[redacted]
Green Bay, WI [redacted]
Jan 29, 2016

Administrator
National Highway Traffic Safety Administration
1200 New Jersey Ave, SE
Washington, DC 20590

RE: Recall Campaign 14V-755

To Whom It May Concern,

I am writing this letter as a result of the run around and no answers from GM in regards to this recall campaign. It has caused me undo frustration and anger. Please read below for my narrative of my case.

Shortly before June 26, 2014 the low beam headlights ceased to function on my 2007 Buick LaCrosse CXL. As you can imagine, this resulted in an unsafe trip home that night for my wife and me. I obviously needed to have the car repaired and I did so on June 26, 2014 at a cost of $146.56. Please see the enclosed copy of the repair bill.

In January 2015 I received a letter from GM advising me of the recall for the headlamp driver module. This recall included my vehicle, VIN 2G4WD582271[redacted]

I traded in this car in Aug of 2015. I explained this to Buick, saying I no longer own the car, have no interest in the remedy and that I just want to be reimbursed for my repair cost as stated in the recall notice.

Since March of 2015 I have made five different visits to the local dealership or called the Buick Customer Assistance Center. Each time I got the same answer, no remedy has been found. A case number has been assigned, [redacted] by the assistance center.

You can see my frustration with this situation. I am no further towards a settlement now than 12 months ago when I received the recall notice. I'm asking you to do what ever you can to insure I receive reimbursement in the amount of $146.56. I appreciate any help you can give me.

NM
22616
LD

Thank you.

[redacted]

General Motors Product Field Action
Customer Reimbursement Request Form

This section to be completed by customer (please print)

Customer Name: [redacted]

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

City: Green Bay State: WI Zip Code: [redacted]

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

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

Date Request Form and Supporting Documentation Submitted to Dealer: Feb 4, 2015

Vehicle Identification Number of Involved Vehicle: 2G4WD582271[redacted]
(17 Characters)

Mileage at Time of Repair: 80,415 Date of Repair: 6-22-14

Amount of Reimbursement Requested: $ 146.56

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

CUSTOMER COPY

POMP'S TIRE SERVICE, INC.

REMITTANCE ADDRESS:
POMP'S TIRE SERVICE, INC.
ATTN: AR DEPARTMENT
P.O. BOX 1630
GREEN BAY, WI 54305-1630

POMP'S TIRE-GREEN BAY WEST
1510 W. MASON ST

GREEN BAY, WI 54303

920/499-3146

INVOICE #: [redacted]

PAGE: 1

CUSTOMER: [redacted]

[redacted] GREEN BAY WI [redacted]

CREATED BY PA
HOME: [redacted]
SALESMAN: PETE ALLAN

0 VEHICLE: 2007 BUICK LACROSSE
LICENSE: [redacted] WI MILEAGE: 80415
ENGINE: 3.8L V6 FI
VIN: 2G4WD582271[redacted]

INVOICE DATE: 06/26/14
TERMS: DUE ON DELIVERY

PRODUCT	MECHANIC	QUANTITY	PRICE	F.E.T.	EXTENSION
RELAY 139L	10506	1	55.92		55.92
LABOR/DIAGNOSTIC SLC	10506	1.00	80.00		80.00
SHOP SUPPLIES SUPL			3.00		3.00

MERCHANDISE:	58.92
LABOR:	80.00
SALES TAX:	7.64
INVOICE TOTAL:	146.56

[redacted] 146.56
Auth: 026186:28:

Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wis Dept of Agriculture, Trade and Consumer Protection, P O Box 8911, Madison, WI 53708-8911.

LUG NUTS MUST BE RE-TORQUED AFTER 50-100 MILES.

Printed Name _____ Signature [redacted]

A finance charge of 1.5% per month (18% APR) will be added to the unpaid balance after 30 days.

CUSTOMER ESTIMATE SELECTION

You are entitled to a price estimate for the repairs you have authorized. The repair price may be less than the estimate but will not exceed the estimate without your permission. Your signature will indicate your estimate selection.

1. I request an estimate in writing before you begin repairs. _____
2. Please proceed with repairs but call me before continuing if price will exceed $_____ _____
3. I do not want an estimate. _____

Do you want the replaced parts you are entitled to? ☐ YES ☐ NO

☐ This vehicle received without face to face customer contact.

ESTIMATED PRICE OF REPAIRS
$

I hereby authorize the below repair work to be done along with necessary materials. You and your employees may operate vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident, damage from freezing due to lack of anti-freeze or any other causes beyond your control.

CUSTOMER SIGNATURE X _____

ADDITIONAL WORK AUTHORIZED BY: _____

DATE _____ TIME _____ A.M. P.M. _____ NO. CALLED _____ NAME _____ NEW ESTIMATE

[redacted]
GREEN BAY, WI [redacted]

GREEN BAY WI 543
29 JAN 2016 PM 2 L

Administrator National Traffic Safety Administration
1200 New Jersey Ave. SE
Washington DC 20590

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