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State of New York
Office of the Attorney General

Andrew M. Cuomo
Attorney General

REGIONAL OFFICE DIVISION
PLATTSBURGH REGIONAL OFFICE

July 22, 2010

[redacted]
Plattsburgh, NY [redacted]

Our File Number: 2010 **-874557**
Company: Cadillac

Dear [redacted]

On behalf of Attorney General Andrew M. Cuomo, I am writing to notify you that we have received your correspondence.

We appreciate your alerting us to this matter. We believe the organization shown below may be able to assist you and we are forwarding your correspondence there.

If you do not receive a response in the near future, please follow up directly with that organization. I suggest you attach a copy of this letter or, if appropriate, mention that you are adding new information.

Thank you for writing to our office. We will keep your correspondence on file for future reference.

Very truly yours,

Paige Brower
Bureau of Consumer Frauds
and Protection

cc: National Highway Traffic Safety Administration
Office of Defects Investigation
1200 New Jersey Avenue SE West Bldg.
Washington, DC 20590

874557

ATTORNEY GENERAL ANDREW M. CUOMO
STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
PLATTSBUGH REGIONAL OFFICE
43 Durkee St., Suite 700
Plattsburgh, NY 12901-2958
Tel. (518) 562-3282

COMPLAINT FORM

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

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

CONSUMER

YOUR NAME [redacted]
HOME TELEPHONE NUMBER [redacted]
STREET ADDRESS [redacted]
BUSINESS TELEPHONE NUMBER N/A
CITY/TOWN Plattsburgh COUNTY Clinton STATE N.Y. ZIP [redacted]

COMPLAINT

NAME OF SELLER OR PROVIDER OF SERVICES: Cadillac	NAME OF OTHER SELLER OR PROVIDER OF SERVICES: Knight Cadillac
STREET ADDRESS: Cornelia ST	STREET ADDRESS: Cornelia ST
CITY/TOWN: Plattsburgh STATE: NY ZIP: 12901	CITY/TOWN: Plattsburgh STATE: NY ZIP: 12901
TELEPHONE NUMBER:	TELEPHONE NUMBER: 518-562-1000
DATE OF TRANSACTION: Feb. 2009	COST OF PRODUCT OR SERVICE: $ 54,000
	HOW PAID (Check those which apply): ☐ Cash ☒ Check ☐ Credit Card ☐ Other
DID YOU SIGN A CONTRACT? ☒ Yes ☐ No	WHERE DID YOU SIGN THE CONTRACT? Plattsburgh, NY
	DATE SIGNED: Feb. 2009
WAS PRODUCT OR SERVICE ADVERTISED? ☒ Yes ☐ No	WHERE WAS IT ADVERTISED? Plattsburgh, NY
	DATE ADVERTISED: Mail order

TYPE OF COMPLAINT (e.g. car, mail order, etc. Use the reverse side of this form to provide details)
heated washer fluid system could cause electrical short

DATE YOU COMPLAINED TO THE COMPANY OR INDIVIDUAL: ☒ By Mail ☐ By Telephone ☐ In Person	PERSON CONTACTED [redacted]	JOB TITLE: co-owner
NATURE OF RESPONSE: Brought car in to disconnect system		DATE OF RESPONSE: July 2010

HAS MATTER BEEN SUBMITTED TO ANOTHER AGENCY OR ATTORNEY? (If "Yes," give name and address)
☐ Yes ☒ No

IS COURT ACTION PENDING? (Please describe as necessary)
☐ Yes ☒ No

ADDITIONAL INFORMATION

MANUFACTURER OF PRODUCT: Cadillac (see attachments)	PRODUCT MODEL OR SERIAL NUMBER: 2009 Cadillac DTS VIN 1GKDS9EV29U [redacted]
ADDRESS:	WARRANTY EXPIRATION DATE: 2014

DID BUSINESS ARRANGE FINANCING? (If "Yes," give name and address of bank or finance company)
☐ Yes ☐ No Did Labor and mailed $100 -

PLEASE DESCRIBE COMPLAINT ON REVERSE SIDE

BRIEFLY DESCRIBE YOUR COMPLAINT

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

I am worried about future accident possibility due to disconnect

WHO REFERRED YOU TO THIS OFFICE?

No one

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 [redacted] unable to sign due to Parkinson

Signature: [redacted] Date: 7-21-2010

HAVE YOU ENCLOSED COPIES OF IMPORTANT PAPERS?

