

INFORMATION Redacted PURSUANT TO THE FREEDOM OF



U.S. Department of Transportation
National Highway Traffic Safety Administration

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 (DO NOT WRITE IN THESE SPACES)

Date Received: 20-OCT-2015
FEB 04 2016

Repository

Reference No. 10783583

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: HARTLAND State: MI Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
Evening Telephone Number: [REDACTED]

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: 2G4WC59219 [REDACTED]
Make: BUICK Model: LACROSSE Model Year: 2008

Date Purchased: [REDACTED] Dealer's Name and Telephone Number: [REDACTED] Engine: [REDACTED] Fuel Type: [REDACTED]
Original Owner: Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Transmission Type: [REDACTED] Antilock Brakes Cruise Control Powertrain: [REDACTED] Multiple Failure: [REDACTED] Incident Date(s): 07-OCT-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: LIGHTING (PWS) Failure Mileage: 54134 Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTM19ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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: [REDACTED] Number of Deaths: [REDACTED] 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 2008 BUICK LACROSSE. WHILE REVERSING AT A LOW SPEED, THE DRIVER SIDE LOW BEAM HEAD LAMP FAILED TO ILLUMINATE. THE VEHICLE WAS TAKEN TO A DEALER WHO DIAGNOSED THAT THE BULB NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE VIN WAS INCLUDED IN NHTSA CAMPAIGN NUMBER: 14V755000 (EXTERIOR LIGHTING). THE PART NEEDED TO REPAIR THE VEHICLE WAS UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 54,134.

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

The Privacy Act of 1974-Public Law 93-579 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 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 statistical summary thereof, may be used in support of the agency's action.

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

of a recall.

LaFontaine
 10-8-14 - Inv. # [redacted] Low Beam Inop. Or. side R/R - My cost \$67.52. Advised [redacted]
 12-1-14 - Recall published, 2-2-15 Received Safety Recall notice, Recall # 14291
 2-2-15 - Called 800-521-7300. Talked to Ele, Per her - no remedy yet or designated
 part. If module caused problem, I to be reimbursed. Ref. # [redacted] I should wait
 for second letter. 5-20-15 Called, Talked to Ren, No remedy yet per him. I should
 qualify for reimbursement. Wait for 2nd letter. Also talked to Lashondra. Per
 her - no date for parts. Because no parts available yet, dealer can't verify
 if I qualify for reimbursement. Requested Lashondra call LaFontaine. She did. A
 representative from LaFontaine called me. Her name Delilah. She said what was done
 (replace bulb) was temporary fix. I may get refund. Probably not have to wait for
 2nd letter from GM. Safety Recall Notice says "if you paid for repairs for the
 recall condition, please complete the enclosed reimbursement form and present it to your
 dealer with all required documents. Working with your dealer will expedite your request."
 10-20-15. Called National Hwy. Traffic Safety, Talked to Kemy. Filed complaint #10783583.
 Per her - I to receive hardcopy to review in 4-6 weeks. 10-20-15 Hand-delivered
 attached letter to Service Manager - Scott Hall - along with proper forms, asking for refund
 of \$67.52. Never heard back from him. He said I would in 7-10 days. Recd letter from
 National Highway Traffic Safety Admin. along with this
 flyer. It took 8 weeks for me to hear from NHTSA - not 4-6 weeks as told to me
 by Kemy. I became ill with cancer at this time. I am sending all this with no hope of
 a resolution. I feel this is all a joke and an insult to me, you, or the dealership.
 doesn't want to reimburse me. And there still is no resolution on the recall. Shame on all
 of you. I wish Mr. Barra was aware of this.

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

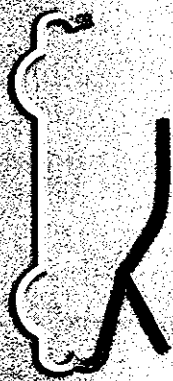
BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation, HEF-100 1200 New Jersey Avenue SE. Washington, D.C. 20077-9382



Think your vehicle has a safety defect?



If so: Use the enclosed form to file a report.

or visit: www.safercar.gov

or call: Vehicle Safety Hotline 888-327-4236



Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration



General Motors Product Field Action Customer Reimbursement Request Form

This section to be completed by customer (please print)

Customer Name: _____

Street Address or P. O. Box Number: _____

City: Hartland State: MI Zip Code: _____

Daytime Telephone Number (include Area Code): _____

Evening Telephone Number (include Area Code): Same

Date Request Form and Supporting Documentation Submitted to Dealer: 10-20-15

Vehicle Identification Number of Involved Vehicle: 2G4WC582181
(17 Characters)

Mileage at Time of Repair: 54134 Date of Repair: 10-8-14

Amount of Reimbursement Requested: \$ 67.62

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: _____

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

Scott,
Hall,

~~Let~~
Gave to
Scott -
He said
will take 7-10
days to
10-20-15
get
OK

I filed a complaint
with The National
Highway Traffic
Safety Administration
today regarding the
delay in resolving
GM recall 14291

GM Complaint # [REDACTED]
(# filed)

and
N.H.S.A Campaign ID# 14V-755

I am fed up with the
delay on this issue re.
headlamp driver module replacement
parts. I'm due a refund
(reimbursement) from LaFontaine

Never heard
from Scott.
[REDACTED]

1-19-16

of \$67.52 (Service Inv.
PNCs [REDACTED] dated
10-8-14) over a year
ago!

I'm being told parts
are not currently available,
what you did was a
temporary fix and I
am entitled to this
refund and you, the
dealership, ~~can~~ can give
me a refund, if you so
desire.

The complaint filed
today #10783583

Enclosed is a copy
of the original Service

invoice and a completed
GM Product Field Action
Customer Reimbursement
Request Form.

I expect to hear
from in 24 hours
as to my reimbursement.

Thank you,

[REDACTED]