

**PE03-050**

**GM 1/8/04**

**ATTACHMENT 2A**

**PART 2 OF 2**

**BOOK 2 OF 4**

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER: [REDACTED]  
ADDRESS: [REDACTED] Merrillville IN [REDACTED]

HOME PHONE: [REDACTED]

CASE NUMBER: 1-113362214 VIN: 1G6KD54Y2VU276547  
MODEL YEAR: 1997  
DATE OPENED: 2003-06-25 SERIES: DeVille  
DATE CLOSED: 2003-07-01 MILEAGE: 73023.000000  
SOURCE: Phone DELIVERY DATE:  
SRC TYPE: N/ANO DEALER NAME: Schepel Buick-GMC, Inc.  
SRC PARTENT: DEALER ADDRESS: 2929 W Lincoln Hwy, Merrillville, IN, 46410-5144, USA

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

J40 Air Systems General  
0 REPAIR ATTEMPT(S) Cracked

fuel system

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

fuel system; ; 2003-06-25  
2003-06-25

fuel rail system; ; 2003-06-25  
2003-06-25

Service Request has been Closed Satisfied.; ; 2003-06-25  
2003-07-01

SR in Status of Closed has been Re-Opened by BTHRIDGA; ; 2003-07-01  
2003-07-01

update File; ; 2003-07-01  
2003-07-01

Service Request has been Closed Satisfied.; ; 2003-07-01

\*\*\*\*\*PART INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:

DRIVER NAME: DRIVER AGE:  
DRIVER DISABILITY:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT: ROAD CONDITION: PART SURFACE:  
POLICE REPORT: ROAD SURFACE: ROAD SURFACE:  
NUMBER OF PEOPLE: ROAD SURFACE: ROAD SURFACE:  
INJURY:

WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED:

INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

MORE INFORMATION:  
MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
BAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
PURCHASE REASON:

TRANSACTION:

DEALER BAC:  
DEALER NAME:  
DEALER ADDRESS: . . .  
CONTACT: .  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
ERC WARRANTY DATE:  
SALES: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE @ BUY-BACK: 0  
NEFP:

DEPRECIATION:  
UPGRADE:  
AFTERMARKET:  
LEASE TERM:  
DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LEASER LAW:  
VEHICLE DESCRIPTION:  
LIME INCOME:  
TITLE INCOME:

DEALER ADMINISTRATION:  
ADDRESS:

FINANCING VEN:

\*\*\*\*\*FINANCIAL HISTORY\*\*\*\*\*

NUMBER OF FINANCING: 0

COMMENTS:

NAME:  
ADDRESS:  
CITY/STATE: ,  
PHONE NUMBER:  
SEATING POSITION:  
TYPE OF INJURY:  
TREATED:

LOCATION:

RESTRAINT:  
IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

EXTERNAL CASE NUMBER:                   DATE:  
TITLE NAMES:  
BUSINESS:                                 % BUSINESS: 0  
ACCIDENT:                                 DATE OF ACCIDENT:  
DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0                         DATE OF PURCHASE/LEASE:  
MILEAGE AT PURCHASE: 0                   PURCHASE/LEASE AS:  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOUGHT:

\*\*\*\*\*ERC CONTACT INFORMATION\*\*\*\*\*

NAME:                                         CONTACT NUMBER:     1  
COMPANY:                                     CONTACT TYPE:  
ADDRESS:                                     CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:  
HOME PHONE:



Erie PA



CASE NUMBER: 1-123047333 VIN: 1G6EL12Y7TU608698  
MODEL YEAR: 1996  
DATE OPENED: 2003-07-24 SERIES: Eldorado  
DATE CLOSED: 2003-07-31 MILEAGE: 68000.000000  
SOURCE: Phone DELIVERY DATE:  
BRC TYPE: N/Yes DEALER NAME: Erie Cadillac, Inc.  
BRC PARENT: DEALER ADDRESS: 5711 Peach Street, Erie, PA, 16509-2607,

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

L07 Lines / Hoses / Filters  
0 REPAIR ATTEMPT(S) Leaks

Fuel Rail

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

- Fuel Rail; ; 2003-07-24
- 2003-07-25
- 1-123047333; ; 2003-07-30
- 2003-07-30
- CFM RBC INBOUND CALL FROM CUST.; ; 2003-07-30
- 2003-07-30
- update on file; ; 2003-07-30
- 2003-07-30
- CFM WARM TRANSFERRED DLR TO CFM....; ; 2003-07-30
- 2003-07-30
- Call cust; ; 2003-07-30
- 2003-07-30
- Contact AVM for Input; ; 2003-07-30
- 2003-07-30
- AVM Msg Sent; ; 2003-07-30
- 2003-07-30
- AVM Has Been Contacted; ; 2003-07-30
- 2003-07-31
- AVM Response Received; ; 2003-07-31
- 2003-07-31
- AVM Response Received; ; 2003-07-31
- 2003-07-31
- Call dir; ; 2003-07-31
- 2003-07-31

Call Cust; ; 2003-07-31  
2003-07-31

Service Request has been Closed Satisfied.; ; 2003-07-31

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:  
DRIVER NAME: DRIVER AGE:  
DRIVER DISABILITY:  
OWNER DESCRIPTION:  
ALLEGED DEFECTIVE COMPONENT:  
INCIDENT RESULT:  
POLICE REPORT: ROAD CONDITION: ROAD SURFACE:  
NUMBER OF PEOPLE: BODY INJURY:  
INJURIES:  
WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0  
PROPERTY DAMAGE:

VEHICLE INSURED: INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

MORE INFORMATION:  
MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED: INSPECTOR'S NAME: INSPECTION DATE:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE: TRANSACTION:  
REQUEST TYPE:  
REPURCHASE REASON:

DEALER SAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,  
PHONE NUMBER: FAX NUMBER:  
PRODUCT CODE: BODY TYPE:  
ENGINE CODE: TRANSMISSION:  
VEHICLE MAKE/MODEL:

MILEAGE & BUY-BACK: 0

BRC WARRANTY DATE:

MSRP:

NADA: 0

SALES TAX:

DEPRECIATION:

UPGRADE:

AFTERMARKET:

LEASE TERM:

DAMAGE:

OTHER:

BRANCH:

NAME:

ACCOUNT NUMBER:

INTEREST PAID:

INTEREST RATE:

DEALER BUYOUT:

ACCOUNT BALANCE:

LEGAL:

LEGAL TYPE:

LEMON LAW:

DEALER ADMINISTRATION:

VEHICLE DESTINATION:

RELEASE:

LIEN PAYOFF:

TITLE BRAND:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0

COMMENTS:

NAME:

LOCATION:

ADDRESS:

CITY/STATE:

PHONE NUMBER:

SEATING POSITION:

RESTRAINT:

TYPE OF INJURY:

TREATED:

IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

EXTERNAL CASE NUMBER:

DATE:

TITLE NAMES:

BUSINESS:

0 BUSINESS: 0

ACCIDENT:

DATE OF ACCIDENT:

DESCRIPTION OF DAMAGE:

PURCHASE/LEASE: 0

DATE OF PURCHASE/LEASE:

MILEAGE AT PURCHASE: 0

PURCHASE/LEASE AS:

DOES OWNER HAVE POSSESSION OF VEHICLE:

RESOLUTION SOUGHT:

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME:

CONTACT NUMBER: 1

COMPANY:

CONTACT TYPE:

ADDRESS:

CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:  
HOME PHONE:



Bartlett, IL

CASE NUMBER: 1-126690945 VIN: 1G6KS52Y3TU832825  
DATE OPENED: 2003-08-05 MODEL YEAR: 1996  
DATE CLOSED: 2003-08-21 SERIES: Seville  
SOURCE: Phone MILAGE: 41000.0000000  
SRC TYPE: N/Yes DELIVERY DATE:  
SRC PARENT: DEALER NAME: Heritage Cadillac, Inc.  
DEALER ADDRESS: 303 W Roosevelt Road, Lombard, IL, 60148-4211,

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

J74 Manifold Gasket (Intake / Exhaust)  
0 REPAIR ATTEMPT(S) Leaks

fuses

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

fuses; ; 2003-08-05  
2003-08-05

Service Request has been Closed Satisfied.; ; 2003-08-05  
2003-08-05

SR in Status of Closed has been Re-Opened by BARRERAC; ; 2003-08-05  
2003-08-05

return cust call; ; 2003-08-05  
2003-08-07

crs waiting for call from cust; ; 2003-08-07  
2003-08-07

Service Request has been Closed Satisfied.; ; 2003-08-07  
2003-08-19

SR in Status of Closed has been Re-Opened by BARRERAC; ; 2003-08-19  
2003-08-19

fuel rail replaced; ; 2003-08-19  
2003-08-20

follow up after research; ; 2003-08-20  
2003-08-19

service; ; 2003-08-19  
2003-08-20

follow up; ; 2003-08-20  
2003-08-20

update; ; 2003-08-20  
2003-08-20



Created: CAC\_RS0027. SR#1-126690945; ; 2003-08-20  
2003-08-20

Goodwill Status has been changed from: Not Initiated to Pending SITEL; ; 2003-08-20  
2003-08-20

olc; ; 2003-08-21  
2003-08-20

business case; ; 2003-08-20  
2003-08-21

Goodwill Status has been changed from: Pending SITEL to PreAprv - Cert; ; 2003-08-21  
2003-08-21

Goodwill Status has been changed from: PreAprv - Cert to Approved; ; 2003-08-21  
2003-08-21

Service Request has been Closed Satisfied.; ; 2003-08-21

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:

INCIDENT LOCATION:

DRIVER NAME: DRIVER AGE:

DRIVER DISABILITY:

VEHICLE DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT:

POLICE REPORT:

NUMBER OF PEOPLE:

INJURIES:

ROAD CONDITION:

BODY INJURY:

ROAD SURFACE:

WAS ANOTHER VEHICLE INVOLVED:

NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INJURED:

INSURANCE COMPANY NAME:

INSURANCE COMPANY ADDRESS:

AGENT NAME:

AGENT PHONE NUMBER:

MORE INFORMATION:

MAINTENANCE LOCATION:

CURRENT LOCATION OF VEHICLE:

NOTIFY NAME:

WAS VEHICLE INSPECTED:

INSPECTOR'S NAME: INSPECTION DATE:

MILEAGE AT INSPECTION:

WHERE WAS INSPECTION DONE:

WAS VEHICLE ROAD TESTED:

ROAD TEST COMMENTS:

ROAD TEST RESULTS:

COMP. INSPECTION:

INSPECTION REPORT NUMBER:

PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

OFFICE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER BAC:  
DEALER NAME:  
DEALER ADDRESS: . . .  
CONTACT: .  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BRC WARRANTY DATE:  
NADA: 0  
SALES TAX:

ENGINE TYPE:  
  
MILEAGE @ BUY-BACK: 0  
MSRP:

DEPRECIATION:  
UPGRADE:  
AFTERMARKET:  
LEASE TERM:  
DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
BAL:

LEGAL TYPE:  
LEMON LAW:  
VEHICLE DESTINATION:  
LIEN PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VEH:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME:  
ADDRESS: .  
CITY/STATE: .  
PHONE NUMBER:  
SIGHTING POSITION:  
TYPE OF INJURY:  
TREATED:

LOCATION:  
  
RESTRAINT:  
IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

NHTSA CASE NUMBER:  
TITLE NUMBER:  
BUSINESS:  
ACCIDENT:  
DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0  
MILEAGE AT PURCHASE: 0  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOURCE:

DATE:  
  
% BUSINESS: 0  
DATE OF ACCIDENT:  
  
DATE OF PURCHASE/LEASE:  
PURCHASE/LEASE \$:

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME:  
COMPANY:  
ADDRESS:

CONTACT NUMBER: 1  
CONTACT TYPE:  
CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:  
HOME PHONE:



Wilmette, IL



CASE NUMBER: 1-126756829 VIN: 1G6KDS4Y3VU272765  
DATE OPENED: 2003-08-05 MODEL YEAR: 1997  
DATE CLOSED: 2003-08-05 SERIES: Deville  
SOURCE: Phone MILEAGE: 71000.000000  
SRC TYPE: N/ANC DELIVERY DATE:  
SRC PART#: DEALER NAME: Steve Foley Cadillac, Inc.  
DEALER ADDRESS: 100 N Skokie Boulevard, Northbrook, IL, 60062-1684.

