



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY §20

Date Received

10-DEC-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8000463

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of windshield and driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GNDT13W1W2119081	CHEVROLET TRUC	BLAZER	1998			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 10310000	Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)


Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured C	Number of Fatalities 0	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--------------------------------	---------------------------	--------------------------	---


NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WINDSHIELD WIPERS FAIL INTERMITTENTLY DURING INCLEMENT WEATHER. DEALERSHIP IS WILLING TO REPAIR THE PROBLEM AT CONSUMER'S EXPENSE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION. *AK

COPIES OF THIS FORM ARE:

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 to 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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 920	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) [Redacted] 729426		Date Received: 02 FEB 11 PM 2:11 10-DEC-2001 DEFECTS ... Reference No. 8000463	
Do you authorize [Redacted] to send information about your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of a signature, please send address to the vehicle manufacturer.		Signature of Owner: [Redacted] Date: 01/01/02	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1GNDT13W1W2119081	CHEVROLET TRU	BLAZER	1998
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City: Nazareth State: PA Zip Code: 18064	No. Cylinders: 6	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Drive Train
			<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
			Vehicle Type
			<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sport Utl Truck <input type="checkbox"/> Motorcycle
			Body Style
			<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
10310000	VISUAL SYSTEMS: WINDSHIELD WIPER	<input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)
1	24-NOV-2001	60000	~ 65 MPH
		Failed Part(s)	NHTSA Previously
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION INCIDENT INFORMATION			
(Please describe in detail the incident(s), failure(s), crashes), and injury(ies) on the back of this form)			
Crash	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
		Estimated Property Damage	Reported to Police
		0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WINDSHIELD WIPERS FAIL INTERMITTENTLY DURING INCLEMENT WEATHER. DEALERSHIP IS WILLING TO REPAIR THE PROBLEM AT CONSUMER'S EXPENSE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION. *AK <i>While traveling from the Pittsburgh area to Bethlehem, PA, in inclement weather, my windshield wipers failed for no apparent reason. Upon investigation of the problem with a local mechanic, it was brought to my attention that Chevrolet has had many problems with the electrical module shorting out. The Chevrolet dealer noted that they had problems in the past but considered the problem was solved. However, based on my experience it was not solved. The reason I am bringing this problem to your attention is that I have never experienced such a safety problem with my windshield wipers.</i>			
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 to 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.			

