



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 100148

Date Received	Repository <input type="checkbox"/>
15-JUL-2016 NOV 20 2016	Reference No. 10885030
Daytime Telephone Number	E-mail Address
Evening Telephone Number	

**OWNER INFORMATION (Type or Print)**

Name			
Address			
City	State	Zip Code	
SIKESTON	MO		

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 1G1YY26U875	Make CHEVROLET	Model CORVETTE	Model Year 2007
Date Purchased 4/24/11	Dealer's Name and Telephone Number Weeks Chev.	Engine: No: Cylinders	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City West Frankfort	State IL	Zip Code 62894
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Incident Date(s) 10-JUN-2013

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Codes: 162000 STRUCTURE: BODY, 162900 STRUCTURE: BODY: ROOF AND PILLARS	Failure Mileage	Failure Speed
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**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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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**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 2007 CHEVROLET CORVETTE. THE CONTACT STATED THAT THE VEHICLE SHOOK AND THE ROOF WAS CRACKED, WHICH CAUSED WATER TO LEAK INTO THE VEHICLE WHEN IT RAINED. THERE WERE NO WARNING LIGHTS ILLUMINATED. THE VEHICLE WAS TAKEN TO A LOCAL DEALER WHERE IT WAS DIAGNOSED THAT THE ROOF NEEDED TO BE REPAIRED TO AVOID A BIGGER ISSUE. THE TECHNICIAN STATED THAT THE VEHICLE WAS NOT INCLUDED IN A RECALL. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE AND REFERRED THE CONTACT TO NHTSA TO FILE A COMPLAINT. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS UNKNOWN.

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)**

As of this date, 10-17-17, the roof panel has developed new cracks left-hand side and continues to lengthen as the car is driven. If this problem is not corrected, the leakage and window noise is increased. Our concern is that the point where the glass meets the roof pillar, may pull apart and cause a complete collapse, causing a serious accident.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

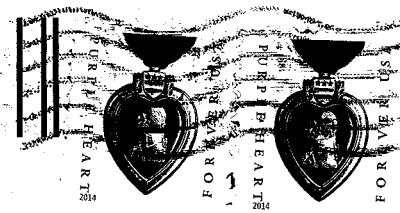
**National Highway Traffic Safety Administration**

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

Official Business  
Penalty for Private Use \$300

SAINT LOUIS MO 631

34 NOV 2015 PM 5



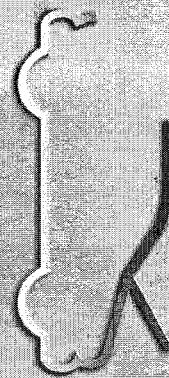
**BUSINESS REPLY MAIL**  
FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NEF-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: [REDACTED]

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

City: Sikeston State: MO 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: \_\_\_\_\_

Vehicle Identification Number of Involved Vehicle: 1G14426U875 [REDACTED]  
(17 Characters)

Mileage at Time of Repair: 70,774 Date of Repair: 11/8/2016

Amount of Reimbursement Requested: \$ 1,753.62

### 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: [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

Date: 10/18/2016 09:02 AM  
 Estimate ID: 12531  
 Estimate Version: 0  
 Preliminary  
 Profile ID: Carnell's  
 Quote ID: 12815433

--S.E. Missouri's' FINEST Collision Repair Facility -----

## Carnell's Collision Repair

417 N. Main St., Sikeston, MO 63801  
 (573) 472-0828  
 Fax: (573) 472-4722  
 Email: carnellscollision@hotmail.com

Damage Assessed By: Phillip Carnell  
 Classification: None

Deductible: UNKNOWN  
 Claim Number: NA

Owner: [REDACTED]  
 Address: [REDACTED] SIKESTON, MO [REDACTED]  
 Telephone: Home Phone: [REDACTED]

Mitchell Service: 910251

Description: 2007 Chevrolet Corvette  
 Body Style: 2D Cpe  
 VIN: 1G1YY26U875 [REDACTED]  
 Mileage: 567  
 OEM/ALT: O  
 Color: RED  
 Options: PASSENGER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW, POWER STEERING

Drive Train: 6.0L Inj 8 Cyl 6A RWD  
 License: [REDACTED]

Search Code: B248285

REAR WINDOW DEFOGGER, AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN  
 AM/FM STEREO, DRIVER AIRBAG, HEATED EXTERIOR MIRROR, REAR (DUAL-ZONE) AC  
 LEATHER SEAT, ANTI-LOCK BRAKE SYS., TRACTION CONTROL, FOG LIGHTS  
 ALUM/ALLOY WHEELS, TIRE INFLATION/PRESSURE MONITOR, ANTI-THEFT SYSTEM  
 HIGH INTENSITY DISCHARGE HEADLIGHTS, LEATHER STEERING WHEEL, CD PLAYER  
 POWER ADJUSTABLE EXTERIOR MIRROR, AUTO AIR CONDITION, TRIP COMPUTER  
 FIRST ROW BUCKET SEAT, AUTOMATIC HEADLIGHTS, MP3 PLAYER, DAYTIME RUNNING LIGHTS  
 ELECTRONIC STABILITY CONTROL, KEYLESS ENTRY SYSTEM, REMOVABLE ROOF PANEL

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/Part Number	Dollar Amount	Labor Units
1	000912	BDY	REMOVE/REPLACE	Roof Panel	25808856	1,287.75	2.6

ESTIMATE RECALL NUMBER: 10/18/2016 08:55:07 12531  
 Mitchell Data Version: OEM: JUL\_16\_V

Software Version: 7.1.205

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## Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	2.6	56.00	0.00	0.00	145.60	Taxable Parts	1,287.75
						Sales Tax @ 7.725%	99.48
					145.60	Total Replacement Parts Amount	1,387.23
Non-Taxable Labor					145.60		
Labor Summary	2.6				145.60		
III. Additional Costs					Amount	IV. Adjustments	Amount
Total Additional Costs					0.00	Customer Responsibility	0.00
						I. Total Labor:	145.60
						II. Total Replacement Parts:	1,387.23
						III. Total Additional Costs:	0.00
						Gross Total:	1,532.83
						IV. Total Adjustments:	0.00
						Net Total:	1,532.83

**This is a preliminary estimate.**  
**Additional changes to the estimate may be required for the actual repair.**

Insurance Co: CUSTOMER PAY

Sometimes after the work has started, additionally damaged or worn parts are discovered. This damage report does not include any additional parts and labor which may be required. All parts are subject to invoice.

I hereby authorize the above work and acknowledge receipt of copy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

