard Wagoner, Jr.
CEO and Chairman
General Motors Corporation
300 Renaissance Center
MC 482-CZ7-B22
Detroit, MI 48265-3000

Dear [REDACTED]

Attached please find documentation of an issue I have experienced with a GM vehicle. After several attempts to rectify this issue and a great deal of aggravation and inconvenience I have decided to bring this matter to your attention.

I have been purchasing GM vehicles for the past 30 years and have never experienced something like this. I have always been satisfied with the quality of my GM vehicle. It is unfortunate, but after this experience, I will never purchase another GM vehicle again.

[REDACTED]
[REDACTED]
Shrub Oak, NY [REDACTED]



518
478 5481

BBB AUTO LINE
4200 Wilson Boulevard, Suite 800
Arlington, VA 22203-1838
Phone 800.955.5100 Fax: 703.247.9700

Council of Better Business Bureaus, Inc.
September 20, 2006

Re:CC2 CHV0660584 :Reardon vs Chevrolet Motor Division 3GNFK16Z33G [REDACTED]

[REDACTED]
SHRUB OAK NY [REDACTED]

Dear [REDACTED]

I would like to thank you for your interest in the BBB AUTO LINE program. Unfortunately, after carefully reviewing your claim and the program eligibility standards set out in the *Program Summary*, I have determined that your vehicle exceeds the mileage requirement for filing with the BBB AUTO LINE program.

I regret we will not be able to provide assistance to you.

Sincerely,

John Ryan at Extension 529
CC: Christa Atkins



ATTORNEY GENERAL ELIOT SPITZER
 STATE OF NEW YORK
 OFFICE OF THE ATTORNEY GENERAL
 BUREAU OF CONSUMER FRAUDS AND PROTECTION
 The Capitol
 Albany, NY 12224-0341
 Tel. (518) 474-5481 Fax (518) 474-3618

COMPLAINT FORM
 Consumer Hotline For Hearing Impaired
 1 (800) 771-7755 TDD (800) 788-9898
<http://www.oag.state.ny.us>

- PLEASE BE SURE TO COMPLAIN TO THE COMPANY OR INDIVIDUAL BEFORE FILING.
- PLEASE TYPE OR PRINT CLEARLY IN DARK INK.
- YOU MUST COMPLETE THE ENTIRE FORM. INCOMPLETE OR UNCLEAR FORMS WILL BE RETURNED TO YOU.
- MAKE SURE YOU ENCLOSE COPIES OF IMPORTANT PAPERS CONCERNING YOUR TRANSACTION.

CONSUMER		
YOUR NAME		HOME TELEPHONE NUMBER
STREET ADDRESS		BUSINESS TELEPHONE NUMBER
CITY/TOWN	COUNTY	STATE ZIP
	Westchester	NY
COMPLAINT		
NAME OF SELLER OR PROVIDER OF SERVICES		NAME OF OTHER SELLER OR PROVIDER OF SERVICES
Arrowway Chevrolet		General Motors Corporation
STREET ADDRESS		STREET ADDRESS
140 Bedford Road		P.O. Box 33170
CITY/TOWN	STATE	CITY/TOWN STATE ZIP
Katonah NY		Detroit, Michigan 48232
TELEPHONE NUMBER		TELEPHONE NUMBER
		1-800-222-1020
DATE OF TRANSACTION	COST OF PRODUCT OR SERVICE	HOW PAID (Check those which apply)
07-30-03	\$44,534.00	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other
DID YOU SIGN A CONTRACT?	WHERE DID YOU SIGN THE CONTRACT?	DATE SIGNED
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Arrowway Chevrolet	07/30/03
WAS PRODUCT OR SERVICE ADVERTISED?	WHERE WAS IT ADVERTISED?	DATE ADVERTISED
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TYPE OF COMPLAINT (e.g. car, mail order, etc. Use the reverse side of this form to provide details)		
defective brakes / GM parts		
DATE YOU COMPLAINED TO THE COMPANY OR INDIVIDUAL	PERSON CONTACTED	JOB TITLE
<input checked="" type="checkbox"/> By Mail <input type="checkbox"/> By Telephone <input checked="" type="checkbox"/> In Person	Tony Devo	MANAGER Cust. ASSISTANCE
NATURE OF RESPONSE	DATE OF RESPONSE	
REPAIR will not be covered	Aug 2006	
HAS MATTER BEEN SUBMITTED TO ANOTHER AGENCY OR ATTORNEY? (If "Yes," give name and address)		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No SEE ATTACHED		
IS COURT ACTION PENDING? (Please describe as necessary)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADDITIONAL INFORMATION		
MANUFACTURER OF PRODUCT	PRODUCT MODEL OR SERIAL NUMBER	
General Motors Corp.	2003 Chev Sub.	
ADDRESS	WARRANTY EXPIRATION DATE	
P.O. Box 33170, Detroit, MI 48232	07/30/06	
DID BUSINESS ARRANGE FINANCING? (If "Yes," give name and address of bank or finance company)		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No GMAC P.O. Box 83, Garden City, NY 11530		

PLEASE DESCRIBE COMPLAINT ON REVERSE SIDE

Seal 11/15/06

BRIEFLY DESCRIBE YOUR COMPLAINT Purchased new 2003 Chevy suburban
on 07/30/03. In August 2005, at only 13,200 miles, returned
vehicle to dealer after noticing brakes not stopping vehicle
properly. Was told rotors were delaminating due to corrosion.
Rotors & brakes were replaced under warranty. At the end
of July 2006, called dealer service dept. to set appointment
because brakes were not stopping vehicle properly again.
Was told to bring vehicle in on Aug. 2, 2006. At less
than 1 year and 5,400 miles of use, ~~warranty~~ was told rotors
were delaminated and brakes were corroded again. Rotors
& brakes were replaced again due to the same problem. Due
to appointment date, was told vehicle was no longer covered
by warranty - (2 days out of warranty) I was required to pay.

WHAT FORM OF RELIEF ARE YOU SEEKING? (e.g., exchange, repair or money back, etc.) \$445.13

Reimbursement of \$445.13 - cost of repair due to
defective parts. and future cost of parts that
are obviously defective.

WHO REFERRED YOU TO THIS OFFICE?

READ THE FOLLOWING BEFORE SIGNING BELOW

PLEASE ATTACH TO THIS FORM PHOTOCOPIES of any papers involved (contracts, warranties, bills received, canceled checks, correspondence, etc.). DO NOT SEND ORIGINALS.

NOTE: In order to resolve your complaint, we may send a copy of this form to the person or firm about whom you are complaining.

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public in enforcing laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or person the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

I also understand that any false statements made in this complaint are punishable as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

Signature 

Date: 11/14/06

HAVE YOU ENCLOSED COPIES OF IMPORTANT PAPERS?

Return to: Office of the Attorney General
Bureau of Consumer Frauds and Protection
The Capitol
Albany, NY 12224-0341

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXAMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**