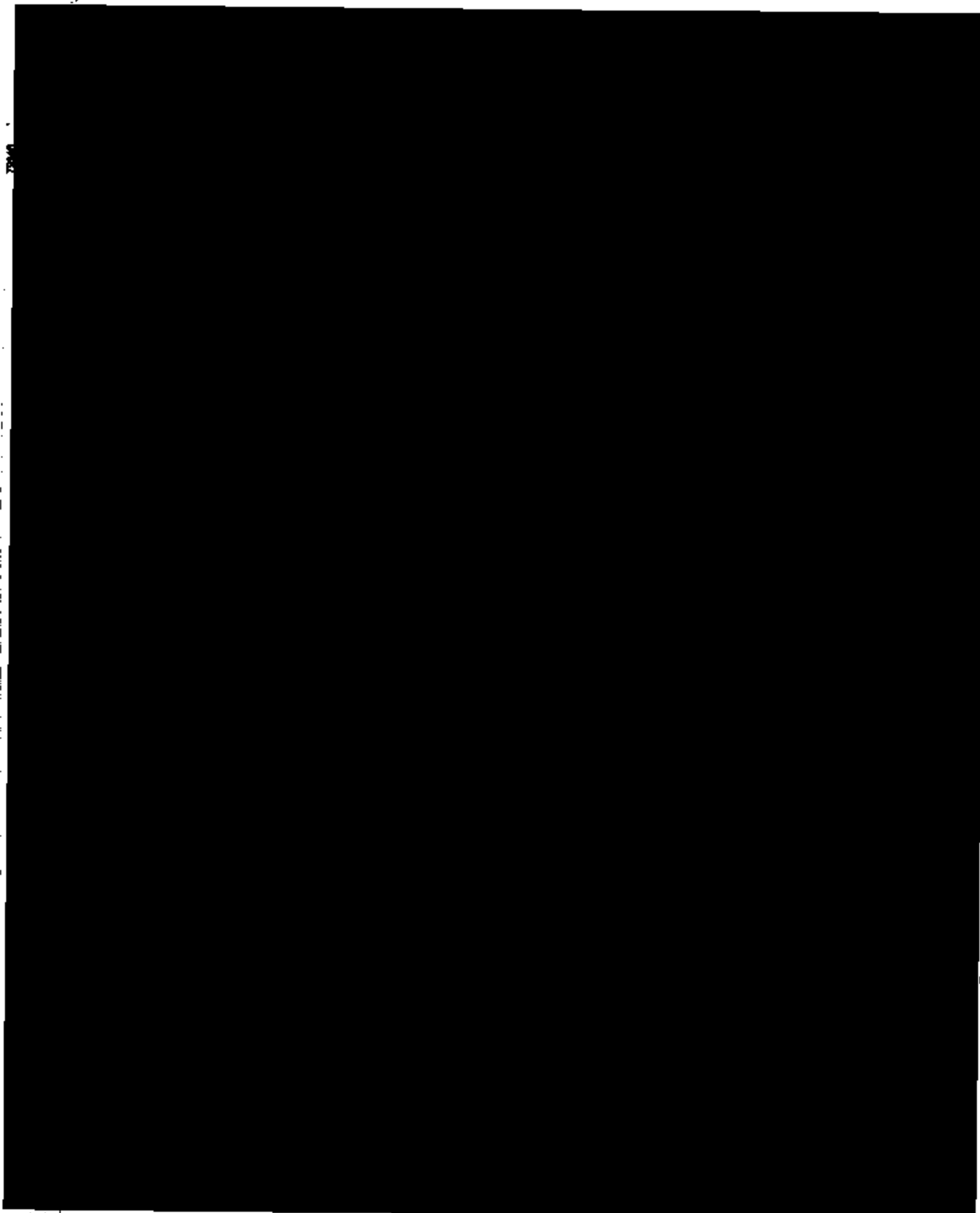
DOT Auto Safety Hotline		FOR AGENCY USE ONLY	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) [Redacted] 729426		Date Received 02 FEB 11 PM 2:11 10-DEC-2001	Odd or rt dt od_rt up_itr
Do you authorize [Redacted] to repair your vehicle? In the absence of a signature, this information will be forwarded to the vehicle manufacturer.		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Date 01/01/02	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GNDT13W1W2119081	Vehicle Make CHEVROLET TRU	Vehicle Model BLAZER	Vehicle Year 1998
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name <u>Brown-Daub</u> City <u>Nazareth</u> State <u>PA</u> Zip Code <u>18064</u>	Engine Size (CID/CC/L) No. Cylinders <u>6</u>	<input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 10310000	Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 1	Date(s) of Failure(s) <u>24-NOV-2001</u> Mileage at Failure(s) <u>60000</u> Vehicle Speed at Failure(s) <u>~ 65 MPH</u>	Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crashes), and injury(ies) on the back of this form)			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0
Estimated Property Damage 0		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WINDSHIELD WIPERS FAIL INTERMITTENTLY DURING INCLEMENT WEATHER. DEALERSHIP IS WILLING TO REPAIR THE PROBLEM AT CONSUMER'S EXPENSE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION. *AK			
<i>While traveling from the Pittsburgh area to Bethlehem, PA, in inclement weather, my windshield wipers failed for no apparent reason. Upon investigation of the problem with a local mechanic, it was brought to my attention that Chevrolet has had many problems with the electrical module shorting out. The Chevrolet dealer noted that they had problems in the past but considered the problem was solved. However, based on my experience it was not solved. The reason I am bringing this problem to your attention is that I have never experienced such a safety problem with my windshield wipers.</i>			
CONTINUE ON BACK IF NEEDED			
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 to 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.			