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

L07 Lines / Hoses / Filters  
0 REPAIR ATTEMPT(S)

Odor / Smell / Fumes

Fuel Rail

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Fuel Rail; ; 2003-08-05  
2003-08-05

Call to dealer; ; 2003-08-05  
2003-08-05

Service Request has been Closed Disast-Won't Purchase GM Again.; ; 2003-08-05

\*\*\*\*\*FBI INFORMATION\*\*\*\*\*

INCIDENT DATE:  
INCIDENT LOCATION:

INCIDENT TIME:

DRIVER NAME:  
DRIVER DISABILITY:

DRIVER AGE:

OWNER DESCRIPTION:

ALARMED DEFECTIVE COMPONENT:

INCIDENT RESULT:  
POLICE REPORT:  
NUMBER OF PEOPLE:  
INJURIES:

ROAD CONDITION:  
BODY INJURY:

ROAD SURFACE:

WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE DAMAGED:

INCIDENT STATUS: UNCL  
INCIDENT TYPE: UNCL  
INCIDENT SEVERITY: UNCL

MAIN INFORMATION:  
MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
OFFICE NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
VAN STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER SAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRAILER:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BRC WARRANTY DATE:  
NADA: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE @ BUY-BACK: 0  
MSRP:

DEPRECIATION:  
UPGRADE:  
APPOINTMENT:  
LEASE TERM:  
DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEASE:

LEASE TYPE:  
LEASE LAW:  
VEHICLE DESTINATION:  
LEASE PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VEH:

\*\*\*\*\*SERIOUSLY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

ADDRESS:  
CITY/STATE:  
PHONE NUMBER:  
SERVING POSITION:  
TYPE OF INJURY:  
TRAUMA:

DATE OF INJURY:  
IF ON VEHICLE:

LOCATION:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

INTERNAL CASE NUMBER:	DATE:
TITLE NAMES:	
BUSINESS:	% BUSINESS: 0
ACCIDENT:	DATE OF ACCIDENT:
DESCRIPTION OF DAMAGE:	
PURCHASE/LEASE: 0	DATE OF PURCHASE/LEASE:
MILEAGE AT PURCHASE: 0	PURCHASE/LEASE AS:
DOES OWNER HAVE POSSESSION OF VEHICLE:	
RESOLUTION SOUGHT:	

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME:	CONTACT NUMBER: 1
COMPANY:	CONTACT TYPE:
	CONTACT PHONE:
ADDRESS:	

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER: [REDACTED]  
ADDRESS: [REDACTED] Dayton OH [REDACTED]  
HOME PHONE: [REDACTED]

CASE NUMBER: 1-126875459 VIN: 1G6KE52Y6V0337809  
DATE OPENED: 2003-08-05 MODEL YEAR: 1997  
DATE CLOSED: 2003-08-05 SERIES: Seville  
SOURCE: Phone MILEAGE: 75000.0000000  
SRC TYPE: N/A No DELIVERY DATE:  
SRC PARENT: DEALER NAME: Voss Village Cadillac/Oldsobile, Inc.  
5521, USA DEALER ADDRESS: 650 Miamiaburg-Centerville, Dayton, OH, 45459-

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

J40 Air Systems General  
0 REPAIR ATTEMPT(S) Leaks

Fuel rail

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Fuel rail; ; 2003-08-05  
03-08-05

Fuel rails; ; 2003-08-05  
2003-08-05

Service Request has been Closed Satisfied.; ; 2003-08-05

\*\*\*\*\*PART INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:

DRIVER NAME: DRIVER AGE:  
DRIVER DISABILITY:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT: ROAD CONDITION: ROAD SURFACE:  
POLICE REPORT: ROAD INJURY:  
NUMBER OF PEOPLE: MOTORIST:  
INVOICES:

IF ANOTHER VEHICLE INVOLVED:  
MAKE OF VEHICLE: 0

PROPERTY NUMBER:

REGISTRATION NUMBER:

DATE OF INCIDENT: [REDACTED]  
TIME OF INCIDENT: [REDACTED]  
REPORT MADE:

AGENT PHONE NUMBER:

MORE INFORMATION:  
REFERENCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
RAC STATUS:

\*\*\*\*\*RAC INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER SAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BRC WARRANTY DATE:  
MSRP: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE @ BUY-BACK: 0  
MSRP:

REGISTRATION:  
TITLES:  
APPROVALS:  
LEASE TERM:  
CREDIT:  
CREDIT:  
CREDIT:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEASE:

LEASE TYPE:  
LEASE LAW:  
VEHICLE DESTINATION:  
LIME BUYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
NUMBER:

REPLACEMENT VIN:

NUMBER OF INQUIRIES: 0  
COMMENTS:

NAME:  
ADDRESS:  
CITY:  
STATE:  
ZIP:

LOCATION:

DATE:  
BY SA. NAME:



\*\*\*\*\*AIR INFORMATION\*\*\*\*\*

REFERRAL CASE NUMBER:	DATE:
TITLE NAMES:	
BUSINESS:	* BUSINESS: 0
ACCIDENT:	DATE OF ACCIDENT:
DESCRIPTION OF DAMAGE:	
PURCHASE/LEASE: 0	DATE OF PURCHASE/LEASE:
MILEAGE AT PURCHASE: 0	PURCHASE/LEASE AS:
DOES OWNER HAVE POSSESSION OF VEHICLE:	
RESOLUTION SOUGHT:	

\*\*\*\*\*IRC CONTACT INFORMATION\*\*\*\*\*

NAME:	CONTACT NUMBER: 1
COMPANY:	CONTACT TYPE:
ADDRESS:	CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:  
HOME PHONE:



Enola PA

CASE NUMBER: 1-127419622 VIN: 1G6ET1293T0605063  
DATE OPENED: 2003-08-06 MODEL YEAR: 1996  
DATE CLOSED: 2003-08-07 SERIES: Eldorado  
SOURCE: Phone MILEAGE: 77000.0000000  
BNC TYPE: N/A/DL DELIVERY DATE:  
BNC PART#: DEALER NAME: Daniels Cadillac, Inc.  
DEALER ADDRESS: 1327 Tilghman Street, Allentown, PA, 18102,

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

L07 Lines / Hoses / Filters  
0 REPAIR ATTEMPT(S) Leaks

Fuel rail failure

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

- Fuel rail failure; ; 2003-08-06  
2003-08-06
- Svc adv Ted Wisnar Svc mgr John Daniels; ; 2003-08-06  
2003-08-06
- Crm follow up/offered \$750 OLC due to out of pocket expense and inconvenience; ; 2003-08-06  
2003-08-06
- \$750 OLC for out of pocket expenses; ; 2003-08-06  
2003-08-06
- Created: CAC\_RS0027. SR#1-127419622; ; 2003-08-06  
2003-08-06
- Goodwill Status has been changed from: Not Initiated to Pending SITEL; ; 2003-08-06  
2003-08-06
- \$750 OLC submitted for approval; ; 2003-08-07  
2003-08-07
- Goodwill Status has been changed from: Fraprv - Cert to Approved; ; 2003-08-07  
2003-08-07
- Service Request has been Closed Satisfied; ; 2003-08-07

\*\*\*\*\*PLAN INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:

INCIDENT TYPE:  
INCIDENT DESCRIPTION:

OTHER INFORMATION:

**ALLEGED DEFECTIVE COMPONENT:**

**INCIDENT RESULT:**  
**POLICE REPORT:**  
**NUMBER OF PEOPLE:**  
**INJURIES:**

**ROAD CONDITION:**  
**BODY INJURY:**

**ROAD SURFACE:**

**WAS ANOTHER VEHICLE INVOLVED:**  
**NUMBER OF VEHICLES: 0**

**PROPERTY DAMAGE:**

**WAS VEHICLE INSURED:**

**INSURANCE COMPANY NAME:**  
**INSURANCE COMPANY ADDRESS:**  
**AGENT NAME:**  
**AGENT PHONE NUMBER:**

**NOTE INFORMATION:**  
**MAINTENANCE LOCATION:**  
**CURRENT LOCATION OF VEHICLE:**  
**NOTIFY NAME:**

**WAS VEHICLE INSPECTED:**  
**MILEAGE AT INSPECTION:**  
**WHERE WAS INSPECTION DONE:**

**INSPECTOR NAME: INSPECTION DATE:**

**WAS VEHICLE ROAD TESTED:**  
**ROAD TEST DESCRIPTION:**  
**ROAD TEST RESULT:**  
**WAS INSPECTED:**

**INVESTIGATIVE SUMMARY:**  
**PAR STATUS:**

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

**SOURCE:**  
**REQUEST TYPE:**  
**REPOURCHASE REASON:**

**TRANSACTION:**

**DEALER INC:**  
**DEALER NAME:**  
**DEALER ADDRESS: , , ,**  
**CONTACT:**  
**PHONE NUMBER:**  
**PRODUCT CODE:**

**FAX NUMBER:**  
**BODY TYPE:**  
**YEAR:**  
**TRANSMISSION:**  
**VEHICLE DRIVEABLE:**  
**DOC NECESSARY DATE:**  
**MSRP: 0**  
**SALES TAX:**

**ENGINE TYPE:**  
**MILEAGE & BUY-BACK: 0**  
**MSRP:**

**REGISTRATION:**  
**INSURANCE:**  
**APPOINTMENT:**  
**LEASE TERM:**

**ADDITIONAL COMMENTS:**  
**INVESTIGATOR NAME:**

**MSRP:**  
**FINANCING PAID:**  
**FINANCING REPORT:**

**LEASE TERM:**

DEALER ADMINISTRATION:  
LEASE:

LESSOR LAW:  
VEHICLE DESTINATION:  
LEAS PAYOFF:  
TITLE BRAND:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
CONCEPTS:

NAME:

LOCATION:

ADDRESS:

CITY/STATE:

PHONE NUMBER:

SEATING POSITION:

RESTRAINT:

TYPE OF INJURY:

TREATED:

IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

EXTERNAL CASE NUMBER:

DATE:

TITLE NAMES:

BUSINESS:

% BUSINESS: 0

ACCIDENT:

DATE OF ACCIDENT:

DESCRIPTION OF DAMAGE:

PURCHASE/LEASE: 0

DATE OF PURCHASE/LEASE:

MI/LEASE AT PURCHASE: 0

PURCHASE/LEASE AS:

DOES OTHER HAVE POSSESSION OF VEHICLE:

REGISTRATION SOURCE:

\*\*\*\*\*BIC CONTACT INFORMATION\*\*\*\*\*

NAME:

CONTACT NUMBER: 1

COMPANY:

CONTACT TYPE:

ADDRESS:

CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:



Chicago Heights  
IL

HOME PHONE:

CASE NUMBER: 1-128755909 VIN: 1G6KD52Y8VU221930  
MODEL YEAR: 1997  
DATE OPENED: 2003-08-11 SERIES: DeVille  
DATE CLOSED: 2003-08-11 MILEAGE: 114000.0000000  
SOURCE: Phone DELIVERY DATE:  
SRC TYPE: N/A No DEALER NAME: Cole/Gilmore Pontiac-Cadillac-Nissan, Inc.  
SRC PARTENT: DEALER ADDRESS: 6600 South Westnedge, Portage, MI, 49002-3553,

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

L07 Lines / Hoses / Filters  
0 REPAIR ATTEMPT(S) Leaks

Cust seeks recall info

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Cust seeks recall info; , 2003-08-11  
03-08-11

CRM called dlr; , 2003-08-11  
2003-08-11

Service Request has been Closed Dissatisfied.; ; 2003-08-11

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:

DRIVER NAME: DRIVER AGE:  
DRIVER DISABILITY:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT: ROAD CONDITION: ROAD SURFACE:  
POLICE REPORT: BODY INJURY:  
NUMBER OF PEOPLE: INJURIES:  
INJURIES:

IS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE REPAIRED:

REPORTING COMPANY NAME:  
REPORTING COMPANY ADDRESS:  
REPORT DATE:

AGENT PHONE NUMBER:

MORE INFORMATION:  
INSURANCE LOCATION:  
AGENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTOR'S NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
FAR STATUS:

\*\*\*\*\*FAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REFURCHASE REASON:

TRANSACTION:

DEALER BAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRUCK:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BAC WARRANTY DATE:  
MHA: 0  
SALES TAX:

LINE TYPE:  
MILEAGE @ BUY-BACK: 0  
MSRP:

DEPRECIATION:  
UPGRADE:  
APPROVALMENT:  
LEASE TERM:  
DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEASE TYPE:  
LEASE TERM:  
VEHICLE IDENTIFICATION:  
LEASE RECEIPT:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

NUMBER OF INQUIRIES: 0  
COMMENTS:

NAME:  
ADDRESS:  
CITY/STATE:  
PHONE NUMBER:  
MOTORING COMPANY:  
TYPE OF SERVICE:  
TERMINAL:

LOCATION:

INFORMATION

\*\*\*\*\*ADN INFORMATION\*\*\*\*\*

SERIAL CASE NUMBER:                   DATE:  
TITLE NAME:                            % BUSINESS: 0  
BUSINESS:                             DATE OF ACCIDENT:  
ACCIDENT:                               
DESCRIPTION OF DAMAGE:                DATE OF PURCHASE/LEASE:  
PURCHASE/LEASE: 0                     PURCHASE/LEASE AS:  
MILEAGE AT PURCHASE: 0  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOUGHT:

\*\*\*\*\*ERC CONTACT INFORMATION\*\*\*\*\*

NAME:                                   CONTACT NUMBER:        1  
COMPANY:                               CONTACT TYPE:  
ADDRESS:                               CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER: [REDACTED]  
ADDRESS: [REDACTED] Phoenix AZ [REDACTED]  
HOME PHONE: [REDACTED]

CASE NUMBER: 1-128999509 VIN: 1G6KS52Y6VU834361  
MODEL YEAR: 1997  
DATE OPENED: 2003-08-11 SERIES: Seville  
DATE CLOSED: 2003-10-02 MILEAGE: 72426.0000000  
SOURCE: Phone DELIVERY DATE:  
RMC TYPE: W/ANO DEALER NAME: Coulter Cadillac Oldsmobile, Inc.  
RMC PARENT: DEALER ADDRESS: 1188 E Camelback Rd, Phoenix, AZ, 85014-3270, USA

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

J48 Injectors / Nozzle  
0 REPAIR ATTEMPT(S) Leaks

fuel rail concern

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

fuel rail concern; ; 2003-08-11  
2003-08-11

Service Request has been Closed Satisfied.; ; 2003-08-11  
2003-08-23

SR in Status of Closed has been Re-Opened by SCOTTKL; ; 2003-08-23  
2003-08-23

Premium Brand Whitetail Indexed 8/23/03 Scanned: 2003-08-20-13.46.17.000000, MSXDocNum:  
0323289724; ; 2003-08-26  
2003-08-23

Cust sent letter; ; 2003-08-28  
2003-09-03

research cause of fuel rail concern; ; 2003-09-03  
2003-09-03

cause of concern; ; 2003-09-04  
2003-09-11

f/u reg poss rain; ; 2003-09-10  
2003-09-12

f/u reg poss rain; ; 2003-09-12  
2003-09-17

f/u reg poss rain; ; 2003-09-17  
2003-09-12

request docs; ; 2003-09-13  
2003-09-16

return call; ; 2003-09-16  
2003-09-16



request docs; ; 2003-09-16  
2003-09-17

return call; ; 2003-09-17  
2003-09-17

return cust's call; ; 2003-09-17  
2003-09-18

f/u req requesting docs; ; 2003-09-17  
2003-09-17

docs; ; 2003-09-29  
2003-09-26

check for docs; ; 2003-09-26  
2003-09-24

SR in Status of Pending Documentation has been Re-Opened by SADMEN; ; 2003-09-24  
2003-09-24

Premium Brand Whitemail Scanned: 2003-09-23-18.39.19.000000, MSKDocNum: 0326601521; ; 2003-09-25  
2003-09-24

Docs rec'd; ; 2003-09-25  
2003-09-29

reim 50% of fuel rail repair; ; 2003-09-29  
2003-09-29

Created: CAC\_RS0005. SR#1-128999509; ; 2003-09-29  
2003-09-29

Goodwill Status has been changed from: Not Initiated to Pending SITEL; ; 2003-09-29  
2003-09-29

reim for fuel rail repair; ; 2003-09-29  
2003-09-29

offer reim of \$328.40; ; 2003-09-29  
2003-09-29

submit reim \$328.40 for approval; ; 2003-10-02  
2003-10-02

SR in Status of Pending Goodwill has been Re-Opened by SADMEN; ; 2003-10-02  
2003-10-02

SR in Status of Pending Goodwill has been Re-Opened by WIRND; ; 2003-10-02  
2003-10-02

Service Request has been Closed Satisfied.; ; 2003-10-02

\*\*\*\*\*BAR INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:  
DAMAGE TYPE: DAMAGE AMT:  
DAMAGE LIABILITY:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT:

POLICE REPORT:

NUMBER OF PEOPLE:

INJURIES:

ROAD CONDITION:

BODY INJURY:

ROAD SURFACE:

WAS ANOTHER VEHICLE INVOLVED:

NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED:

INSURANCE COMPANY NAME:

INSURANCE COMPANY ADDRESS:

AGENT NAME:

AGENT PHONE NUMBER:

MORE INFORMATION:

MAINTENANCE LOCATION:

CURRENT LOCATION OF VEHICLE:

NOTIFY NAME:

WAS VEHICLE INSPECTED:

INSPECTOR'S NAME: INSPECTION DATE:

MILEAGE AT INSPECTION:

WHERE WAS INSPECTION DONE:

IS VEHICLE ROAD TESTED:

ROAD TEST DESCRIPTION:

ROAD TEST RESULT:

COMP INSPECTED:

INVESTIGATIVE SUMMARY:

PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:

TRANSACTION:

REQUEST TYPE:

REPOURCHASE REASON:

DEALER SAC:

DEALER NAME:

DEALER ADDRESS: . . .

