

FOR AGENCY USE ONLY 100148	
Date Received 10-FEB-2020	Repository <input type="checkbox"/> Reference No. 11308323
OWNER INFORMATION (Type or Print)	
Name	Daytime Telephone Number
Address	E-mail Address
City ALTAMONTE SPRINGS	Evening Telephone Number
State FL	
Zip Code	
<i>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).</i>	
VEHICLE INFORMATION	
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GYS3HEF6BR	Make CADILLAC
	Model ESCALADE
	Model Year 2011
Date Purchased	Dealer's Name and Telephone Number
Original Owner <input type="checkbox"/>	Engine: No: Cylinders
Dealer's City	Fuel Type:
State	Zip Code
Transmission Type	Multiple Failure:
<input type="checkbox"/> Antilock Brakes	Incident Date(s) 30-JUN-2016
<input type="checkbox"/> Cruise Control	
FAILED COMPONENT(S)/PART(S) INFORMATION	
Vehicle Component Code: 140000 AIR BAGS	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: 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:
Seat Type:	Model No./Name:
Installation System:	
Child Seat Component Code:	Failed Part:
APPLICABLE INCIDENT INFORMATION	
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>	
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured
Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Deaths
	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 2011 CADILLAC ESCALADE. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 16V381000 (AIR BAGS) HOWEVER, THE PART TO DO THE REPAIR WAS UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE CONTACT CONTACTED MASSEY CADILLAC - NORTH ORLANDO 4241 N JOHN YOUNG PKWY, ORLANDO, FL 32804 WHERE THEY INFORMED THE CONTACT THAT THE PARTS WAS NOT AVAILABLE. THE MANUFACTURER WAS NOTIFIED OF THE ISSUE AND INFORMED THE CONTACT THAT THEY WAS WAITING FOR NHTSA RESPONSE. THE CONTACT STATED THAT WHILE STARTING THE VEHICLE, THE AIR BAGS WARNING LIGHT ILLUMINATED CONTINUOUSLY. VIN TOOL CONFIRMS PARTS NOT YET AVAILABLE.	
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.	

CUSTOMER #:

Massey Cadillac of Orlando

INVOICE

4241 North John Young Parkway
Orlando, Florida 32804
(407) 299-6161

DUPLICATE 2
PAGE 1

ALTAMONTE SPRINGS FL

HOME: [REDACTED]
BUS: [REDACTED]

CONT: [REDACTED]
CELL: [REDACTED]

SERVICE ADVISOR: 123995 MICHAEL STOKER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
BLACK	11	CADILLAC ESCALADE ES	1GYS3HEF6BR [REDACTED]		59708/59712	T8022	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO N	RATE	PAYMENT	INV. DATE
22FEB11 DD			18:00 05MAR20		0.00	CASH	12MAR20
R.O. OPENED	READY	OPTIONS:	SOLD-STK:BR	DLR:			
25FEB20	12MAR20						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A			OIL CHANGE BASIC				
			CAUSE: COMPLETED				
			COCB OIL CHANGE BASIC				
			1848 CQ			35.74	35.74
			1 12690386 FILTER		8.60	8.60	8.60
			6 88865635 SAE5W30 DEXOS OIL		5.75	5.75	34.50
PARTS:			43.10 LABOR:	35.74 OTHER:	0.00	TOTAL LINE A:	78.84
			59712 COMPLETED 0.40 PERFORMED OIL AND FILTER CHANGE				

B CUSTOMER STATES AIR BAG LIGHT IS ON
 CAUSE: PERFORMED DIAG CHECKS UNABLE TO COMMUNICATE WITH THE SENSING
 DIAGNOSTIC MODULE CHECKED POWER AND GROUND CIRCUITS OK SUSPECT
 INTER SDM FAILURE
 TRM INTERIOR/EXTERIOR DIAG REPAIR

1848 CC		494.88	494.88
1 13579116 MODULE	550.00	550.00	550.00
PARTS:	550.00 LABOR:	494.88 OTHER:	0.00
		TOTAL LINE B:	1044.88

59712 PERFORMED DIAG CHECKS UNABLE TO COMMUNICATE WITH THE SENSING
 DIAGNOSTIC MODULE CHECKED POWER AND GROUND CIRCUITS OK SUSPECT INTER
 SDM FAILURE 1.00 CUSTOMER DECLINED REPAIRS SEE ESTIMATE NOTE MUST DO
 SDM FIRST THEN RECHECK

C CUSTOMER STATES THE HOOD LINER IS COMING OFF
 CAUSE: DECLINED
 TRM INTERIOR/EXTERIOR DIAG REPAIR

1848 IPS			(N/C)
PARTS:	0.00 LABOR:	0.00 OTHER:	0.00
		TOTAL LINE C:	0.00

59712 DECLINED 0.00

D CUSTOMER STATES TRIM ON THE STEERING WHEEL IS COMING OFF AND WANTS IT
 GLUED BACK ON
 CAUSE: COMPLETED
 TRM INTERIOR/EXTERIOR DIAG REPAIR

1848 CC		69.88	69.88
---------	--	-------	-------

PLEASE SEE THE LIMITED WARRANTY ON THE REVERSE SIDE OF THIS REPAIR INVOICE.

SHOP SUPPLIES AND HAZARDOUS MATERIALS CHARGES: We have added a charge equal to 15% of the cost of labor up to a maximum of \$79.95. *This charge represents costs and profits to the motor repair facility for miscellaneous shop supplies or waste disposal.* (s.559.905 (l) (h))

The State of Florida requires a \$1.00 fee to be collected for each new tire sold in the state (s.403.718), and a \$1.50 fee to be collected for each new or remanufactured battery sold in the state, (s.403.7185).

X _____
 CUSTOMER SIGNATURE

PAYMENT METHOD	DESCRIPTION	TOTALS
CASH	LABOR AMOUNT	
CHECK	PARTS AMOUNT	
DISCOVER	GAS, OIL, LUBE	
INTERNAL	SUBLET AMOUNT	
AMERICAN EXPRESS	MISC. CHARGES	
VISA	TOTAL CHARGES	
MASTERCARD	LESS INSURANCE	
OTHER	SALES TAX	
STATE OF FLORIDA REGISTRATION NUMBER #MV - 48117	PLEASE PAY THIS AMOUNT	

ALL PARTS INSTALLED ARE NEW UNLESS OTHERWISE INDICATED

MASSEY SAAB OF ORLANDO
4241 N JOHN YOUNG PRKWY
ORLANDO, FL 32804

03/14/2020

14:33:34

CREDIT CARD

VISA SALE

Card #	XXXXXXXXXX
Chip Card:	Visa Credit
AID:	A0000000031010
ATC:	0022
TC:	86E591360E5BA654
SEQ #:	18
Batch #:	
INVOICE	
CLERK	0561
Approval Code:	05963D
Entry Method:	Chip Read
Mode:	Issuer

SALE AMOUNT

\$1862.04

CUSTOMER COPY