

Fw: Campaign ID Number for recall is 21V473

From: [REDACTED]

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

To: [REDACTED]

Date: Monday, December 12, 2022 at 01:19 PM EST

----- Forwarded Message -----

From: [REDACTED]

Sent: Monday, December 12, 2022 at 01:17:55 PM EST

Subject: Campaign ID Number for recall is 21V473

Regina A. Carto. 12/12/2022
Vice President
Global Product Safety and Systems

GM Recall N212340980

Attn: A letter was sent concerning the recall on the Cadillac SRX 2016, I made an appointment which was scheduled for 12/09/2022.

Apparently when I took the Cadillac in to have the (A loose Toe Link) fix at no charge while waiting in the lobby I was told by a service representative that apparently not only having the message

On the display of the alert , Service Rear Axle Massage and the and loud metallic or other unusual noise from the rear suspension, uneven wear between the rear tires. I was inform that because of the loose toe link that there was some other damage that occurred due to this and this included CP, the Hub, Rotor, Sensor.

I was not impressed by the way it turn out, this cause me to be charged a great deal of funds which I wasn't expecting to receive a bill for a large amount of money, anyway I did call the Cadillac Customer Assistance Center at 1-800-333-4223 and explain what was happening while I was there, anyway after they charge me this large amount I called again and spoke to someone who said they would have the person in charge to call me back concerning this.

I have not heard from anyone or been contacted by any one, I would appreciate if you can reimburse me for this amount of money because it doesn't seem like it was totally worth the recall and fair, also the forms of receipt requested are inclose with this letter

[REDACTED]
Miami, Fla.
[REDACTED]

VIN: 3GYFNBE33G [REDACTED]
National Highway Traffic Safety Administration
1200 New Jersey Avenue, SE,

RCR

General Motors Product Field Action
Customer Reimbursement Request Form

N212340980

Completed by customer (please print)

Customer Name: [REDACTED]

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

City: Miami State: FLA Zip Code: [REDACTED]

Preferred Contact Telephone Number (include Area Code): [REDACTED]

Preferred Contact Email Address: [REDACTED]

Date Request Form and Supporting Documentation Submitted to Dealer: 12/9/2022

Vehicle Identification Number of Involved Vehicle: 3GYFNBE33G [REDACTED]
(17 Characters)

Mileage at Time of Repair: 95154 Date of Repair: 12/9/2022

Amount of Reimbursement Requested: \$ 1,670.56

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.

My signature to this document attests that all attached documents are genuine and I request reimbursement for [REDACTED] by this letter.

Customer's Signature: [REDACTED]

Submit this request form and the required documents to your GM dealer for processing. All reasonable and customary costs to correct the condition described in the letter that came with this form will be considered for reimbursement. 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

WILLIAMSON

AUTOMOTIVE



7815 SW 104th St.
Miami, FL 33156
Telephone: (305) 670-7100
Fax: (305) 670-7329

www.williamsonautomotivegroup.com
Dade County Registration #MVR-01646
Florida Registration #MV-09462

INVOICE

PAGE 1

SERVICE ADVISOR: 2030 CARLOS GOMARA

LOT LOCATION:

CUSTOMER #:

MIAMI, FL

HOME:

BUS:

CONT

CELL

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
	16	CADILLAC SRX	3GYFNBE33G		95154/95155	

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
02NOV15 IS							
02NOV15 DD			WAIT 09DEC22		195.00	UNPAID	09DEC22

R.O. OPENED	READY	OPTIONS:	SOLD-STK:	DLR:
09:57 09DEC22	14:00 09DEC22			

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A MULTI-POINT VISUAL VEHICLE CONDITION REPORT
 MPVI MULTI-POINT VISUAL VEHICLE CONDITION REPORT
 1553 CP 0.00 0.00
 PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00
 , , , , 95155 needs 4 tires, possible front wheel bearing in future

B Rear Toe Link Separation
 CAUSE: E
 9105993 #N212340980-02: Safety Recall - Rear Toe Link Separation
 1553 W (N/C)
 2 85571873 (S)LINK (N/C)
 PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00
 , , , , 95154 9105993 1.90 Install Left and Right Rear SOLID LINK
 , , , , Suspension Links (includes front and rear toe alignment)