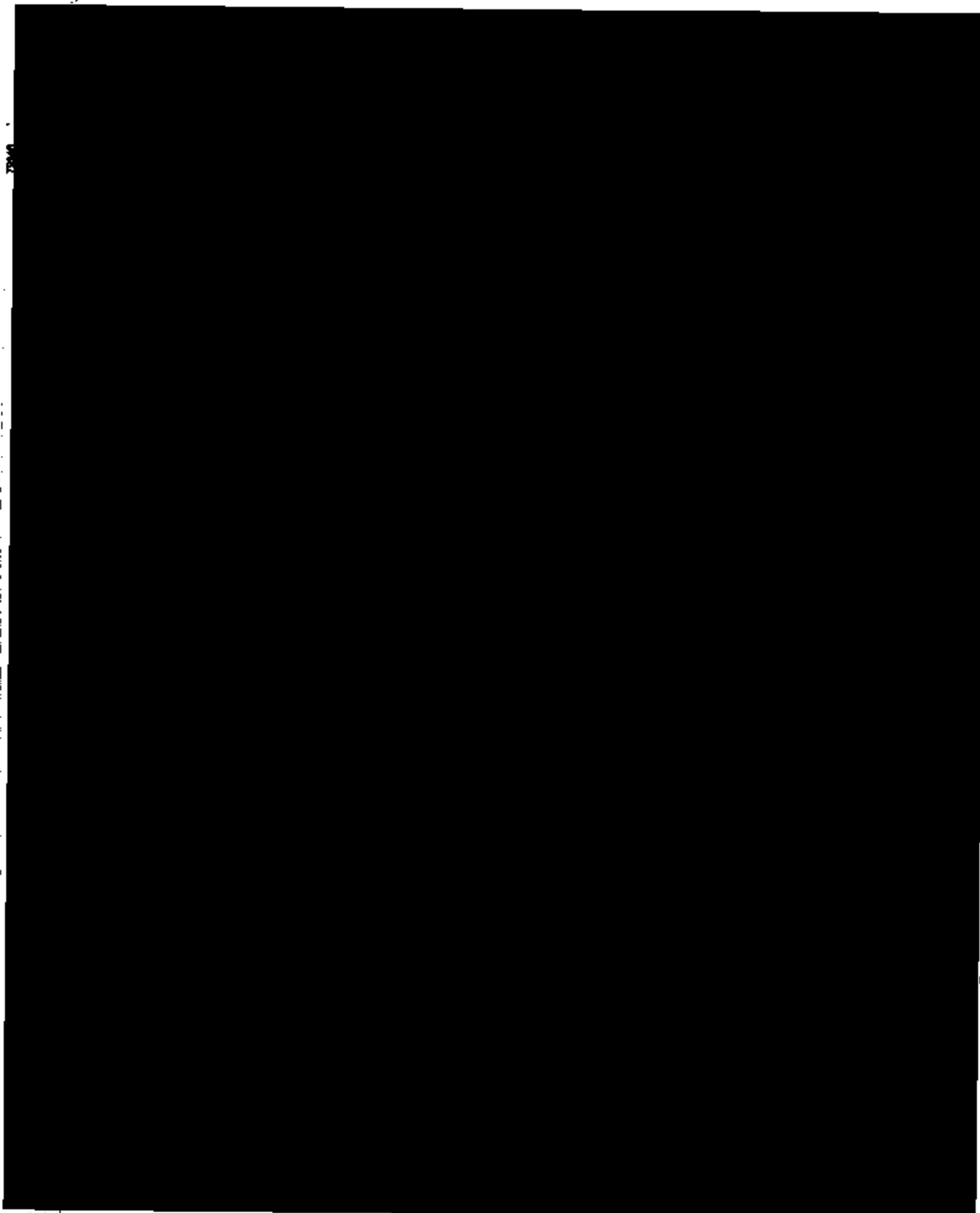
**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

(Page 1 through Page 5)

**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

(Page 1 through Page 5)





ACTIVATION REQUEST FORM

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ACTIVATION REQUEST FORM

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**NATIONWIDE 1-800-424-9393
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INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY 1058

Date Received

13-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8000463

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
2FMDA51U9WB	FORD TRUCK	WINDSTAR	1998			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) 6 CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 1	Dates of Failure(s) 12-MAR-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s)		
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE EXPERIENCED FIRE IN THE ENGINE COMPARTMENT, CLAIM 59-V719-855. *SLC

COPIES OF THIS FORM ARE:

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Od_or _____
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Signature of Owner _____ Date ____/____/____

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Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) 6 CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 1	Dates of Failure(s) 12-MAR-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s)		
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE EXPERIENCED FIRE IN THE ENGINE COMPARTMENT, CLAIM 59-V719-855. *SLC

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NUMBER

80000463

CHANGED

TO

69000608

NUMBER

80000463

CHANGED

TO

69000608

STATE OF MICHIGAN
DEPARTMENT OF ATTORNEY GENERAL

FLR
6/25/02

WILLIAM J RICHARDS
Deputy Attorney General



P.O. BOX 30213
LANSING, MICHIGAN 48909

JENNIFER MULHERN GRANHOLM
ATTORNEY GENERAL

May 15, 2002

Re: ODI #
6900608

Refer to AG No.: 200205432
Web No.:

GM-CUSTOMER SERVICES
C/O MSX INTERNATIONAL
1464 JOHN A PAPALAS
LINCOLN PARK MI 48146

RECEIVED
OFFICE
DEFECTS INVESTIGATION

Dear Sir/Madam:

Re: [REDACTED]

Enclosed is a copy of the consumer complaint recently filed with this office by the above. Kindly review this information and advise us of your position in this matter so that we may have all the facts.