CONTACT:

PHONE NUMBER:

PRODUCT CODE:

FAX NUMBER:

BODY TYPE:

TRIM:

TRANSMISSION:

VEHICLE DRIVEABLE:

ERC WARRANTY DATE:

MADA: 0

SALES TAX:

ENGINE TYPE:

MILEAGE @ BUY-BACK: 0

MRP:

DEPRECIATION:

UPGRADE:

WARRANTY:

LEASE TERM:

LEASE:

LEASE:

LEASE:

ACCOUNT NUMBER:

INTEREST RATE:

NAME:

FINANCED SALES:

DEALER BUYOUT:

ACCOUNT BALANCE:

LEGAL:

DEALER ADMINISTRATION:

RELEASE:

LEGAL TYPE:

LENDER LAW:

VEHICLE DESTINATION:

LEND PAYOFF:

TITLE BRAND:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0

COMMENTS:

NAME:

LOCATION:

ADDRESS:

CITY/STATE:

PHONE NUMBER:

SENTING POSITION:

RESTRAINT:

TYPE OF INJURY:

IF SO, WHERE:

TREATED:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

EXTERNAL CASE NUMBER:

DATE:

TITLE NAMES:

BUSINESS:

% BUSINESS: 0

ACCIDENT:

DATE OF ACCIDENT:

DESCRIPTION OF DAMAGE:

PURCHASE/LEASE: 0

DATE OF PURCHASE/LEASE:

LEASE AT PURCHASE: 0

PURCHASE/LEASE AS:

DOES OWNER HAVE POSSESSION OF VEHICLE:

RESOLUTION SOUGHT:

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME:

CONTACT NUMBER: 1

COMPANY:

CONTACT TYPE:

ADDRESS:

CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:  
HOME PHONE:



Lincoln, NE



CASE NUMBER: 1-129726472 VIN: 1G6KD52Y2TU299195  
MODEL YEAR: 1996  
DATE OPENED: 2003-08-13 SERIES: Deville  
DATE CLOSED: 2003-08-13 MILEAGE: 68000.0000000  
SOURCE: Phone DELIVERY DATE:  
SRC TYPE: N/AHO DEALER NAME: Husker Auto Group, Inc.  
SRC PART#: DEALER ADDRESS: 4949 O Street, Lincoln, NE, 68510.

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

J40 Air Systems General  
0 REPAIR ATTEMPT(S) Leaks

Fuel leak

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Fuel leak; ; 2003-08-13  
2003-08-13

Fuel rail; ; 2003-08-13  
2003-08-13

Service Request has been Closed Satisfied.; ; 2003-08-13  
2003-08-13

SR in Status of Closed has been Re-Opened by BRATTON; ; 2003-08-13  
2003-08-13

Service Request has been Closed Dissatisfied.; ; 2003-08-13

\*\*\*\*\*PART INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:

DRIVER NAME: DRIVER AGE:  
DRIVER DISABILITY:

ORDER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT:

VEHICLE REPORT:  
NUMBER OF PEOPLE:  
INJURIES:

ROAD CONDITION:  
BODY INJURY:

ROAD SURFACE:

VEHICLE MAKE:  
VEHICLE MODEL:

PROPERTY DAMAGE:

AS VEHICLE INSURED:

INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

MORE INFORMATION:

MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REFURCHASE REASON:

TRANSACTION:

DEALER BAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,

PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BWC WARRANTY DATE:  
NADA: 0  
SALES TAX:

ENGINE TYPE:  
RELEASE 9 BUY-BACK: 0  
DEPT:

DEPRECIATION:  
UPGRADE:  
AFTERMARKET:  
LEASE TERM:  
DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LEASE LAW:  
VEHICLE DESTINATION:  
LIME PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
REMARKS:

REPLACEMENT VEH:

\*\*\*\*\*BODILY INJURE\*\*\*\*\*

NUMBER OF INJURED: 2  
INJURED:  
INJURED:  
INJURED:

LOCATION:

CITY/STATE: ,  
PHONE NUMBER:  
SEATING POSITION:  
TYPE OF INJURY:  
TREATED:

RESTRAINT:  
IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

EXTERNAL CASE NUMBER:                     DATE:  
TITLE NAMES:  
BUSINESS:                                 % BUSINESS: 0  
ACCIDENT:                                 DATE OF ACCIDENT:  
DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0                     DATE OF PURCHASE/LEASE:  
MILEAGE AT PURCHASE: 0                 PURCHASE/LEASE AS:  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOUGHT:

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME:                                     CONTACT NUMBER: 1  
COMPANY:                                 CONTACT TYPE:  
ADDRESS:                                 CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:  
HOME PHONE:



Itasca, IL



CASE NUMBER: 1-131249245 VIN: 1G6KD52Y3TU238003  
MODEL YEAR: 1996  
DATE OPENED: 2003-08-18 SERIES: Deville  
DATE CLOSED: 2003-08-21 MILEAGE: 73261.0000000  
SOURCE: Phone DELIVERY DATE:  
SRC TYPE: N/AYes DEALER NAME: Napleton Motor Corporation  
SRC PARENT: DEALER ADDRESS: 505 N Perryville, Rockford, IL, 61107-6201, USA

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

LOT Lines / Hoses / Filters  
0 REPAIR ATTEMPT(S)

Leaks

Fuel rail split/request for assistance

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Fuel rail split/request for assistance; ; 2003-08-18  
2003-08-18

By mgr Dave Anderson; ; 2003-08-18  
2003-08-19

AVM msg sent; ; 2003-08-19  
2003-08-19

AVM msg sent; ; 2003-08-19  
2003-08-19

By mgr Dave Anderson; ; 2003-08-19  
2003-08-21

AVM response recvd; ; 2003-08-21  
2003-08-21

AVM response recvd; ; 2003-08-21  
2003-08-21

Cms attempted follow up at 12:46pm EDT; ; 2003-08-21  
2003-08-21

Cms left msg returning call; ; 2003-08-21  
2003-08-21

Cms follow up/denial of assistance; ; 2003-08-21  
2003-08-21

Service Request has been Closed/Disclassified; ; 2003-08-21

\*\*\*\*\*GENERAL INFORMATION\*\*\*\*\*

\*\*\*\*\*

INCIDENT LOCATION:

BUYER NAME:  
BUYER DISABILITY:

DRIVER AGE:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT:  
POLICE REPORT:  
NUMBER OF PEOPLE:  
INJURIES:

ROAD CONDITION:  
BODY INJURY:

ROAD SURFACE:

WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED:

INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

MORE INFORMATION:  
MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
HOPKIN NAME:

WAS VEHICLE INSPECTED:  
DAMAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTOR'S NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
BAR STATUS:

\*\*\*\*\*FAX INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER BAC:  
DEALER NAME:  
DEALER ADDRESS:  
CONTACT:  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRAN:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BAC WARRANTY DATE:  
BAC: 0  
BAC TAX:

ENGINE TYPE:  
MILEAGE @ BUY-BACK: 0  
BAC:

ASSOCIATION:  
ADDRESS:  
PHONE NUMBER:  
FAX NUMBER:  
BAC:



BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:  
ACCOUNT BALANCE:  
LEGAL:  
DEALER ADMINISTRATION:  
RELEASE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:  
LEGAL TYPE:  
LEMON LAW:  
VEHICLE DESTINATION:  
LIEN PAYOFF:  
TITLE BRAND:

REPLACEMENT VIN:  
\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME:  
ADDRESS:  
CITY/STATE:  
PHONE NUMBER:  
SEATING POSITION:  
TYPE OF INJURY:  
TREATED:

LOCATION:

RESTRAINT:  
IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

INTERNAL CASE NUMBER:  
TITLE NAMES:  
BUSINESS:  
ACCIDENT:  
DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0  
RELEASE AT PURCHASE: 0  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOURCE:

DATE:  
% BUSINESS: 0  
DATE OF ACCIDENT:  
DATE OF PURCHASE/LEASE:  
PURCHASE/LEASE AS:

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME:  
COMPANY:  
ADDRESS:

CONTACT NUMBER: 1  
CONTACT TYPE:  
CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER: [REDACTED]  
ADDRESS: [REDACTED] Eastlake, OH [REDACTED]  
HOME PHONE: [REDACTED]

CASE NUMBER: 1-133770356 VIN: 1G6FT1298VU616255  
MODEL YEAR: 1997  
DATE OPENED: 2003-08-25 SERIES: Eldorado  
DATE CLOSED: 2003-09-05 MILEAGE: 42091.0000000  
SOURCE: Phone DELIVERY DATE:  
SRC TYPE: N/AYes DEALER NAME: The Valley Cadillac Corporation  
SRC PARENT: DEALER ADDRESS: 3100 Winton Road South, Rochester, NY, 14623-2986,

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

L07 Lines / Hoses / Filters  
0 REPAIR ATTEMPT(S) Leaks

Fuel rail concern

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Fuel rail concern; ; 2003-08-25  
2003-08-25

Valley Cadillac, get diag; ; 2003-08-28  
2003-08-28

Transfer to working crm; ; 2003-08-28  
2003-08-28

Seeks assist with repair, gave update; ; 2003-08-28  
2003-08-28

Calling Classic Cadillac; ; 2003-08-28  
2003-08-28

Classic of Willoughby Llc, get diag; ; 2003-08-28  
2003-08-29

1-133770356, call cust with update, Whittlinger; ; 2003-08-29  
2003-08-29

Classic of Willoughby Llc, get diag; ; 2003-08-29  
2003-08-29

Classic of Willoughby Llc, speak with Svc mgr; ; 2003-08-29  
2003-08-29

Whittlinger, advise of update; ; 2003-08-29  
2003-08-29

Classic of Willoughby Llc; ; 2003-08-29  
2003-08-29

vs sent; ; 2003-08-29  
2003-08-29

FYI to svs mgr; ; 2003-08-29  
2003-09-02

at was calle don 8/29; ; 2003-09-02  
2003-09-02

Whittlinger, 1-133770356; ; 2003-09-05  
2003-09-02

AVM response; ; 2003-09-02  
2003-09-02

vm sent to AVM; ; 2003-09-02  
2003-09-05

2nd vm sent to Ken Whitfield; ; 2003-09-05  
2003-09-05

AVM response; ; 2003-09-05  
2003-09-05

Whittlinger, give update; ; 2003-09-05  
2003-09-05

Service Request has been Closed Dissatisfied.; ; 2003-09-05

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

ACCIDENT DATE:  
ACCIDENT LOCATION:

INCIDENT TIME:

DRIVER NAME:  
DRIVER DISABILITY:

DRIVER AGE:

ORDER DESCRIPTION:

ALIGNED DEFECTIVE COMPONENT:

INCIDENT RESULT:  
POLICE REPORT:  
NUMBER OF PEOPLE:  
INJURED:

ROAD CONDITION:  
BODY INJURY:

ROAD SURFACE:

WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED:

INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

MAKE INFORMATION:  
MANUFACTURE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
OFFICE NAME:

WAS VEHICLE INSPECTED:  
DATE AND AT INSPECTION:  
HOW WAS INSPECTION MADE:

INSPECTOR NAME: INSPECTOR NUMBER:

NEW VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
VEHICLE INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER HAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
ERC WARRANTY DATE:  
NADA: 0  
SALES TAX:

ENGINE TYPE:  
  
MILEAGE @ BUY-BACK: 0  
MRP:

DEPRECIATION:  
UPGRADE:  
APPROVAL SET:  
LEASE TERM:  
DAMAGE:

NAME:  
  
INTEREST PAID:  
DEALER BUYOFF:

OWNER:  
SEARCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LEMON LAW:  
VEHICLE DESTINATION:  
LIME PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME:  
ADDRESS: ,  
CITY/STATE: ,  
PHONE NUMBER:  
EMERGENCY POSITION:  
TYPE OF INJURY:  
TREATED:

LOCATION:

RESTRAINT:  
  
IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

INTERNAL CASE NUMBER:  
TITLE NUMBER:  
ISSUES:  
DATE OF PURCHASE:  
PURCHASE PRICE:

DATE:  
# OF MONTHS: 0  
DATE OF RECEIPT:  
DATE OF RECEIPT:

MILEAGE AT PURCHASE: 0

PURCHASE/LEASE AS:

DOES OWNER HAVE POSSESSION OF VEHICLE:

RESOLUTION SOUGHT:

\*\*\*\*\*ERC CONTACT INFORMATION\*\*\*\*\*

NAME:

CONTACT NUMBER: 1

COMPANY:

CONTACT TYPE:

ADDRESS:

CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:  
HOME PHONE:



Rowelle IL



CASE NUMBER: 1-140012605 VIN: 1G6KS52Y3VU830610  
DATE OPENED: 2003-09-11 MODEL YEAR: 1997  
DATE CLOSED: 2003-10-28 SERIES: Seville  
SOURCE: Phone MILEAGE: 51000.000000  
SVC TYPE: N/ANo DELIVERY DATE:  
SVC PARENT: DEALER NAME: Patrick Cadillac Company  
DEALER ADDRESS: 526 Mall Drive, Schaumburg, IL, 60173-5104,

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

L07 Lines / Hoses / Filters  
0 REPAIR ATTEMPT(S)

Broken

FUEL RAIL WENT BAD

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

FUEL RAIL WENT BAD; ; 2003-09-11  
2003-09-11

C MGR CAL LEISER; ; 2003-09-11  
2003-09-17

SVC MGR CAL LEISER; ; 2003-10-27  
2003-09-18

TO MAKE OFFER OF 50/50 REIMBURSEMENT AND TO SEND IN DOCS; ; 2003-10-27  
2003-09-18

SR in Status of Pending Documentation has been Re-Opened by SAHMN; ; 2003-09-18  
2003-09-18

Premium Brand Whitemail Scanned: 2003-09-17-14.13.47.000000, MSKDocNum: 0326001924; ; 2003-10-27  
2003-09-22

Service Request Ownership has changed FROM: KAIMANEC TO: SANTOSS; ; 2003-09-22  
2003-10-04

follow up; ; 2003-10-27  
2003-10-06

Cust looking for update; ; 2003-10-06  
2003-10-06

FII-cust seeking update, requests call back-see notes; ; 2003-10-06  
2003-10-06

Follow Up; ; 2003-10-06  
2003-10-07

Cust called for address to send Reimbursement Documentation; ; 2003-10-07  
2003-10-07

Cust inbound call; ; 2003-10-08

2003-10-15

SR in Status of Pending Documentation has been Re-Opened by SADMIN; ; 2003-10-15

2003-10-15

REQUESTED DOCUMENTS Scanned: 2003-10-14-13.42.57.000000, MSXDocNum: 0328700058; ; 2003-10-27

2003-10-15

\*See attached docs; ; 2003-10-27

2003-10-20

Svc mgr; ; 2003-10-20

2003-10-21

Follow up; ; 2003-10-21

2003-10-23

follow up; ; 2003-10-23

2003-10-27

Svc Mgr; ; 2003-10-27

2003-10-27

Reimbursement; ; 2003-10-27

2003-10-27

offer for reim; ; 2003-10-27

2003-10-27

Created: CAC\_RS0005. SR#1-140012605; ; 2003-10-27

2003-10-27

Goodwill Status has been changed from: Not Initiated to Pending SITEL; ; 2003-10-27

2003-10-27

review and submission for reim in the amount of \$361.92; ; 2003-10-28

2003-10-28

SR in Status of Pending Goodwill has been Re-Opened by WIMWD; ; 2003-10-28

2003-10-28

Service Request has been Closed Satisfied.; ; 2003-10-28

\*\*\*\*\*FAR INFORMATION\*\*\*\*\*

INCIDENT DATE:

INCIDENT TIME:

INCIDENT LOCATION:

DRIVER NAME:

DRIVER AGE:

DRIVER DISABILITY:

OWNER DESCRIPTION:

ALARMED DEFECTIVE COMPONENT:

INCIDENT RESULT:

ROAD CONDITION:

ROAD SURFACE:

POLICE REPORT:

BOB: INURY:

NUMBER OF PEOPLE:

INJURIES:

WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED:

INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

MORE INFORMATION:  
MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
PURCHASE REASON:

TRANSACTION:

DEALER SAC:  
DEALER NAME:  
DEALER ADDRESS: . . .  
CONTACT: .  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BRC WARRANTY DATE:  
MADE: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE & BUY-BACK: 0  
BIBB:

IDENTIFICATION:  
FINANCING:  
APPROVAL/REJECT:  
LEASE TERM:  
CREDIT:  
CHECK:  
FINANCE:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOFF:

ACCOUNT BALANCE:  
LEAS:

LEASE TYPE:  
LEASE LEN:  
VEHICLE REGISTRATION:  
LEAS BUYOFF:  
TITLE FEES:

LEASE REGISTRATION:  
LEASE:

REGISTRATION VIN:

NUMBER OF INSURERS: 0



COMMENTS:

NAME:

LOCATION:

ADDRESS:

CITY/STATE:

PHONE NUMBER:

SEATING POSITION:

RESTRAINT:

TYPE OF INJURY:

IF SO, WHERE:

TREATED:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

EXTERNAL CASE NUMBER:

DATE:

VEHICLE MAKE:

% BUSINESS: 0

BUSINESS:

DATE OF ACCIDENT:

ACCIDENT:

DESCRIPTION OF DAMAGE:

DATE OF PURCHASE/LEASE:

PURCHASE/LEASE: 0

PURCHASE/LEASE AS:

MILEAGE AT PURCHASE: 0

DOES OWNER HAVE POSSESSION OF VEHICLE:

RESOLUTION SOUGHT:

\*\*\*\*\*ERC CONTACT INFORMATION\*\*\*\*\*

NAME:

CONTACT NUMBER: 1

COMPANY:

CONTACT TYPE:

ADDRESS:

CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER: [REDACTED]  
ADDRESS: [REDACTED] Basco , IL [REDACTED]  
HOME PHONE: [REDACTED]

CASE NUMBER: 1-145980917 VIN: 1G6KF52Y3SU227155  
MODEL YEAR: 1995  
DATE OPENED: 2003-09-29 SERIES: Deville  
DATE CLOSED: MILEAGE: 99000.000000  
SOURCE: White Mail DELIVERY DATE:  
SRC TYPE: N/AYes DEALER NAME: Wayne Woodrum, Inc.  
SRC PARENT: DEALER ADDRESS: 3200 E Jackson Rd, Macomb, IL, 61455-9603, USA

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

107 Lines / hoses / Filters  
0 REPAIR ATTEMPT(S) Leaks

Premium Brand Whitemail Scanned: 2003-09-29-07.24.13.000000, MSXDocNum: 0327200066

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Premium Brand Whitemail Scanned: 2003-09-29-07.24.13.000000, MSXDocNum: 0327200066; ; 2003-10-13

2003-10-07

CRM sent file to TM; ; 2003-10-07  
2003-10-13

Wayne Woodrum 309-837-5757 SR 1-145980917; ; 2003-10-14  
2003-10-14

Fuel rail concern; ; 2003-10-14  
2003-10-17

cust update; ; 2003-10-17  
2003-10-17

continued; ; 2003-10-17  
2003-10-20

Cust called in; ; 2003-10-20  
2003-10-20

cust seeks working crm; ; 2003-10-20  
2003-10-20

update in file.....; ; 2003-10-20  
2003-10-20

Update; ; 2003-10-20  
2003-10-20

crm unable to give goodrl; ; 2003-10-20  
2003-10-20

Service Request #145980917 closed. ; ; 2003-10-20  
2003-10-14

SR in Status of Closed has been Re-Opened by MORARU; ; 2003-11-14  
2003-11-14

Premium Brand Whitemail Scanned: 2003-11-12-23.17.57.000000, MSXDocNum: 0331600864; ; 2003-11-14  
2003-11-14

cust sent in docs; ; 2003-11-14  
2003-11-14

docs attached; ; 2003-11-14

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:

DRIVER NAME: DRIVER AGE:  
DRIVER DISABILITY:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT: ROAD CONDITION: ROAD SURFACE:  
POLICE REPORT: BODY INJURY:  
NUMBER OF PEOPLE: JURIES:

WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED: INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

MORE INFORMATION:  
MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED: INSPECTORS NAME: INSPECTION DATE:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE: TRANSACTION:  
REVISION: FEES:  
REVISIONS NUMBER:  
ISSUED DATE:

DEALER NAME:  
DEALER ADDRESS: . . .  
CONTACT: .  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BRC WARRANTY DATE:  
MSRP: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE @ BUY-BACK: 0  
MSRP:

DEPRECIATION:  
UPGRADE:  
AFTERMARKET:  
LEASE TERM:  
DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LEMON LAW:  
VEHICLE DESTINATION:  
LIEN PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:  
\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME:  
ADDRESS: .  
CITY/STATE: .  
PHONE NUMBER:  
SEATING POSITION:  
TYPE OF INJURY:  
TREATED:

LOCATION:

RESTRAINT:  
IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

FEDERAL CASE NUMBER:  
TITLE NAMES:  
BUSINESS:  
ACCIDENT:  
DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0  
MILEAGE AT PURCHASE: 0  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
REMOPTION BOUDET:

DATE:  
% BUSINESS: 0  
DATE OF ACCIDENT:  
DATE OF PURCHASE/LEASE:  
PURCHASE/LEASE AS:

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME:  
COMPANY:  
ADDRESS:

CONTACT NUMBER: 1  
CONTACT TYPE:  
CONTACT FIRM:



GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER: [REDACTED]  
ADDRESS: [REDACTED] Tucson, AZ [REDACTED]  
HOME PHONE: [REDACTED]

CASE NUMBER: 1-14958452 VIN: 1G6KS52YXTU830827  
DATE OPENED: 2002-07-10 MODEL YEAR: 1996  
DATE CLOSED: 2002-10-16 SERIES: Seville  
SOURCE: Phone MILEAGE: 52000.0000000  
SRC TYPE: N/Yes DELIVERY DATE:  
SRC PART#: DEALER NAME:  
DEALER ADDRESS:

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

J40 Air Systems General  
0 REPAIR ATTEMPT(S) Cracked

cost assistance request  
\*\*\*\*\*WORK HISTORY\*\*\*\*\*

- cost assistance request; ; 2002-09-03  
2002-07-17
- viewing file; Crm awaiting documents; ; 2002-07-17  
2002-07-22
- REQ DOCS; ; 2002-07-22  
2002-07-22
- REQUESTED DOCS ATTACHED TO FILE; ; 2002-09-03  
2002-07-22
- SAFETY Scanned: 2002-07-18-21.23.41.000000, MSXDocNum: 0219900289; ; 2002-09-03  
2002-08-24
- review fo G/W; ; 2002-09-03  
2002-10-07
- reviewing; ; 2002-10-07  
2002-10-07
- rain on fuel rail system; ; 2002-10-09  
2002-10-07
- firestone; ; 2002-10-09  
2002-10-07
- next crm please make offer of rain in the amount of \$182.78; ; 2002-10-09  
2002-10-07
- Service Request Ownership has changed FROM: BATTERF TO: BALLEND; ; 2002-10-07  
2002-10-09
- rain in the amount of 228.47; ; 2002-10-09  
2002-10-09

ts contacted cust and made offer of reim in the amount of \$228.47; ; 2002-10-09  
2002-10-09

ated: CAC\_RS0005. SR#1-14958452; ; 2002-10-09  
2002-10-09

ts submitting reim for submission and review; ; 2002-10-10  
2002-10-10

Goodwill Status has been changed from: Not Initiated to Pending SITEL; ; 2002-10-10  
2002-10-10

Submitting \$228.47 for approval; ; 2002-10-11  
2002-10-11

PLEASE CLOSE.; ; 2002-10-11  
2002-10-11

Goodwill Status has been changed from: PreAprv - Check to Approved; ; 2002-10-11  
2002-10-16

Correspondence Rejected - CM Button was not used, sending to MEX using work around; ; 2002-10-16  
2002-10-16

Received MEX request; ; 2002-10-16  
2002-10-16

Service Request has been Closed Satisfied.; ; 2002-10-16

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INCIDENT DATE:  
INCIDENT LOCATION:

INCIDENT TIME:

DRIVER NAME:  
DRIVER DISABILITY:

DRIVER AGE:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT:  
POLICE REPORT:  
NUMBER OF PEOPLE:  
INJURIES:

ROAD CONDITION:  
BODY INJURY:

ROAD SURFACE:

WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED:

INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

REAR INFORMATION:  
REGISTRATION LOCATION:  
CURRENT LOCATION OF VEHICLE:  
MARKET NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER BAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVABLE:  
BRC WARRANTY DATE:  
NADA: 0  
SALES TAX:

ENGINE TYPE:  
  
MILEAGE @ BUY-BACK: 0  
MELP:

DEPRECIATION:  
GRADE:  
PREMARKET:  
LEASE TERM:  
DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LESSON LAW:  
VEHICLE DESTINATION:  
LIEN PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME:  
ADDRESS: ,  
CITY/STATE: ,  
PHONE NUMBER:  
SEATING POSITION:  
TYPE OF INJURY:  
DATED:

LOCATION:

RESTRAINT:  
  
IF SO, WHERE:

\*\*\*\*\*ADD INFORMATION\*\*\*\*\*

REMARKS, CASE NUMBER:  
TITLE NUMBER:

DATE:







MORE INFORMATION:  
MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
CITY NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
FAR STATUS:

\*\*\*\*\*FAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER BAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BWC WARRANTY DATE:  
NADA: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE & BUY-BACK: 0  
MSRP:

DEPRECIATION:  
UPGRADE:  
APPOINTMENT:  
LEASE TERM:  
DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LEASE LAW:  
VEHICLE DESTINATION:  
LEASE PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME:  
ADDRESS: ,  
CITY/STATE: ,  
PHONE NUMBER:  
INSURANCE INFORMATION:  
TYPE OF INJURY:  
DATE:

LOCATION:

INVESTIGATION:

INVESTIGATION:



GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER: [REDACTED]  
ADDRESS: [REDACTED]

Orange Beach AL [REDACTED]

HOME PHONE: [REDACTED]

CASE NUMBER: 1-156497228 VIN: 1G6KD54Y6VU234463  
MODEL YEAR: 1997  
DATE OPENED: 2003-10-30 SERIES: DeVille  
DATE CLOSED: MILEAGE: 80425.0000000  
SOURCE: Phone DELIVERY DATE:  
RMC TYPE: N/AYes DEALER NAME: Vince Whibbs Pontiac-Buick-GMC-Cadillac, Inc.  
RMC PART#: DEALER ADDRESS: 3401 Navy Blvd., Pensacola, FL, 32505-8093, USA

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

J46 Injectors / Nozzle  
0 REPAIR ATTEMPT(S) Leaks

fuel rail leaking

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

fuel rail leaking, ; 2003-11-17  
03-11-03

sr#1-156497228, ; 2003-11-17  
2003-11-17

1st attempt, ; 2003-11-17  
2003-11-17

Dealer contact, ; 2003-11-17

\*\*\*\*\*RAC INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:

DRIVER NAME: DRIVER AGE:  
DRIVER DISABILITY:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT: ROAD CONDITION: ROAD SURFACE:  
POLICE REPORT: ROGGY INJURY:  
NUMBER OF PEOPLE:  
INJURIES:

WAS ANOTHER VEHICLE INVOLVED:

NUMBER OF VEHICLES:

PROPERTY DAMAGE:

WAS VEHICLE INSURED:

INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

MORE INFORMATION:  
MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER BAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,

PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BRC WARRANTY DATE:  
MSRP: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE @ BUY-BACK: 0  
MSRP:

DEPRECIATION:  
UPGRADE:  
AFTERMARKET:  
LEASE TERM:  
DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LEMON LAW:  
VEHICLE DESTINATION:  
LEAS PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
INJURIES:

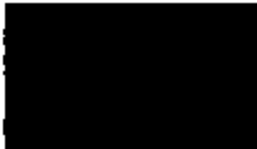
NAME:  
ADDRESS:  
CITY/STATE:  
PHONE NUMBER:

DATE:



GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:



Algonquin

IL

HOME PHONE:

CASE NUMBER: 1-157905870

VIN: 1G6KD54Y8VU294941

MODEL YEAR: 1997

DATE OPENED: 2003-11-04

SERIES: DeVille

DATE CLOSED: 2003-11-04

MILEAGE: 70000.0000000

SOURCE: Phone

DELIVERY DATE:

ERC TYPE: N/Yes

DEALER NAME:

ERC PARENT:

DEALER ADDRESS:

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

LO7 Lines / Hoses / Filters  
0 REPAIR ATTEMPT(S)

Leaks

Fuel rail leak

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Fuel rail leak; ; 2003-11-04  
2003-11-04

Service Request has been Closed Satisfied.; ; 2003-11-04

\*\*\*\*\*ACCIDENT INFORMATION\*\*\*\*\*

INCIDENT DATE:  
INCIDENT LOCATION:

INCIDENT TIME:

DRIVER NAME:  
DRIVER DISABILITY:

DRIVER AGE:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT:  
POLICE REPORT:  
NUMBER OF PEOPLE:  
INJURIES:

ROAD CONDITION:  
BODY INJURY:

ROAD SURFACE:

WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

VEHICLE INVOLVED:

INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:

DATE OF INCIDENT:  
REPORTING OFFICER:

REPORTING OFFICER:



CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER SAC:  
DEALER NAME:  
DEALER ADDRESS:  
CONTACT:  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BRC WARRANTY DATE:  
MADA: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE @ BUY-BACK: 0

DEPRECIATION:  
UPGRADE:  
AFTERMARKET:  
LEASE TERM:  
DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LEASER LAW:  
VEHICLE DESTINATION:  
LEASE PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME:  
ADDRESS:  
CITY/STATE:  
PHONE NUMBER:  
INSURANCE POSITION:  
TYPE OF INSURANCE:  
ADDRESS:

LOCATION:

EMERGENCY:  
IF NO. NUMBER:

EXTERNAL CASE NUMBER:                   DATE:  
VEHICLE MAKE:                            BUSINESS: 0  
ADDRESS:                                 DATE OF ACCIDENT:  
ACCIDENT:                                DATE OF PURCHASE/LEASE:  
DESCRIPTION OF DAMAGE:                 PURCHASE/LEASE AS:  
PURCHASE/LEASE: 0  
MILEAGE AT PURCHASE: 0  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOUGHT:

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME:                                    CONTACT NUMBER:     1  
COMPANY:                                CONTACT TYPE:  
ADDRESS:                                CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER: [REDACTED]  
ADDRESS: [REDACTED] Bakersfield CA [REDACTED]  
HOME PHONE: [REDACTED]

CASE NUMBER: 1-158429765 VIN: 1G6KS52Y78U800876  
DATE OPENED: 2003-11-05 MODEL YEAR: 1995  
DATE CLOSED: 2003-11-05 SERIES: Seville  
SOURCE: Phone MILEAGE: 72000.0000000  
SRC TYPE: N/Yes DELIVERY DATE:  
SRC PARENT: DEALER NAME: Arredondo Automotive Group, Inc.  
DEALER ADDRESS: 600 1ST Avenue, Delano, CA, 93215-2739,

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

L07 Lines / Hoses / Filters  
0 REPAIR ATTEMPT(S) Leaks

Cust states fuel rail is leaking

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Cust states fuel rail is leaking; ; 2003-11-05  
2003-11-05

Call to dlr on fuel rail repairs; ; 2003-11-05  
2003-11-05

Call to dlr on fuel rail repairs; ; 2003-11-05  
2003-11-05

Service Request has been Closed Satisfied.; ; 2003-11-05

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:

DRIVER NAME: DRIVER AGE:  
DRIVER DISABILITY:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT:  
POLICE REPORT: ROAD CONDITION: ROAD SURFACE:  
NUMBER OF PEOPLE: BODY INJURY:  
FURTHER:

WAS ANOTHER VEHICLE INVOLVED:

NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED:

INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

MORE INFORMATION:

MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REFURCHASE REASON:

TRANSACTION:

DEALER BAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,

PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
ERC WARRANTY DATE:  
MSRP: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE @ BUY-BACK: 0  
MSRP:

DEPRECIATION:  
UPGRADE:  
APPEARANCE:  
LEASE TERM:  
DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LEASE LAW:  
VEHICLE DESTINATION:  
LIEN PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
ELEMENTS:

NAME:  
ADDRESS:  
CITY/STATE:  
PHONE NUMBER:

LOCATION:

HEARING POSITION:

RESTRAINT:

TYPE OF INJURY:

IF SO, WHERE:

TREATED:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

EXTERNAL CASE NUMBER:

DATE:

TITLE NAMES:

BUSINESS:

% BUSINESS: 0

ACCIDENT:

DATE OF ACCIDENT:

DESCRIPTION OF DAMAGE:

PURCHASE/LEASE: 0

DATE OF PURCHASE/LEASE:

MILEAGE AT PURCHASE: 0

PURCHASE/LEASE AS:

DOES OWNER HAVE POSSESSION OF VEHICLE:

RESOLUTION SOUGHT:

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME:

CONTACT NUMBER: 1

COMPANY:

CONTACT TYPE:

ADDRESS:

CONTACT PHONE:

GENERAL MOTORS CORPORATION  
OLDSMOBILE DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:



Terre Haute

IN



HOME PHONE:

CASE NUMBER: 1-159255126

VIN: 1G3GR62C084137336

DATE OPENED: 2003-11-07

MODEL YEAR: 1995

DATE CLOSED: 2003-11-17

SERIES: Aurora  
MILEAGE: 97649.0000000

SOURCE: Phone

DELIVERY DATE:

ERC TYPE: N/AYes

DEALER NAME:

ERC PART#: N/AYes

DEALER ADDRESS:

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

LD7 Lines / Hoses / Filters  
0 REPAIR ATTEMPT(S)

Torn / Punctured

crack in fuel rail

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

crack in fuel rail; ; 2003-11-07  
03-11-17

Service Request has been Closed Satisfied.; ; 2003-11-17

\*\*\*\*\*PAF INFORMATION\*\*\*\*\*

INCIDENT DATE:  
INCIDENT LOCATION:

INCIDENT TIME:

DRIVER NAME:  
DRIVER DISABILITY:

DRIVER AGE:

OTHER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT:  
POLICE REPORT:  
NUMBER OF PEOPLE:  
INJURIES:

ROAD CONDITION:  
BODY INJURY:

ROAD SURFACE:

WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

VEHICLE INSURER:

INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
PHONE NUMBER:  
AGENT PHONE NUMBER:

DATE INVESTIGATION:  
INVESTIGATION LOCATION:

CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER HAC:  
DEALER NAME:  
DEALER ADDRESS:  
CONTACT:  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BRC WARRANTY DATE:  
NADA: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE @ BUY-BACK: 0  
MP:

DEPRECIATION:  
UPGRADE:  
AFTERMARKET:  
LEASE TERM:  
DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LEMON LAW:  
VEHICLE DESTINATION:  
LEASE PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*MODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME:  
ADDRESS:  
CITY/STATE:  
PHONE NUMBER:  
DAMAGE POSITION:  
TYPE OF INJURY:  
TREATED:

LOCATION:

REPAIRMENT:  
IF IN, SOURCE:

\*\*\*\*\*

EXTERNAL CASE NUMBER:                   DATE:  
TITLE NAMES:  
BUSINESS:                               % BUSINESS: 0  
ACCIDENT:                               DATE OF ACCIDENT:  
DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0                       DATE OF PURCHASE/LEASE:  
MILEAGE AT PURCHASE: 0                 PURCHASE/LEASE AS:  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOUGHT:

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME:                                     CONTACT NUMBER:     1  
COMPANY:                                CONTACT TYPE:  
ADDRESS:                                 CONTACT PHONE:



GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER: [REDACTED]  
ADDRESS: [REDACTED] Chicago, IL [REDACTED]  
HOME PHONE: [REDACTED]

CASE NUMBER: 1-17159008 VIN: 1G6KS52YXT0817480  
MODEL YEAR: 1996  
DATE OPENED: 2002-07-18 SERIES: Seville  
DATE CLOSED: 2002-07-26 MILEAGE: 46000.0000000  
SOURCE: Phone DELIVERY DATE:  
SRC TYPE: N/Yes DEALER NAME: Foley-Rice Cadillac-Oldsmobile, Inc.  
SRC PARENT: DEALER ADDRESS: 711 Madison Street, Oak Park, IL, 60302-4410.

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

J46 Injectors / Nozzle  
0 REPAIR ATTEMPT(S)

Fuel Rail Problem.

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Fuel Rail Problem.; ; 2002-07-23  
2002-07-18

Calling dealer on vehicle.; ; 2002-07-23  
2002-07-22

Please call customer back on SR 1-17159008 at the latest by Mon July 22 by 2:00 PM.; ; 2002-07-23  
2002-07-23

FUEL RAIL IS BROKEN.; ; 2002-07-23  
2002-07-23

Service Request Ownership has changed FROM: TAPOYAM TO: WHITEL.; ; 2002-07-23  
2002-07-23

SVC MGR, RICH MCDONALD.; ; 2002-07-23  
2002-07-23

LEFT MSG FOR AVM La Vigne Craig 630092 8149.; ; 2002-07-23  
2002-07-30

AVM DECISION - FUEL RAIL.; ; 2002-07-30  
2002-07-25

2nd msg to AVM, CRAIG LAVIGNE, 630092/8149.; ; 2002-07-25  
2002-07-25

RESCHEDULED A C/S.; ; 2002-07-25  
2002-07-25

AVM, CRAIG LAVIGNE.; ; 2002-07-25  
2002-07-25

\*\*\*\*\*  
2002-07-25

Service Request has been Closed Satisfied.; ; 2002-07-25  
2002-07-26

Cust's Insurance Agent called; ; 2002-07-26  
2002-07-26

Service Request has been Closed Satisfied.; ; 2002-07-26

\*\*\*\*\*BAR INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:

DRIVER NAME: DRIVER AGE:  
DRIVER DISABILITY:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT: ROAD CONDITION: ROAD SURFACE:  
POLICE REPORT: BODY INJURY:  
NUMBER OF PEOPLE: INJURIES:  
INJURIES:

WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED: INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

MORE INFORMATION:  
MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED: INSPECTORS NAME: INSPECTION DATE:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
CAMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
BAR STATUS:

\*\*\*\*\*BAR INFORMATION\*\*\*\*\*

SOURCE: TRANSACTION:  
REQUEST TYPE:  
PURCHASE REASON:

DEALER INC:  
DEALER NAME:  
DEALER ADDRESS:  
CITY:  
STATE ZIP:

WAS INSURED:

PRODUCT CODE:  
ENGINE TYPE:  
MILEAGE @ BUY-BACK: 0  
MSRP:

BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BRC WARRANTY DATE:  
NADA: 0  
SALES TAX:

DEPRECIATION:  
UPGRADE:  
AFTERMARKET:  
LEASE TERM:  
DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LEMON LAW:  
VEHICLE DESTINATION:  
LIEN PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME:  
ADDRESS:  
CITY/STATE:  
PHONE NUMBER:  
SEATING POSITION:  
TYPE OF INJURY:  
TREATED:

LOCATION:

RESTRAINT:  
IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

EXTERNAL CASE NUMBER:  
TITLE NAMES:  
BUSINESS:  
ACCIDENT:  
DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0  
MILEAGE AT PURCHASE: 0  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOUGHT:

DATE:  
% BUSINESS: 0  
DATE OF ACCIDENT:  
DATE OF PURCHASE/LEASE:  
PURCHASE/LEASE AS:

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME:  
COMPANY:  
ADDRESS:

CONTACT NUMBER: 1  
CONTACT TYPE:  
CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER: [REDACTED]  
ADDRESS: [REDACTED] Pine City NY [REDACTED]

HOME PHONE: [REDACTED]

CASE NUMBER: 1-20253607 VIN: 1G6KD52Y7TU247268  
MODEL YEAR:  
DATE OPENED: 2002-07-30 SERIES: DeVille  
DATE CLOSED: 2002-07-30 MILEAGE: 59164.0000000  
SOURCE: Phone DELIVERY DATE:  
ERC TYPE: N/Yes DEALER NAME: Van Brunt Motors, Inc.  
ERC PARENT: DEALER ADDRESS: 3087 Upper Lake Road, Horseheads, NY, 14845-3187.

