INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

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 1058

Date Received	Repository ☐
29-JUL-2015	Reference No. 10744267

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City: COMMERCE TOWNSHIP	State: MI	Zip Code: [redacted]	Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G3NL52F12C[redacted]	OLDSMOBILE	ALERO	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
2010	Martell Auto Sales, Inc			No: Cylinders 4	Gas
Original Owner ☐	Dealer's City: Warren	State: MI	Zip Code: 48091		

Transmission Type			Multiple Failure:	Incident Date(s)
Automatic	☑ Antilock Brakes ☐ Cruise Control	Powertrain: FRONT WHEEL DRIVE	3	09-FEB-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 110000 ELECTRICAL SYSTEM	Failure Mileage	Failure Speed

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

2002 OLDSMOBILE ALERO. CONSUMER WRITES IN REGARDS TO IGNITION SWITCH RECALL REPAIR ISSUES. *SMD
THE CONSUMER REQUESTED REIMBURSEMENT FOR THE EXPENSES INCURRED PERTAINING TO THE REPLACEMENT OF THE IGNITION SWITCH. THE CONSUMER STATED SEVERAL TIMES THE VEHICLE LEFT HER, AS WELL AS HER SON STRANDED. THE VEHICLE BELONG TO HER SON. HOWEVER, HE NO LONGER OWNS IT. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

The vehicle would shut down numerous times. This occured during late nights that my son would leave from Work, when I drove it to the supermarket or running business errands, it stalled. I had it towed several times to various Shops and had no positive results until I had it towed to the dealership – Ed Rinke Chevrolet. I bought a new battery along with Cylinder, Keys / pad lock. Sold the Car in 2012. When the vehicle shut-down, it caused dangerous circumstances in areas of the city and weather Conditions.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

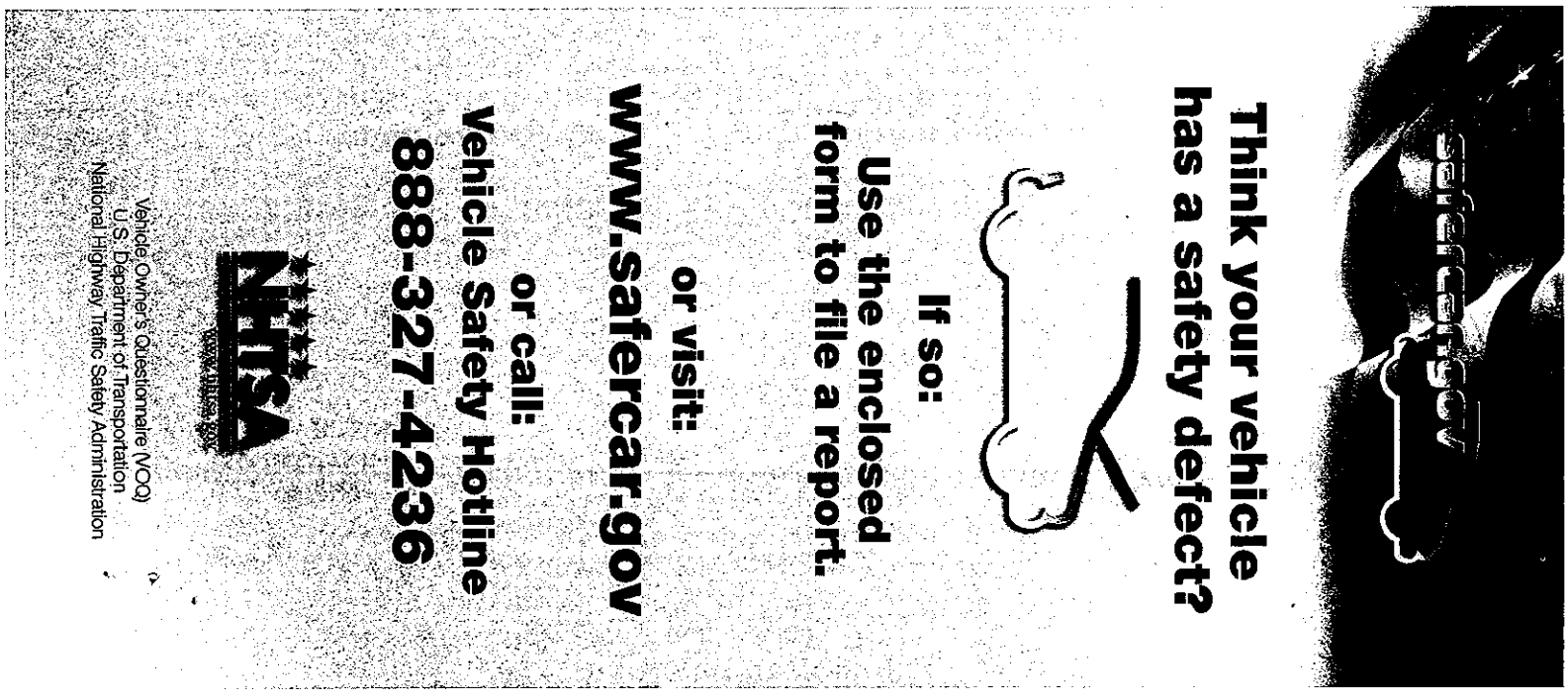
Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