C CUSTOMER STATES THAT THE VEHICLE HAS A GRINDING SCREECHING NOISE
 COMING FROM REAR END PLEASE CHECK AND ADVISE
 S11 CUSTOMER STATES THAT THE VEHICLE HAS A
 GRINDING SCREECHING NOISE COMING FROM REAR
 END PLEASE CHECK AND ADVISE
 1553 CP 585.00 585.00
 1 13534553 W- (S)HUB 324.84 324.84 324.84
 1 13501317 (S)ROTOR 145.42 145.42 145.42
 1 25894693 (S)SENSOR 47.03 47.03 47.03
 PARTS: 517.29 LABOR: 585.00 OTHER: 0.00 TOTAL LINE C: 1102.29
 , , , , 95154 3.00 right rear wheel bearing has excessive play and coming
 , , , , apart. Replace right rear wheel bearing , rotor, and speed sensor

D** PERFORM FOUR WHEEL ALIGNMENT. \$119.99
 4WAC PERFORM FOUR WHEEL ALIGNMENT. \$119.99
 1553 CQL 119.99 119.99
 PARTS: 0.00 LABOR: 119.99 OTHER: 0.00 TOTAL LINE D: 119.99
 , , , , 95154 2.00 PERFORMED FOUR WHEEL ALIGNMENT, ADJUST CASTER, CAMBER

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES *	
TOTAL CHARGES	
LESS INSURANCE	
SALES TAX	
PLEASE PAY THIS AMOUNT	

WARRANTY DISCLAIMER: ALL PARTS AND ACCESSORIES ARE SOLD AND ALL REPAIRS ARE PERFORMED BY THE DEALERSHIP AS-IS. THE DEALERSHIP HEREBY DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF PARTS OR ACCESSORIES OR ANY REPAIRS PERFORMED TO THE VEHICLE. THE ONLY WARRANTIES ON PARTS AND ACCESSORIES OR REPAIRS ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER OR DISTRIBUTOR AND ONLY SUCH MANUFACTURER OR DISTRIBUTOR SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES. CUSTOMER SHALL NOT BE ENTITLED TO RECOVER FROM THE DEALERSHIP ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.

*SHOP SUPPLY COSTS: We have added a charge equal to 8% of the total cost of labor and parts, not to exceed \$25.00, to the Repair Order. This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies and waste disposal. 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 lead-acid battery sold in the state [s.403.7185].

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

CUSTOMER SIGNATURE _____ AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE _____

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

7815 SW 104th St
 Miami, FL 33156
 (305) 670-7100

Bank ID: 6899
 Merchant ID: 2994
 Term ID: 882

WILLIAMSON

AUTOMOTIVE



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Dade County Registration #MVR-01846
 Florida Registration #MV-09462

INVOICE

PAGE 2

Sale

XXXXXXXXXX
 DEBIT

Total: \$ 1,670.56

12/09/22
 Inv #: [REDACTED]
 Apprvd: Online
 Retrieval Ref #: 60100611

Entry Method: Chip
 14:15:42
 Appr Code: 042493
 Batch: [REDACTED]

NT: [REDACTED]	LL: [REDACTED]	SERVICE ADVISOR: 2030 CARLOS GOMARA			
MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
LAC SRX	3GYFNBE33G9 [REDACTED]	[REDACTED]	95154/95155	[REDACTED]	
ARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	
	WAIT 09DEC22		195.00	UNPAID	
READY	OPTIONS:	SOLD-STK:	DLR:	INV. DATE	
09DEC22		[REDACTED]	[REDACTED]	09DEC22	
TIME HOURS		LIST	NET	TOTAL	

US DEBIT
 AID: 600000050040
 ISI: 6880
 TVR: 6000000000

Customer Copy
 THANK YOU

REPLACEMENT, INCLUDING RESURFACING OF REAR ROTORS				
LD TRUCKS \$319.99				
RBT REAR BRAKE PAD REPLACEMENT, INCLUDING				
RESURFACING OF REAR ROTORS FOR SUV AND LD				
TRUCKS \$319.99				
	1553 CQL		220.99	220.99
	1 19428000 (S) PAD KIT		111.45	99.00
PARTS:	99.00	LABOR:	220.99	OTHER: 0.00
			TOTAL LINE E:	319.99
,,, 95155 2.50 replace rear brake pads, resurface rotors , right rear				
,,, new rotor				

CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER				19.00

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AUTOMOTIVE



93.68
 15.61

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By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

DATE CUSTOMER SIGNATURE AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	925.98
PARTS AMOUNT	616.29
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES *	19.00
TOTAL CHARGES	1561.27
LESS INSURANCE	0.00
SALES TAX	109.29
PLEASE PAY THIS AMOUNT	1670.56

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

Miami, FL



NCF

NATIONAL Highway TRAFFIC SAFETY Adm.
1200 NEW JERSEY Avenue, SE.
Washington, DC. 20590

20590-