We receive a large number of complaints, and we do not make judgments about their validity until there is an opportunity for a response. Your answer is, therefore, important to our determination of whether further action is warranted. It will expedite the processing of this complaint if you could email your response to cp_email@michigan.gov putting the AG No. in the subject line. We hope this will be our only request. If you fail to respond, we will determine what additional appropriate action is warranted under the Michigan Consumer Protection Act and other consumer laws.

The action we do take will be based in part on our experience, information and knowledge of and about the person complained against. Therefore, we appreciate your prompt reply within the next ten days, in writing, giving your position on this matter. If we do not hear from you within the next 30 calendar days, we will be recontacting you regarding this matter.

Sincerely yours,

JENNIFER M. GRANHOLM
ATTORNEY GENERAL

Consumer Protection Division
(517) 373-1140
(517) 241-3771 - Fax

Enc.
1166
cc: National Highway Traffic Safety Adm

Amanna

STATE OF MICHIGAN
DEPARTMENT OF ATTORNEY GENERAL

FLR
6/25/02

WILLIAM J RICHARDS
Deputy Attorney General



P.O. BOX 30213
LANSING, MICHIGAN 48909

JENNIFER MULHERN GRANHOLM
ATTORNEY GENERAL

May 15, 2002

Re: ODI #
6900608

Refer to AG No.: 200205432
Web No.:

GM-CUSTOMER SERVICES
C/O MSX INTERNATIONAL
1464 JOHN A PAPALAS
LINCOLN PARK MI 48146

RECEIVED
OFFICE
DEFECTS INVESTIGATION

Dear Sir/Madam:

Re: [REDACTED]

Enclosed is a copy of the consumer complaint recently filed with this office by the above. Kindly review this information and advise us of your position in this matter so that we may have all the facts.

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The action we do take will be based in part on our experience, information and knowledge of and about the person complained against. Therefore, we appreciate your prompt reply within the next ten days, in writing, giving your position on this matter. If we do not hear from you within the next 30 calendar days, we will be recontacting you regarding this matter.

Sincerely yours,

JENNIFER M. GRANHOLM
ATTORNEY GENERAL

Consumer Protection Division
(517) 373-1140
(517) 241-3771 - Fax

Enc.
1166
cc: National Highway Traffic Safety Adm

Amanna



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF ATTORNEY GENERAL

MIKE FISHER
ATTORNEY GENERAL

BUREAU OF CONSUMER PROTECTION

Allentown Regional Office
801 Hamilton Street, 4th Floor
Allentown, PA 18101
(610) 821-6690
Fax: (610) 821-6529

February 12, 2002

[REDACTED]
Bethlehem, PA [REDACTED]

Ref: General Motors, G-008104-2002

Dear Mr. [REDACTED]

We have reviewed your complaint against the above referenced Respondent which is located in another state.

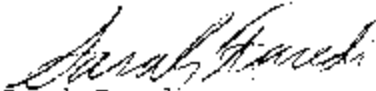
We have written to the Respondent, but we have not received a reply. Therefore, by copy of this letter, we are forwarding your complaint to that state and requesting their assistance in attempting to resolve this matter. We are further requesting that they inform you directly of any action they may take.

Please direct any further inquiries about this matter to:

Office of Attorney General
Consumer Protection Division
P.O. Box 30213
525 West Ottawa Street
Lansing, MI 48909-0212

If you would like more information on this referral, please feel free to contact our office.

Very truly yours,


Sarah Furedi
Consumer Protection Agent

eim
23A



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF ATTORNEY GENERAL

MIKE FISHER
ATTORNEY GENERAL

BUREAU OF CONSUMER PROTECTION

Allentown Regional Office
801 Hamilton Street, 4th Floor
Allentown, PA 18101
(610) 821-6690
Fax: (610) 821-6529

February 12, 2002

[REDACTED]
Bethlehem, PA [REDACTED]

Ref: General Motors, G-008104-2002

Dear Mr. [REDACTED]

We have reviewed your complaint against the above referenced Respondent which is located in another state.