IMPORTANT SAFETY RECALL

September 2014

[redacted]
Commerce Twp., MI [redacted]

Dear [redacted]

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

General Motors has decided that a defect which relates to motor vehicle safety exists in your 2002 model year Oldsmobile Alero. 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

- This notice applies to your 2002 model year Oldsmobile Alero, **VIN 1G3NL52F12C**[redacted]
- Your vehicle is involved in GM recall 14350.
- **Until the recall has been performed, it is very important that you remove all items from your key ring, leaving only the vehicle key. The key fob (if applicable), should also be removed from the key ring.**
- Schedule an appointment with your GM dealer on or after October 1, 2014.
- The recall repairs will be performed for you at **no charge**.

Why is your vehicle being recalled?

If the key ring is carrying added weight and the vehicle goes off road or experiences some other jarring event, it may unintentionally move the key away from the "run" position. If this occurs, engine power, power steering and power braking may be affected, increasing the risk of a crash. If the ignition switch is not in the run position, the air bags may not deploy if the vehicle is involved in a crash, increasing the risk of injury or fatality.

GM

ED RINKE CHEVROLET BUICK GMC

GMC

GM Parts

Goodwrench TRANSMISSIONS

26125 Van Dyke • P.O. Box 3377 • CENTER LINE, MI 48015-0377
Phone: (586) 754-7000 • Fax: (586) 754-5030 • www.edrinke.com

AT COMPETITIVE PRICES —

RIN: CHEVROLET B
26125 VAN DYKE AVE
CENTER LINE, MI 48015
586-754 7000
1085295930013

IESEL

ant To: 1085295930013O5

Sale

STATE REG. NO. F-101791

ADVISOR: GREGORY DARGO 3026	CLAIM NO. [redacted]	INVOICE DATE: 02/16/11	INVOICE NO. [redacted]	
LABOR RATE: 90.00	LICENSE NO.	MILEAGE: 137,054	COLOR: GREEN/	STOCK NO.
YEAR / MAKE / MODEL: 02/OLDSMOBILE/ALERO/4DR SDN GL			DELIVERY DATE	DELIVERY MILES
VEHICLE I.D. NO.: 1 G 3 N L 5 2 F 1 2 C [redacted]			SELLING DEALER NO.	PRODUCTION DATE
F.T.E. NO.	P.O. NO.		R.O. DATE: 02/14/11	REPRINT# 2
BUSINESS PHONE	COMMENTS			

Entry Method: Swiped

$ 261.09

09:01:41

Appr Code: [redacted]

Batch#: 060125

Customer Copy
THANK YOU
PLEASE COME AGAIN

5 NO FIRE HOURS: TECH(S):3059 189.95

le is $90.00 Plus Repairs.
RAM THEFT DETERANT, REPLACED ELSEWHERE AND
PROGRAMMED

RTS	QTY		DESCRIPTION	LIST PRICE	UNIT PRICE	
B # 1	1	25699954	TRANSMITT 10.485	89.47	67.11	67.11
			JOB # 1 TOTAL PARTS			67.11
			JOB # 1 TOTAL LABOR & PARTS			257.06

CHNICIAN CERTIFICATION
3059 RICHARD WARRINGTON M209683

TALS

TOTAL LABOR....	189.95
TOTAL PARTS....	67.11
TOTAL SUBLET...	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX.....	4.03
TOTAL INVOICE $	**261.09**

OUR SERVICE GUARANTEE
We guarantee our service work for 12 months or 12,000 miles whichever comes first. If under normal conditions, our repair or replacement fails (within that time) we will fix it free of charge.