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

J46 Injectors / Nozzle  
0 REPAIR ATTEMPT(S) Leaks

Veh leaking gas

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Veh leaking gas; ; 2002-07-30  
2002-07-30

Info needed; ; 2002-07-30  
2002-07-30

Left msg; ; 2002-07-30  
2002-07-30

Follow up; ; 2002-07-30  
2002-07-30

Request update; ; 2002-07-30  
2002-07-30

Update file; ; 2002-07-30  
2002-07-30

Service Request has been Closed Satisfied.; ; 2002-07-30

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:

INCIDENT LOCATION:

DRIVER NAME: DRIVER AGE:

DRIVER DISABILITY:

OTHER DESCRIPTION:

ALLIANCE INFORMATION:

INCIDENT RESULT:

POLICE REPORT:  
NUMBER OF PEOPLE:  
INJURIES:

ROAD CONDITION:  
BODY INJURY:

ROAD SURFACE:

WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED:

INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

MORE INFORMATION:  
MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER BAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVABLE:  
BAC WARRANTY DATE:  
NADA: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE @ BUY-BACK: 0  
MSRP:

DEPRECIATION:  
UPGRADE:  
AFTERMARKET:  
LEASE TERM:  
DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEASER:

LEGAL TYPE:  
LEASE LAW:  
VEHICLE DESCRIPTION:  
LEASE PAYMENT:  
TITLE NUMBER:

DEALER ADMINISTRATION:  
ADDRESS:

REPLACEMENT VEH:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
AGENTS:

NAME: LOCATION:  
ADDRESS: ,  
CITY/STATE: ,  
PHONE NUMBER:  
SEATING POSITION: RESTRAINT:  
TYPE OF INJURY:  
TREATED: IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

EXTERNAL CASE NUMBER: DATE:  
TITLE NAMES:  
BUSINESS: % BUSINESS: 0  
ACCIDENT: DATE OF ACCIDENT:  
DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0 DATE OF PURCHASE/LEASE:  
MILEAGE AT PURCHASE: 0 PURCHASE/LEASE AS:  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOUGHT:

\*\*\*\*\*ERC CONTACT INFORMATION\*\*\*\*\*

NAME: CONTACT NUMBER: 1  
COMPANY: CONTACT TYPE:  
ADDRESS: CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:



Indianapolis

IN



HOME PHONE:



CASE NUMBER: 1-20656061

VIN: 1G6EL12Y4TU610232

DATE OPENED: 2002-07-31

MODEL YEAR: 1996

DATE CLOSED: 2002-07-31

SERIES: Eldorado

SOURCE: Phone

MILEAGE: 77000.0000000

SRC TYPE: N/AYes

DELIVERY DATE:

SRC PARENT:  
3484,

DEALER NAME: Lockhart Cadillac, Inc.

DEALER ADDRESS: 5550 N. Keystone Avenue, Indianapolis, IN, 46220-

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

L07 Lines / Hoses / Filters

0 REPAIR ATTEMPT(S)

Leaks

Fuel rail leak

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Fuel rail leak; ; 2002-07-31

2002-07-31

Additional info needed; ; 2002-07-31

2002-07-31

Mag left; ; 2002-07-31

2002-08-02

Follow up; ; 2002-07-31

2002-07-31

Update file; ; 2002-07-31

2002-07-31

Service Request has been Closed Satisfied.; ; 2002-07-31

\*\*\*\*\*RAR INFORMATION\*\*\*\*\*

INCIDENT DATE:

INCIDENT TIME:

INCIDENT LOCATION:

DRIVER NAME:

DRIVER AGE:

DRIVER DISABILITY:

OTHER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

ISSUE REPORT:

POLICE REPORT:

NUMBER OF PEOPLE:

ROAD CONDITION:

BODY INJURY:

WASH SUPPLY:

**INJURIES:**

**IS ANOTHER VEHICLE INVOLVED:**  
**NUMBER OF VEHICLES: 0**

**PROPERTY DAMAGE:**

**WAS VEHICLE INSURED:**

**INSURANCE COMPANY NAME:**  
**INSURANCE COMPANY ADDRESS:**  
**AGENT NAME:**  
**AGENT PHONE NUMBER:**

**MORE INFORMATION:**

**MAINTENANCE LOCATION:**  
**CURRENT LOCATION OF VEHICLE:**  
**NOTIFY NAME:**

**WAS VEHICLE INSPECTED:**

**INSPECTORS NAME: INSPECTION DATE:**

**MILEAGE AT INSPECTION:**  
**WHERE WAS INSPECTION DONE:**

**WAS VEHICLE ROAD TESTED:**

**ROAD TEST DESCRIPTION:**  
**ROAD TEST RESULT:**  
**COMP INSPECTED:**  
**INVESTIGATIVE SUMMARY:**  
**PAR STATUS:**

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

**SOURCE:**  
**REQUEST TYPE:**  
**REPURCHASE REASON:**

**TRANSACTION:**

**DEALER BAC:**  
**DEALER NAME:**  
**DEALER ADDRESS: , ,**  
**CONTACT: ,**  
**PHONE NUMBER:**  
**PRODUCT CODE:**

**FAX NUMBER:**  
**BODY TYPE:**  
**TRIM:**  
**TRANSMISSION:**  
**VEHICLE DRIVEABLE:**  
**BAC WARRANTY DATE:**  
**NADA: 0**  
**SALES TAX:**

**ENGINE TYPE:**  
**MILEAGE @ BUY-BACK: 0**  
**MSRP:**

**DEPRECIATION:**  
**UPGRADE:**  
**AFTERMARKET:**  
**LEASE TERM:**  
**DAMAGE:**  
**OTHER:**  
**BRANCH:**  
**ACCOUNT NUMBER:**  
**INTEREST RATE:**

**NAME:**  
**INTEREST PAID:**  
**DEALER BUYOFF:**

**ACCOUNT BALANCE:**  
**LEGAL:**  
**DEALER ADMINISTRATION:**  
**RELEASE:**

**LEGAL TYPE:**  
**LEASE LAW:**  
**VEHICLE DESTINATION:**  
**LEASE PAYOFF:**  
**TITLE BRAND:**

**REPLACEMENT VIN:**

\*\*\*\*\*FINALLY INTEREST\*\*\*\*\*



NUMBER OF INJURIES: 0

COMMENTS:

NAME:

ADDRESS:

CITY/STATE:

PHONE NUMBER:

SEATING POSITION:

TYPE OF INJURY:

TREATED:

LOCATION:

RESTRAINT:

IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

EXTERNAL CASE NUMBER:

DATE:

TITLE NAMES:

BUSINESS:

% BUSINESS: 0

ACCIDENT:

DATE OF ACCIDENT:

DESCRIPTION OF DAMAGE:

PURCHASE/LEASE: 0

DATE OF PURCHASE/LEASE:

MILEAGE AT PURCHASE: 0

PURCHASE/LEASE AS:

DOES OWNER HAVE POSSESSION OF VEHICLE:

RESOLUTION SOUGHT:

\*\*\*\*\*ERC CONTACT INFORMATION\*\*\*\*\*

NAME:

CONTACT NUMBER: 1

COMPANY:

CONTACT TYPE:

ADDRESS:

CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:



Plainfield

IN

HOME PHONE:



CASE NUMBER: 1-21617317

VIN: 1G6KD52YXTU255879

MODEL YEAR: 1996

DATE OPENED: 2002-08-05

SERIES: DeVille

DATE CLOSED: 2002-08-14

MILEAGE: 122000.0000000

SOURCE: Phone

DELIVERY DATE:

WVC TYPE: N/AYes

DEALER NAME: Lockhart Cadillac, Inc.

WVC PART#: 3484

DEALER ADDRESS: 5550 N. Keystone Avenue, Indianapolis, IN, 46220-

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

L07 Lines / Hoses / Filters

0 REPAIR ATTEMPT(S)

Odor / Smell / Fumes

Fuel rail parts delay

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Fuel rail parts delay; ; 2002-08-05  
2002-08-05

service mgr; ; 2002-08-05  
2002-08-05

service mgr; ; 2002-08-06  
2002-08-06

Follow up; ; 2002-08-06  
2002-08-07

update 317-238-0388; ; 2002-08-07  
2002-08-07

cust seeking callback; ; 2002-08-07  
2002-08-09

parts dept; ; 2002-08-09  
2002-08-09

Follow up with cust; ; 2002-08-09  
2002-08-12

file update; ; 2002-08-12  
2002-08-12

file update; ; 2002-08-13  
2002-08-14

file and parts; ; 2002-08-14  
2002-08-14

Service Manager; ; 2002-08-14

\*\*\*\*\*FAIR INFORMATION\*\*\*\*\*

INCIDENT DATE:  
INCIDENT LOCATION:

INCIDENT TIME:

DRIVER NAME:  
DRIVER DISABILITY:

DRIVER AGE:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT:  
POLICE REPORT:  
NUMBER OF PEOPLE:  
INJURIES:

ROAD CONDITION:  
BODY INJURY:

ROAD SURFACE:

WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED:

INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

HOME INFORMATION:  
RESIDENCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED:  
RELEASE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
CODE INSPECTED:  
INVESTIGATIVE COMPANY:  
FAIR STATUS:

\*\*\*\*\*FAIR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
PURCHASE REASON:

TRANSACTION:

DEALER SAC:  
DEALER NAME:  
DEALER ADDRESS:  
CONTACT:  
PHONE NUMBER:  
PRODUCT CODE:

FIVE NUMBER:  
MAKE TYPE:  
MAKE:  
DESCRIPTION:  
VEHICLE IDENTIFIABLE:  
DATE RECEIVED DATE:  
MAKE #:  
MODEL CODE:

MODEL TYPE:  
MILWAUKEE 6 BAR - RALLY 0  
YEAR:  
SERIAL NUMBER:

UPGRADE:  
AFTERMARKET:  
LEASE TERM:  
MILEAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:  
  
ACCOUNT BALANCE:  
LEGAL:  
  
DEALER ADMINISTRATION:  
RELEASE:  
  
REPLACEMENT VIN:

NAME:  
  
INTEREST PAID:  
DEALER BUYOUT:  
  
LEGAL TYPE:  
LEMON LAW:  
VEHICLE DESTINATION:  
LIEN PAYOFF:  
TITLE BRAND:

\*\*\*\*\*MODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME:  
ADDRESS:  
CITY/STATE:  
PHONE NUMBER:  
SEATING POSITION:  
TYPE OF INJURY:  
TREATED:

LOCATION:

RESTRAINT:  
  
IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

INTERNAL CASE NUMBER:  
TITLE NAMES:  
BUSINESS:  
ACCIDENT:  
DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0  
RELEASE AT PURCHASE: 0  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOUGHT:

DATE:  
  
% BUSINESS: 0  
DATE OF ACCIDENT:  
  
DATE OF PURCHASE/LEASE:  
PURCHASE/LEASE AS:

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME:  
COMPANY:  
  
ADDRESS:

CONTACT NUMBER: 1  
CONTACT TYPE:  
CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER: [REDACTED]  
ADDRESS: [REDACTED] Naples, FL [REDACTED]  
HOME PHONE: [REDACTED]

CASE NUMBER: 1-2522717 VIN: 1G6KD52Y6VU221601  
MODEL YEAR:  
DATE OPENED: 2002-05-20 SERIES: Seville  
DATE CLOSED: 2002-05-21 MILEAGE: 69000.0000000  
SOURCE: Phone DELIVERY DATE:  
SRC TYPE: N/Yes DEALER NAME:  
SRC PARENT: DEALER ADDRESS:

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

J01 General  
0 REPAIR ATTEMPT(S)

Fuel Rail leak

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Fuel Rail leak; ; 2002-05-20  
2002-05-21

Service Request has been Closed Satisfied.; ; 2002-05-21

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:

DRIVER NAME: DRIVER AGE:  
DRIVER DISABILITY:

OWNER DESCRIPTION:

ALREADY DEFECTIVE COMPONENT:

INCIDENT RESULT: ROAD CONDITION: ROAD SURFACE:  
POLICE REPORT: BODY INJURY:  
NUMBER OF PEOPLE: ROAD SURFACE:  
INJURIES:

WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

VEHICLE LICENSE: INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

NEAREST LAWYER:  
NEAREST POLICE STATION:  
CURRENT LOCATION OF VEHICLE:

NOTIFY NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER BAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BRC WARRANTY DATE:  
KADA: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE @ BUY-BACK: 0  
MSRP:

DEPRECIATION:  
UPGRADE:  
AFTERMARKET:  
LEASE TERM:  
DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:  
DEALER ADMINISTRATION:  
RELEASE:

LEGAL TYPE:  
LEMON LAW:  
VEHICLE DESTINATION:  
LIEN PAYOFF:  
TITLE BRAND:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME:  
ADDRESS: ,  
CITY/STATE: ,  
PHONE NUMBER:

LOCATION:

DRIVING POSITION:  
TYPE OF INJURY:  
TREATED:

RESURFACED:  
IF SO, WHERE:

\*\*\*\*\*

EXTERNAL CASE NUMBER:

DATE:

TITLE NAMES:

BUSINESS:

% BUSINESS: 0

ACCIDENT:

DATE OF ACCIDENT:

DESCRIPTION OF DAMAGE:

PURCHASE/LEASE: 0

DATE OF PURCHASE/LEASE:

MILEAGE AT PURCHASE: 0

PURCHASE/LEASE AS:

DOES OWNER HAVE POSSESSION OF VEHICLE:

RESOLUTION SOUGHT:

\*\*\*\*\*ERC CONTACT INFORMATION\*\*\*\*\*

NAME:

COMPANY:

ADDRESS:

CONTACT NUMBER: 1

CONTACT TYPE:

CONTACT PHONE:

GENERAL MOTORS CORPORATION  
OLDSMOBILE DIVISION  
GM RESTRICTED

CUSTOMER: [REDACTED]  
ADDRESS: [REDACTED] Hilliard, OH [REDACTED]  
HOME PHONE: [REDACTED]

CASE NUMBER: 1-26462507 VIN: 1G3GR62C7V4103446  
DATE OPENED: 2002-08-21 MODEL YEAR: 1997  
DATE CLOSED: 2002-08-21 SERIES: Aurora  
SOURCE: Phone MILEAGE: 66000.0000000  
SRC TYPE: N/Yes DELIVERY DATE:  
SRC PART#: DEALER NAME: Chearown Oldsmobile-GMC Truck, Inc.  
DEALER ADDRESS: 4675 Karl Road, Columbus, OH, 43229-6421,

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

L67 Lines / Hoses / Filters  
0 REPAIR ATTEMPT(S) Leaks

Veh complaint

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Veh complaint; ; 2002-08-21  
2002-08-21  
more info re: cust concern w/fuel rail (lines); ; 2002-08-21  
2002-08-21  
Service Request has been Closed Dissatisfied.; ; 2002-08-21

\*\*\*\*\*PDR INCIDENTS\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:  
DRIVER NAME: DRIVER AGE:  
DRIVER DISABILITY:  
ORDER DESCRIPTION:  
ALLEGED DEFECTIVE COMPONENT:  
INCIDENT RESULT:  
POLICE REPORT: ROAD CONDITION: ROAD SURFACE:  
NUMBER OF PEOPLE: BODY INJURY:  
INJURIES:

WAS ANY OTHER VEHICLES INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY NUMBER:

WAS VEHICLE INJURED:  
INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:



MORE INFORMATION:  
MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
IDENTIFY NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTOR'S NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
BAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER BAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BRC WARRANTY DATE:  
NADA: 0  
SALES TAX:

ENGINE TYPE:  
DAMAGE & BUY-BACK: 0  
NEEP:

DEPRECIATION:  
UPGRADE:  
APPROVAL:  
LEASE TERM:  
DAMAGE:  
OTHER:  
FINANCING:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOFF:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LEASE LAW:  
VEHICLE DESTINATION:  
LEAS PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME:  
ADDRESS:  
CITY/STATE:  
PHONE NUMBER:  
BUSINESS NUMBER:  
TYPE OF BUSINESS:  
TAXES:

LOCATION:

REMARKS:  
IF NOT NEEDED:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

SERIAL CASE NUMBER:                     DATE:  
TITLE NAMES:  
BUSINESS:                               % BUSINESS: 0  
ACCIDENT:                               DATE OF ACCIDENT:  
DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0                     DATE OF PURCHASE/LEASE:  
MILEAGE AT PURCHASE: 0               PURCHASE/LEASE AS:  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOUGHT:

\*\*\*\*\*BEC CONTACT INFORMATION\*\*\*\*\*

NAME:                                     CONTACT NUMBER:     1  
COMPANY:                                 CONTACT TYPE:  
ADDRESS:                                 CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER: [REDACTED]  
ADDRESS: [REDACTED] Northridge CA [REDACTED]

HOME PHONE: [REDACTED]

CASE NUMBER: 1-27969864 VIN: 1G6KF5495VU297038  
MODEL YEAR: 1997  
DATE OPENED: 2002-08-26 SERIES: DeVille  
DATE CLOSED: 2002-09-03 MILEAGE: 48000.0000000  
SOURCE: Phone DELIVERY DATE:  
SRC TYPE: N/Yes DEALER NAME: San Fernando Valley Automotive, LLC  
SRC PARENT: DEALER ADDRESS: PO Box 2189, Van Nuys, CA, 91404-2189, USA

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

L07 Lines / Hoses / Filters  
0 REPAIR ATTEMPT(S) Leaks

leaking fuel rail

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

leaking fuel rail; ; 2002-08-26  
2002-08-26

CRM called and spoke to GM Neil Ackerman; ; 2002-09-03  
2002-08-29

c/b cust about smelling gas fuel leak; ; 2002-09-03  
2002-08-28

xfer to working crm ext; ; 2002-08-28  
2002-08-28

transfer request; ; 2002-08-28  
2002-08-28

Cust calling in; ; 2002-08-28  
2002-09-03

Cust calling in to say everything is good w/veh; ; 2002-09-03  
2002-09-03

Service Request has been Closed Satisfied.; ; 2002-09-03

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:

DRIVER NAME: DRIVER AGE:  
DRIVER DISABILITY:

CHIEF DESCRIPTION:

**ALARMED DEFECTIVE COMPONENT:**

**ACCIDENT RESULT:**  
**POLICE REPORT:**  
**NUMBER OF PEOPLE:**  
**INJURIES:**

**ROAD CONDITION:**  
**BODY INJURY:**

**ROAD SURFACE:**

**WAS ANOTHER VEHICLE INVOLVED:**  
**NUMBER OF VEHICLES: 0**

**PROPERTY DAMAGE:**

**WAS VEHICLE INSURED:**

**INSURANCE COMPANY NAME:**  
**INSURANCE COMPANY ADDRESS:**  
**AGENT NAME:**  
**AGENT PHONE NUMBER:**

**MORE INFORMATION:**  
**MAINTENANCE LOCATION:**  
**CURRENT LOCATION OF VEHICLE:**  
**NOTIFY NAME:**

**WAS VEHICLE INSPECTED:**  
**MILEAGE AT INSPECTION:**  
**WHERE WAS INSPECTION DONE:**

**INSPECTORS NAME: INSPECTION DATE:**

**WAS VEHICLE ROAD TESTED:**  
**ROAD TEST DESCRIPTION:**  
**ROAD TEST RESULT:**  
**COMP INSPECTED:**

**INVESTIGATIVE SUMMARY:**  
**STATUS:**

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

**SOURCE:**  
**REQUEST TYPE:**  
**APPROPRIATE REASON:**

**TRANSACTION:**

**DEALER SAC:**  
**DEALER NAME:**  
**DEALER ADDRESS: , ,**  
**CONTACT: ,**  
**PHONE NUMBER:**  
**PRODUCT CODE:**

**FAX NUMBER:**  
**BODY TYPE:**  
**TRIM:**  
**TRANSMISSION:**  
**VEHICLE DRIVEABLE:**  
**SEC WARRANTY DATE:**  
**MSRP: 0**  
**SALES TAX:**

**ENGINE TYPE:**  
**MILEAGE @ BUY-BACK: 0**  
**REASON:**

**DESCRIPTION:**  
**STATUS:**  
**APPROVAL:**  
**LEASE TERM:**  
**REASON:**  
**OTHER:**  
**REASON:**

**NAME:**  
**INSURANCE FIRM:**  
**DEALER ID:**

**COUNT NUMBER:**  
**LEASE RATE:**

**APPROVAL NUMBER:**  
**LEASER:**

**LEASE TERM:**  
**LEASE RATE:**  
**VEHICLE EQUIPMENT:**

RELEASE:

LINE RAYOFF:  
TITLE BRAND:

REPLACEMENT VEH:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0

COMMENTS:

NAME:

LOCATION:

ADDRESS:

CITY/STATE:

PHONE NUMBER:

SEATING POSITION:

RESTRAINT:

TYPE OF INJURY:

TREATED:

IF SO, WHERE:

\*\*\*\*\*AIR INFORMATION\*\*\*\*\*

INTERNAL CASE NUMBER:

DATE:

TITLE NAMES:

BUSINESS:

% BUSINESS: 0

ACCIDENT:

DATE OF ACCIDENT:

DESCRIPTION OF DAMAGE:

PURCHASE/LEASE: 0

DATE OF PURCHASE/LEASE:

MESSAGE AT PURCHASE: 0

PURCHASE/LEASE AS:

DOES OWNER HAVE POSSESSION OF VEHICLE:

RESOLUTION SOCIETY:

\*\*\*\*\*EPC CONTACT INFORMATION\*\*\*\*\*

NAME:

CONTACT NUMBER: 1

COMPANY:

CONTACT TYPE:

ADDRESS:

CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:  
HOME PHONE:



Joliet, IL



CASE NUMBER: 1-31971902 VIN: 1G6KD54Y1VU297826  
DATE OPENED: 2002-09-10 MODEL YEAR: 1997  
DATE CLOSED: 2002-09-23 SERIES: Deville  
SOURCE: Phone MILEAGE: 74000.0000000  
SRC TYPE: N/ANo DELIVERY DATE:  
SRC PARTNT: DEALER NAME:  
DEALER ADDRESS:

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

J46 Injectors / Nozzle  
0 REPAIR ATTEMPT(S) Leaks

Fuel rail leak

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Fuel rail leak; ; 2002-09-12  
2002-09-10

Est svo Mgr Chris KanoFsky; ; 2002-09-12  
2002-09-10

Bertino's Garage 815-723-6362; ; 2002-09-12  
2002-09-10

CLC of \$800 due to out of pocket expenses and brand loyalty; ; 2002-09-20  
2002-09-12

\$800 CLC due to out of pocket expense and brand loyalty; ; 2002-09-12  
2002-09-12

Created:CLC\_RS0027. SR#1-31971902; ; 2002-09-12  
2002-09-18

CLC for out of pocket expense and brand loyalty; ; 2002-09-20  
2002-09-20

CLC in the amount of \$800.00; ; 2002-09-23  
2002-09-20

Goodwill Status has been changed from: Not Initiated to Pending SITEL; ; 2002-09-20  
2002-09-23

CLC in the amount of \$800.00; ; 2002-09-23  
2002-09-23

Service Request has been Closed Satisfied.; ; 2002-09-23

\*\*\*\*\*END INFORMATION\*\*\*\*\*

\*\*\*\*\*

\*\*\*\*\*

INCIDENT LOCATION:

DRIVER NAME:  
DRIVER DISABILITY:

DRIVER AGE:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT:  
POLICE REPORT:  
NUMBER OF PEOPLE:  
INJURIES:

ROAD CONDITION:  
BODY INJURY:

ROAD SURFACE:

WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED:

INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

MORE INFORMATION:  
MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTOR'S NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
FAR STATUS:

\*\*\*\*\*FAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER EAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
EAC WARRANTY DATE:  
MSRP: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE @ BUY-BACK: 0  
MSRP:

DEPRECIATION:  
USPMSB:  
APPROVALS:  
LEASE TERM:  
REASON:  
OTHER:

BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:  
ACCOUNT BALANCE:  
LEGAL:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

DEALER ADMINISTRATION:  
RELEASE:

LEGAL TYPE:  
LEMON LAW:  
VEHICLE DESTINATION:  
LIEN PAYOFF:  
TITLE BRAND:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME:  
ADDRESS:  
CITY/STATE:  
PHONE NUMBER:  
SEATING POSITION:  
TYPE OF INJURY:  
TREATED:

LOCATION:

RESTRAINT:

IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

INTERNAL CASE NUMBER:  
TITLE NAME:

DATE:

BUSINESS:  
ACCIDENT:

IS BUSINESS: 0  
DATE OF ACCIDENT:

DESCRIPTION OF DAMAGE:

PURCHASE/LEASE: 0

DATE OF PURCHASE/LEASE:

MILEAGE AT PURCHASE: 0

PURCHASE/LEASE AS:

DOES OWNER HAVE POSSESSION OF VEHICLE:

RESOLUTION SOCIETY:

\*\*\*\*\*SRC CONTACT INFORMATION\*\*\*\*\*

NAME:  
COMPANY:  
ADDRESS:

CONTACT NUMBER: 1  
CONTACT TYPE:  
CONTACT PHONE:



GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER: [REDACTED]  
ADDRESS: [REDACTED]

Willow Branch  
IN [REDACTED]

HOME PHONE: [REDACTED]

CASE NUMBER: 1-32442760      VIN: 1G6KD52Y6T0286997  
MODEL YEAR: 1996  
DATE OPENED: 2002-09-12      SERIES: DeVille  
DATE CLOSED: 2002-09-12      MILEAGE: 80000.0000000  
SOURCE: Phone      DELIVERY DATE:  
INC TYPE: N/A/MO      DEALER CODE:  
INC PART#:      DEALER ADDRESS:

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

LO7 Lines / Hoses / Filters  
0 REPAIR ATTEMPT(S)      Torn / Punctured

fuel rail leak.

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

fuel rail leak, ; 2002-09-12  
2002-09-12

Service Request has been Closed Dissat-Mon't Purchase GM Again.; ; 2002-09-12

\*\*\*\*\*ACCIDENT INFORMATION\*\*\*\*\*

INCIDENT DATE:      INCIDENT TIME:  
INCIDENT LOCATION:  
DRIVER NAME:      DRIVER AGE:  
DRIVER DISABILITY:  
OWNER DESCRIPTION:  
SEARCHED RESPECTIVE COMPONENT:  
INCIDENT RESULT:  
POLICE REPORT:      ROAD CONDITION:      ROAD SURFACE:  
NUMBER OF PEOPLE:      BODY INJURY:  
INJURIES:  
HOW MANY OTHER VEHICLES INVOLVED:  
NUMBER OF VEHICLES: 0  
PROPERTY DAMAGED:  
VEHICLE DAMAGED:      INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER SAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
ERC WARRANTY DATE:  
NADA: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE @ BUY-BACK: 0  
LEASER:

DEPRECIATION:  
UPGRADE:  
AFTERMARKET:  
LEASE TERM:  
DAMAGE:  
OWNER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

FINCH:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LEASE LAW:  
VEHICLE IDENTIFICATION:  
LEASE PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME:  
ADDRESS:  
CITY/STATE:  
PHONE NUMBER:

LOCATION:

REPORTING OCCASION:  
TYPE OF INJURY:  
INVESTIGATOR:

INVESTIGATOR:

DATE:

IF BY FAX:

INTERNAL CASE NUMBER:

DATE:

VEHICLE NAMES:

BUSINESS:

% BUSINESS: 0

ACCIDENT:

DATE OF ACCIDENT:

DESCRIPTION OF DAMAGE:

PURCHASE/LEASE: 0

DATE OF PURCHASE/LEASE:

MILEAGE AT PURCHASE: 0

PURCHASE/LEASE AS:

DOES OWNER HAVE POSSESSION OF VEHICLE:

RESOLUTION SOUGHT:

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME:

CONTACT NUMBER: 1

COMPANY:

CONTACT TYPE:

ADDRESS:

CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:  
HOME PHONE:



Matawan , NJ



CASE NUMBER: 1-34317747 VIN: 1G6FT1290SU604788  
MODEL YEAR: 1995  
DATE OPENED: 2002-09-19 SERIES: Eldorado  
DATE CLOSED: 2002-09-19 MILEAGE: 96000.0000000  
SOURCE: Phone DELIVERY DATE:  
SRC TYPE: N/A Yes DEALER NAME: Mcpolkowitz Motors, Inc.  
SRC PARENT: DEALER ADDRESS: 910 Route 1 N, Woodbridge, NJ, 07095.