Return to: **Office of the Attorney General**
Plattsburgh Regional Office
43 Durkee St., Suite 700
Plattsburgh, NY 12901-2958

Cadillac
P.O. Box 909989
Milwaukee, WI 53209-9989

SAFETY RECALL NOTICE

10153 1G6KD57Y29U[redacted]12 0005984
[redacted]
PLATTSBURGH, NY [redacted]

Dear [redacted]

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act.

General Motors has decided that a defect, which relates to motor vehicle safety, exists in certain 2009 model year Cadillac DTS vehicles equipped with a heated washer fluid system (HWFS). As a result, GM is conducting a safety recall. We apologize for this inconvenience. However, we are concerned about your safety and continued satisfaction with our products.

IMPORTANT

- Your 2009 model year Cadillac DTS, VIN 1G6KD57Y29U[redacted], is involved in safety recall 10153.
- Schedule an appointment with your Cadillac dealer.
- This service will be performed for you at **no charge.**

Why is your vehicle being recalled?

A recall was implemented on some vehicles in 2008 to add a fuse to the HWFS control circuit harness to address the potential consequences of a printed circuit board electrical short. However, there have been new reports of thermal incidents on HWFS modules after this improvement was installed. These incidents resulted from a new failure mode attributed to the device's thermal protection feature. Their significance varies from minor distortion to considerable melting of the plastic around the HWFS fluid chamber. In some circumstances, it is possible for the heated washer module to cause a fire.

What will we do?

Your Cadillac dealer will permanently disable and remove the heated washer fluid system. In addition, because the heated washer feature will be disabled, the dealer will provide a customer satisfaction payment of $100 to the customer. This service will be performed for you at **no charge.** Because of service scheduling requirements, it is likely that your dealer will need your vehicle longer than the actual service correction time of approximately 20 minutes.

GM

An updated page for your Owner Manual will be provided and inserted at the time of service to document that the feature has been permanently disabled and removed from your vehicle.

If your vehicle is within the New Vehicle Limited Warranty, your dealer may provide you with shuttle service or some other form of courtesy transportation while your vehicle is at the dealership for this repair. Please refer to your Owner Manual and your dealer for details on courtesy transportation.

What should you do?

You should contact your Cadillac dealer to arrange a service appointment as soon as possible.

Did you already pay for this repair?

The enclosed form explains what reimbursement is available and how to request reimbursement if you have paid for repairs for the recall condition. Even though you may have already had this condition repaired in the past, you will still need to take your vehicle to your Cadillac dealer for additional repairs.

Do you have questions?

If you have questions or concerns that your dealer is unable to resolve, please contact the Cadillac Customer Assistance Center at 1.866.982.2339 (TTY 1.800.833.2622). More information about your vehicle can be found at the GM Owner Center at www.gmownercenter.com

If after contacting your dealer and the Customer Assistance Center, you are still not satisfied we have done our best to remedy this condition without charge and within a reasonable time, you may wish to write the Administrator, National Highway Traffic Safety Administration, 1200 New Jersey Avenue, SE., Washington, DC 20590, or call the toll-free Vehicle Safety Hotline at 1.888.327.4236 (TTY 1.800.424.9153), or go to http://www.safercar.gov.

Federal regulation requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee within ten days.

Scott Lawson
Director,
Customer and Relationship Services

Enclosure
10153-1

Customer Reimbursement Claim Form

This section to be completed by Claimant

Date Claim Submitted: _____

17-Character Vehicle Identification Number (VIN): _____

Current Mileage of Vehicle: _____

Mileage at Time of Repair: _____ Date of Repair: _____

Claimant Name (please print): _____

Street Address or PO Box Number: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone Number (include Area Code): _____

Evening Telephone Number (include Area Code): _____

Amount of Reimbursement Requested: $ _____

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS CLAIM FORM.

Original or clear copy of all receipts, invoices and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, the repair performed, the date of repair, and who performed the repair.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.
  (copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Claimant's Signature: _____

Please mail this claim form and the required documents to:

Reimbursement Department
PO Box 33170
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:
1-800-204-0261

Customer Reimbursement Procedure

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees, and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt of all required documents.

If your claim is:

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have questions about this reimbursement procedure, please call the toll free telephone number provided at the bottom of the form. If you have any questions or need assistance with any other concern, please contact the Cadillac Customer Assistance Center at 1.866.982.2339 (TTY 1.800.833.2622).

[redacted]
Plattsburgh, NY

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State of New York
Office of Attorney General
Plattsburgh Regional Office
43 Durkee St. Suite 700
Plattsburgh, N.Y 12901

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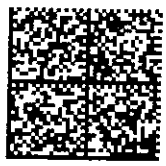
State of New York
ce of the Attorney General
ttsburgh Regional Office
Durkee Street, Suite 700
ttsburgh, NY 12901-2958



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