ALL PARTS ARE NEW UNLESS SPECIFIED OTHERWISE

REPAIRS PROPERLY COMPLETED & CHECKED BY:

X

CUSTOMER SIGNATURE

WESAINC

END OF INVOICE] 09:00am

ED RINKE CHEVROLET BUICK GMC

26125 Van Dyke • P.O. Box 3377 • CENTER LINE, MI 48015-0377
Phone: (586) 754-7000 • Fax: (586) 754-5030 • www.edrinke.com

CUST NO.	TAX EXEMPT NUMBER	CUST. P. O. NO.	SHIP VIA	PAY	SOLD BY	INVOICE DATE	INVOICE NO.
[redacted]				CASH	DAVID	02/09/11	[redacted] CVR

BILL TO
CASH CUSTOMER

SHIP TO
GME

SHIP QTY	B. O. QTY	PART NUMBER / DESCRIPTION			BIN	LIST	NET	AMOUNT
1	0	25832354	CYLINDER	2.188	24	221.68	199.51	199.51
1	0	2852063	KEY ASM	2.187	343D	9.14	8.23	8.23
1	0	CODE	CYL CODE	8.800	MC	25.00	25.00	25.00

G O O D W R E N C H
E N G I N E
T R A N S M I S S I O N S A L E

SUBTOTAL	232.74
TAX	13.97
FREIGHT	0.00
PAY THIS AMOUNT	246.71

CUSTOMER COPY

PARTS INVOICE

YOUR NEIGHBORHOOD CAR CARE CENTER
13153 E. NINE MILE ROAD
WARREN MI. 48089
586-779-2258 FAX 586-779-3608
STATE REG. F159191

Customer: [redacted]
Address:
City, State:
Day Phone: [redacted]
Night Phone:
Fax:
Estimate Ref: [redacted]

Service Writer: CHARLES NIERMAN M188660
Service Tech: DAVID BAILEY M185285

VID:
Mileage:

Vehicle: 2002 Oldsmobile Alero L4-2.2L VIN F

Description	Labor Rate	Qty	Price/Time	Extended
crank but no start call and advize		1	35.00	35.00
alarmsestem engaged costomer brought in new key tumbler installed alarm shut down		1	70.00	70.00

COSTOMER DECLINED FURTHER REPAIR

[redacted]

Labor Total	105.00
Parts Total	0.00
Sub-Total	105.00
Total	$ 105.00

VECHICLES THAT HAVE BEEN SERVICED AND READY FOR PICK UP WILL BE CHARGED STORAGE AFTER 48 HOURS@ $15.00 PER DAY
WARRANTIES ARE AS FOLLOWS
___30 DAYS ___60 DAYS ___90 DAYS ___180 DAYS ___ 1 YEAR PARTS ONLY
ALL WARRANTIES ARE VOID DUE TO ABUSE/NEGLECT OR IF VECH. HAS BEEN SERVICED AT ANOTHER REPAIR FACILITY. UNLESS AUTHORIZED BY SHOP MANAGER
CUSTOMER HAS RECEIVED OLD PARTS_____YES _____ DECLINED
PHONE AUTHORIZATION BY _____ TIME/DATE _____ AMOUNT$_____

CERTIFICATION ABOVE REPAIRS PROPERERLY PERFORMED _____
I AGREE TO PAY THE ABOVE AMOUNT AND HAVE RECEIVED A FINAL INVOICE AND EST.
THANK YOU AND HAVE A BLESSED DAY

[redacted] 2-12-11
Signature Date

General Motors Product Field Action
Customer Reimbursement Request Form

12106

This section to be completed by customer (please print)

Customer Name: [redacted]

Street Address or P. O. Box Number: [redacted]

City: Commerce Twp State: MI Zip Code: [redacted]

Daytime Telephone Number (include Area Code): [redacted]

Evening Telephone Number (include Area Code): _____

Date Request Form and Supporting Documentation Submitted to Dealer: 9-23-14

Vehicle Identification Number of Involved Vehicle: 1G3NL52F12[redacted]5
(17 Characters)

Mileage at Time of Repair: 137,054 Date of Repair: 2-9-11, 2-12-11, 2-16-11

Amount of Reimbursement Requested: $ 612.80

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS REQUEST 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.
- Description of problem, the repair performed, date of repair and who performed the repair.
- The total cost of the repair expense that is being requested.
- Proof of payment for the repair in question and the date of payment.
  (Copy of cancelled check, copy of credit card receipt or receipt for cash payment)

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.

Customer's Signature: [redacted]

Please provide this request form and the required documents to your General Motors dealer for processing. If your request is approved, you will receive a check from your dealer. If your request is denied, you will receive a written explanation for the denial from your dealer. If your request is incomplete, your dealer will advise you what documentation is needed to complete the request and offer you the opportunity to resubmit the request when the missing documents are available. If you have any questions about this process or have waited 30 or more days for a response from your dealer, please contact the GM Customer Assistance Center at 1-800-204-0261.

This section to be completed by dealer (please print)

Bulletin No.: _____ Request Approved: ____ Date: _____ Amount: $_____

Request Denied: ____ Date: _____ Reviewed By: _____

Reason: _____

If denied, please provide a copy of this form to the customer and retain original for your files