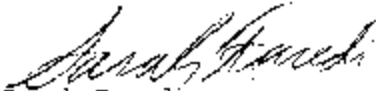
We have written to the Respondent, but we have not received a reply. Therefore, by copy of this letter, we are forwarding your complaint to that state and requesting their assistance in attempting to resolve this matter. We are further requesting that they inform you directly of any action they may take.

Please direct any further inquiries about this matter to:

Office of Attorney General
Consumer Protection Division
P.O. Box 30213
525 West Ottawa Street
Lansing, MI 48909-0212

If you would like more information on this referral, please feel free to contact our office.

Very truly yours,


Sarah Furedi
Consumer Protection Agent

eim
23A

CONSUMER COMPLAINT FORM

COMMONWEALTH OF PENNSYLVANIA
OFFICE OF ATTORNEY GENERAL
www.attorneygeneral.gov



RETURN TO:
Office of Attorney General
Bureau of Consumer Protection
801 Hamilton Street, Fourth Floor
Allentown, PA 18101
Phone: (610) 821-6690

MIKE FISHER
Attorney General

INVESTIGATOR: Code 1 <u>400</u>	OFFICE USE ONLY COMPLAINT # Code 2 <u>820 900</u> <u>G2002-0104NF</u>	YOUR AGE: (STATISTICAL & ENFORCEMENT PURPOSES ONLY) <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-44 <input checked="" type="checkbox"/> 45-59 <input type="checkbox"/> 60 or older
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YOUR NAME [REDACTED] ku

HOME PHONE ([REDACTED]) NUMBER TO CALL DURING THE DAY (610) [REDACTED]

ADDRESS [REDACTED]

CITY Bethlehem STATE PA ZIP CODE [REDACTED]

NAME OF BUSINESS COMPLAINT IS AGAINST General Motors - Chevrolet Motor Division c/o Moses - Director of Sales

NAME OF OWNER OR OTHER INDIVIDUAL TO WHOM YOU COMPLAINED Brown - Daub Chevrolet Service Dept. #/Owner - Andy Daub (Manager)

ADDRESS 819 Nazareth Pike PO Box 33170 CITY Nazareth Detroit

STATE MI ZIP CODE 48239-5170 COUNTY Northampton PHONE (610) 759-1000

Products or Services Purchased	Purchase Price	If your complaint involves a motor vehicle, please provide the following information:
<u>See attached invoice</u>	<u>\$143.05</u>	Mileage on vehicle when purchased <u>New</u>
		Mileage on vehicle when you started experiencing problems <u>60,000</u>
		Vehicle was purchased as <input checked="" type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> As-Is <input type="checkbox"/> Leased
		Indicate type, name & address of warranty company, if any <u>Chevrolet Blazer 98</u> <u>Warranty Co: General Motors - Protection Plan</u> <u>Custom Plan - 5 yrs - 75,000 - 3644 West Grand Blvd</u> <u>Detroit, MI 48202</u>

To what other agencies have you complained? National Highway Traffic Safety Admin.

What action was taken? I just submitted my complaint form. 1/2/02

Have you retained an attorney? YES NO If yes, please provide your attorney's name, address, & telephone number _____

Have you filed a court action? YES NO If yes, please state WHEN _____

WHERE _____ and WHAT decision was made? _____

CONSUMER COMPLAINT FORM

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HOME PHONE ([REDACTED]) NUMBER TO CALL DURING THE DAY (610) [REDACTED]

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Have you retained an attorney? YES NO If yes, please provide your attorney's name, address, & telephone number _____

Have you filed a court action? YES NO If yes, please state WHEN _____
WHERE _____ and WHAT decision was made? _____

Please explain your complaint. You may use additional sheets, if necessary. Please write or type clearly. Try to be brief, but be sure to tell **WHAT** happened, **WHEN** it happened, and **WHERE** it happened. Be specific about any oral statements the business made to you, **ESPECIALLY** those that influenced you to deal with the company. Describe events in the order in which they happened. Attach **COPIES** of all contracts, letters, receipts, canceled checks (front & back), advertisements or any other papers that relate to your complaint. Problem: Windshield wipers failed during inclement weather. Dealership is willing to repair the problem at consumer's expense. GM Safety Dept. claims not covered under plan. GM is not concerned about consumer's safety.

While traveling from the Pittsburgh area to Bethlehem, PA (350 miles) in inclement weather, my windshield wipers failed for no apparent reason. Upon investigation of the problem with a local mechanic, it was brought to my attention that Chevrolet had had many problems with the electrical module shorting out. The Chevrolet dealer noted that they had problems in the past, but considered the problem was solved, however, based on my experience it was not solved. The reason I am bringing this problem to your attention is that I have never experienced such a safety problem with my windshield wipers in my 32 yrs. of driving. The fact that I was driving in pouring rain while passing another vehicle when the failure occurred could have had serious consequences. I consider myself a veteran driver and did not panic under the circumstance. However, my family was totally devastated. In the event of a fatal accident, who would ever know what really happened?? I consider this problem of unexpected wiper failure during inclement weather a serious problem which should be further investigated.

We have an extended warranty plan with GM, so we contacted the safety dept. @ GM. A gentleman named Moses (Director of Safety Dept.) took my complaint and could care less about our safety. He said nothing could be done to reimburse for this safety problem. He said this part is not covered under the plan. That was his final comment. He didn't give us any satisfaction. The owner of Brown Daub (Andy Daub) was also contacted. His concern was that his dealership fixed the problem but at consumer's expense (\$143.05). He also stated that he knows how it feels when a wiper failure occurs because he experienced it at one time. Our safety and concern was totally ignored. There was no follow-up of this situation.

Hoping to hear from you concerning this upsetting mechanical failure.

Sincerely,

WHAT WOULD YOU WANT THE BUSINESS TO DO TO

Investigate this safety problem and reimburse me for full cost.

PLEASE READ CAREFULLY

The information you provide will be used in attempt to resolve your complaint and will be shared with the party complained against. It may also be used to enforce applicable laws.

The Attorney General cannot act as your private attorney. As a law enforcement agency, the primary function of the Attorney General is to represent the public at large by enforcing laws, prohibiting fraudulent or deceptive trade practices. Through the Bureau of Consumer Protection, the Attorney General does provide, as a service to consumers, the Consumer Mediation Unit, where an attempt may be made to mediate individual consumer complaints.

Your complaint does remain on file with our office and the information contained in it may be used to establish violations of Pennsylvania Law.

I certify that the information provided is true and correct to the best of my knowledge, information and belief.

Your Sign

Date 01/11/02

Please explain your complaint. You may use additional sheets, if necessary. Please write or type clearly. Try to be brief, but be sure to tell **WHAT** happened, **WHEN** it happened, and **WHERE** it happened. Be specific about any oral statements the business made to you, **ESPECIALLY** those that influenced you to deal with the company. Describe events in the order in which they happened. Attach **COPIES** of all contracts, letters, receipts, canceled checks (front & back), advertisements or any other papers that relate to your complaint. Problem: Windshield wipers failed during inclement weather. Dealership is willing to repair the problem at consumer's expense. GM Safety Dept. claims not covered under plan. GM is not concerned about consumer's safety.

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Your Sign

Date 01/11/02

Sgt

ATG 13 2002

[REDACTED]

Bethlehem, PA [REDACTED]

NSA-10.01 aae
Ref. #6900608

Dear Mr. [REDACTED]

Thank you for your correspondence dated January 8, 2002, concerning your 1998 Chevrolet Blazer. The Michigan Department of the Attorney General forwarded your correspondence to this agency on May 15, 2002. As you are aware, the mail delivery in the Washington, DC, area was delayed for treatment of possible anthrax contamination. Due to limited resources we were not able to respond to you in a more timely manner. This has caused a delay in answering your correspondence that was received on June 5, 2002. We regret any inconvenience our delay may have caused you.

We appreciate the previous Vehicle Owners Questionnaire (VOQ) you provided, reference number 8000463, in regards to your windshield wiper. The additional information provided will be added to your file. Additionally, our database has revealed that there are several safety-related defect recalls on the 1998 Chevrolet Blazer that may be of interest to you. We have enclosed copies of the recall summaries for your information. Please contact your dealer or General Motors for further details and have your vehicle identification number available for their information.

If further assistance is needed please contact Mr. Freddie L. Richards, Jr., Editorial Specialist, Information Management Staff, Office of Defects Investigation, at (202) 366-5224.

Sincerely,



Alberto A. Jimenez, Chief
Information Management Staff
Office of Defects Investigation
Safety Assurance

Sgt

ATG 13 2002

[REDACTED]

Bethlehem, PA [REDACTED]

NSA-10.01 aae
Ref. #6900608

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Information Management Staff
Office of Defects Investigation
Safety Assurance

**THE FOLLOWING PAGES ARE WITHHELD TO
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PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

(Page / through Page 8)

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