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

J40 Air Systems General  
0 REPAIR ATTEMPT(S) Cracked

Split fuel rail

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Split fuel rail; ; 2002-09-19  
2002-09-19

Eldorado concern; ; 2002-09-19  
2002-09-19

Denied assistance; ; 2002-09-19  
2002-09-19

Service Request has been Closed Dissatisfied.; ; 2002-09-19

\*\*\*\*\*BAR INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:

DRIVER NAME: DRIVER AGE:  
DRIVER DISABILITY:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT:  
POLICE REPORT: ROAD CONDITION: ROAD SURFACE:  
NUMBER OF PEOPLE: BODY INJURY:  
INJURIES:

ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

ALL VEHICLES INSURED: INSURANCE COMPANY NAME:

INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

VEHICLE INFORMATION:  
MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTOR'S NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
FAR STATUS:

\*\*\*\*\*FAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER BAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVABLE:  
BRC WARRANTY DATE:  
MSRP: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE @ BUY-BACK: 0  
MSRP:

DEPRECIATION:  
UPGRADE:  
AFTERMARKET:  
LEASE TERM:  
CHARGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LEASE LAW:  
VEHICLE DESTINATION:  
LEASING OFFER:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VEH:

\*\*\*\*\*BODILEY INQUIRY\*\*\*\*\*

NUMBER OF INJURIES: 0  
INJURIES:

NAME:  
ADDRESS:  
CITY/STATE:  
PHONE NUMBER:  
INSURANCE POLICY NUMBER:

TYPE OF INJURY:  
TREATED:

IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

EXTERNAL CASE NUMBER:  
TITLE NAMES:  
BUSINESS:  
ACCIDENT:  
DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0  
MILEAGE AT PURCHASE: 0  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOUGHT:

DATE:  
IS BUSINESS: 0  
DATE OF ACCIDENT:  
DATE OF PURCHASE/LEASE:  
PURCHASE/LEASE AS:

\*\*\*\*\*BEC CONTACT INFORMATION\*\*\*\*\*

NAME:  
COMPANY:  
ADDRESS:

CONTACT NUMBER: 1  
CONTACT TYPE:  
CONTACT PHONE:

GENERAL MOTORS CORPORATION  
OLDSMOBILE DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:  
HOME PHONE:

Battle Lake, MI

CASE NUMBER: 1-34628852      VIN: 1G3GR62E2T6107806  
MODEL YEAR: 1996  
DATE OPENED: 2002-09-20      SERIES: Aurora  
DATE CLOSED: 2002-09-23      MILEAGE: 80000.0000000  
SOURCE: Phone      DELIVERY DATE:  
SRC TYPE: N/A      DEALER NAME: Leikin Oldsmobile, Inc.  
SRC PARENT:      DEALER ADDRESS: 38750 Mentor Avenue, Willoughby, OH, 44094-7929,

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

J40 Air Systems General  
0 REPAIR ATTEMPT(S)      No Symptom Indicated

fuel rail failure

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Fuel rail failure, ; 2002-09-23  
2002-09-23

File update, ; 2002-09-23  
2002-09-23

Service Request has been Closed Satisfied. ; 2002-09-23

\*\*\*\*\*FAIR INFORMATION\*\*\*\*\*

INCIDENT DATE:      INCIDENT TIME:

INCIDENT LOCATION:

DRIVER NAME:      DRIVER AGE:

DRIVER DISABILITY:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT:

POLICE REPORT:

NUMBER OF PEOPLE:

INJURIES:

ROAD CONDITION:

BODY INJURY:

ROAD SURFACE:

ALL OTHERS VEHICLE INVOLVED:

NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

ALL OTHERS DAMAGE:

PROPERTY DAMAGE:

NEWS INFORMATION:  
ACQUISITION LOCATION:  
CURRENT LOCATION OF VEHICLE:  
BUYER NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTOR'S NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
ACQUISITION TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER SAC:  
DEALER NAME:  
DEALER ADDRESS:  
CONTACT:  
PHONE NUMBER:  
FIBER OPTIC CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
NIC WARRANTY DATE:  
NADA: 0  
SALES TAX:

ENGINE TYPE:  
LEASE & BUY-BACK: 0  
MIP:

REGISTRATION:  
SPONSOR:  
APPROVAL:  
LEASE TERM:  
START:  
END:  
START:  
ACQUISITION NUMBER:  
ACQUISITION DATE:

TERM:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
MILE:

LEGAL TYPE:  
LEASE LAW:  
VEHICLE DESTINATION:  
TITLE WEIGHT:  
TITLE BRAND:

LEASE ADMINISTRATION:  
MILEAGE:

REPLACEMENT VIN:

\*\*\*\*\*ACCIDENT INQUIRY\*\*\*\*\*

NUMBER OF INQUIRIES: 0  
ACQUISITION:

NAME:  
ADDRESS:  
CITY/STATE:  
PHONE NUMBER:  
FAX NUMBER:  
E-MAIL ADDRESS:

LOCATION:

REMARKS:  
BY SA, DATE:



\*\*\*\*\*AIR INFORMATION\*\*\*\*\*

GENERAL CASE NUMBER:  
TITLE NAMES:  
BUSINESS:  
ACCIDENT:  
DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0  
MILEAGE AT PURCHASE: 0  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOUGHT:  
DATE:  
% BUSINESS: 0  
DATE OF ACCIDENT:  
DATE OF PURCHASE/LEASE:  
PURCHASE/LEASE AS:

\*\*\*\*\*ERC CONTACT INFORMATION\*\*\*\*\*

NAME:  
COMPANY:  
ADDRESS:  
CONTACT NUMBER: 1  
CONTACT TYPE:  
CONTACT PHONE:

GENERAL MOTORS CORPORATION  
OLDSMOBILE DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:  
HOME PHONE:



Mentor

OH

CASE NUMBER: 1-37576165 VIN: 1G3GR62C484142121  
MODEL YEAR: 1995  
DATE OPENED: 2002-10-02 SERIES: Aurora  
DATE CLOSED: 2002-10-10 MILEAGE: 92000.0000000  
SOURCE: Phone DELIVERY DATE:  
SRC TYPE: N/ANO DEALER NAME: Classic Oldsmobile, Inc.  
SRC PARENT: DEALER ADDRESS: 1700 Mentor Avenue, Painesville, OH, 44077-1438,

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

L07 Lines / Hoses / Filters  
0 REPAIR ATTEMPT(S)

Cracked

fuel rail

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

fuel rail; ; 2002-10-02  
2002-10-02

AVM contact; ; 2002-10-02  
2002-10-02

AVM contact; ; 2002-10-02  
2002-10-02

AVM Response; ; 2002-10-02  
2002-10-03

1-37576165 contact cust; ; 2002-10-03  
2002-10-04

1-37576165 contact cust; ; 2002-10-04  
2002-10-04

cust seeks update; ; 2002-10-04  
2002-10-08

give headsup on dissatisfied closing; ; 2002-10-08  
2002-10-10

closing dissatisfied; ; 2002-10-10  
2002-10-10

Service Request has been Closed Dissatisfied.; ; 2002-10-10

\*\*\*\*\*BAR INFORMATION\*\*\*\*\*

REWORK DATE:  
REWORK LOCATION:

REWORK TIME:

REWORK BY:

REWORK AGE:

DRIVER DISABILITY:

VEHICLE DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT:

POLICE REPORT:

NUMBER OF PEOPLE:

INJURIES:

ROAD CONDITION:

BODY INJURY:

ROAD SURFACE:

WAS ANOTHER VEHICLE INVOLVED:

NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED:

INSURANCE COMPANY NAME:

INSURANCE COMPANY ADDRESS:

AGENT NAME:

AGENT PHONE NUMBER:

MORE INFORMATION:

MAINTENANCE LOCATION:

CURRENT LOCATION OF VEHICLE:

NOTIFY NAME:

WAS VEHICLE INSPECTED:

INSPECTOR'S NAME: INSPECTION DATE:

RELEASED AT INSPECTION:

WHERE WAS INSPECTION DONE:

VEHICLE ROAD TESTED:

ROAD TEST DESCRIPTION:

ROAD TEST RESULT:

COMP INSPECTED:

INVESTIGATIVE SUMMARY:

FAI STATUS:

\*\*\*\*\*FAI INFORMATION\*\*\*\*\*

SOURCE:

TRANSACTION:

REQUEST TYPE:

REPURCHASE REASON:

DEALER INC:

DEALER NAME:

DEALER ADDRESS:

CONTACT:

PHONE NUMBER:

ZIP CODE:

FAI NUMBER:

BODY TYPE:

TRIM:

TRANSMISSION:

ENGINE TYPE:

VEHICLE DRIVEABLE:

MESSAGE & BUY-BACK: 0

ERC WARRANTY DATE:

REMARK:

REMARK: 0

SALES TAX:

REGISTRATION:

TITLE:

FINANCING:

SALES TAX:

REMARK:

REMARK:

REMARK:

REMARK:

REMARK:

REMARK:

INVENTORY VALUE:

ACCOUNT BALANCE:  
SERIAL:  
DEALER ADMINISTRATION:  
RELEASE:

DEALER BOYOUT:  
LEGAL TYPE:  
LEMON LAW:  
VEHICLE DESTINATION:  
LIEN PAYOFF:  
TITLE BRAND:

REPLACEMENT VIN:

\*\*\*\*\*MOBILITY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME:  
ADDRESS:  
CITY/STATE:  
PHONE NUMBER:  
SEATING POSITION:  
TYPE OF INJURY:  
TREATED:

LOCATION:

RESTRAINT:  
IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

EXTERNAL CASE NUMBER:  
TITLE NAMES:  
BUSINESS:  
ACCIDENT:  
DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0  
LEASE AT PURCHASE: 0  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOUGHT:

DATE:  
% BUSINESS: 0  
DATE OF ACCIDENT:  
DATE OF PURCHASE/LEASE:  
PURCHASE/LEASE AS:

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME:  
COMPANY:  
ADDRESS:

CONTACT NUMBER: 1  
CONTACT TYPE:  
CONTACT FACH:

GENERAL MOTORS CORPORATION  
OLDSMOBILE DIVISION  
GM RESTRICTED

CUSTOMER: [REDACTED]  
 ADDRESS: [REDACTED] Lombard , IL [REDACTED]  
 HOME PHONE: [REDACTED]

CASE NUMBER: 1-38942641 VIN: 1G3GR52C3S4100341  
 MAKE OPENED: 2002-10-07 MODEL YEAR: 1995  
 DATE CLOSED: 2003-01-10 SERIES: Aurora  
 SOURCE: Phone MILEAGE: 80000.0000000  
 INC TYPE: N/A/DI DELIVERY DATE:  
 INC PART#: DEALER NAME: Gerald Oldsmobile, Inc.  
 DEALER ADDRESS: 1210 E. Ogden Avenue, Naperville, IL, 60563-1604.

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

J46 Injectors / Nozzle  
0 REPAIR ATTEMPT(S) Cracked

fuel rail  
\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Fuel rail; ; 2002-10-07  
 2002-10-09

veh back? funnel? then eval cost assist; ; 2002-10-09  
 2002-10-10

veh back? funnel? then eval cost assist (2nd attempt); ; 2002-10-10  
 2002-10-10

rs006; ; 2002-10-10  
 2002-10-10

Created: CAC\_RS0004. SR#1-38942641; ; 2002-10-10  
 2002-10-10

rs006; ; 2002-10-11  
 2002-10-11

Fuel rail; ; 2002-10-11  
 2002-10-11

update; ; 2002-10-11  
 2002-10-14

any status report from dir yet? [REDACTED] try to call after 5pm ct.; ; 2002-10-14  
 2002-10-15

veh back yet? [REDACTED] or [REDACTED] try to call after 5pm ct. then research cost assist; ;  
 2002-10-15  
 2002-10-17

[REDACTED] or [REDACTED] try to call after 5pm ct. update orig [REDACTED] / last result;  
 [REDACTED] / [REDACTED]; ;  
 2002-10-16

repair. eval cost assist 638-355-3200; ; 2002-10-16  
2002-10-16

case; ; 2002-10-16  
2002-10-16

call after 5pm orig owner/maint/loy? recall offer/docs (2nd attempt);  
; 2002-10-18  
2002-10-18

rs006; ; 2002-10-18  
2002-10-18

Created:CAC\_RS0006. SR#1-38942641; ; 2002-10-18  
2002-10-18

rs006; ; 2002-10-22  
2002-10-22

approved letter; ; 2002-10-22  
2002-10-24

Letter approver: crm seeks assistance deleting 2nd letter rs006 so that crm can close file.  
thanks.; ; 2002-10-28  
2002-10-28

Correspondence Rejected- Duplicate letter; ; 2002-10-28  
2002-10-29

Service Request has been Closed Satisfied.; ; 2002-10-29  
2002-12-02

SR in Status of Closed has been Re-Opened by KNICKERJ; ; 2002-12-02  
2002-12-02

wa; ; 2002-12-02  
2002-12-03

returning cust call, req docs; ; 2002-12-03  
2002-12-12

Service Request has been Closed Satisfied.; ; 2002-12-12  
2002-12-23

SR in Status of Closed has been Re-Opened by HMO99II; ; 2002-12-23  
2002-12-23

Customer sent in docs; ; 2003-01-03  
2002-12-24

REQUEST FOR ASSISTANCE Scanned: 2002-11-12-22.42.35.000000, MMSDocNum: 0231600791; ; 2003-  
01-09  
2003-01-02

Updating file; ; 2003-01-02  
2003-01-09

wa 113.09; ; 2003-01-09  
2003-01-09

wa 113.09; ; 2003-01-09  
2003-01-09

Created: CAC\_RS0005. SR#1-38942641; ; 2003-01-09  
2003-01-09

Bill Status has been changed from: Not Initiated to Pending SIVEL; ; 2003-01-09  
2003-01-09

reim 113.09; ; 2003-01-10  
2003-01-10

Service Request has been Closed Satisfied.; ; 2003-01-10

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:

DRIVER NAME: DRIVER AGE:  
DRIVER DISABILITY:

ORDER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT: ROAD CONDITION: ROAD SURFACE:  
POLICE REPORT: BOEY INJURY:  
NUMBER OF PEOPLE: BOEY INJURY:  
INJURIES:

ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED: INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

MORE INFORMATION:  
MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED: INSPECTOR'S NAME: INSPECTION DATE:  
REASON AT INSPECTION:  
WHERE WAS INSPECTION DONE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
DEFECTS INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

ENGINE: TRANSMISSION:  
ENGINE TYPE:  
ENGINE MAKE/TYPE:

ENGINE RAC:  
ENGINE MAKE:  
ENGINE MODEL:

CONTRACT:  
PHONE NUMBER:  
PRODUCT CODE:  
ENGINE TYPE:  
MILEAGE @ BUY-BACK: 0  
MERP:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BRC WARRANTY DATE:  
NADA: 0  
SALES TAX:

DEPRECIATION:  
UPGRADE:  
AFTERMARKET:  
LEASE TERM:  
DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LENDOR LAW:  
VEHICLE DESTINATION:  
LIEN PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME:  
ADDRESS:  
CITY/STATE:  
PHONE NUMBER:  
SEATING POSITION:  
TYPE OF INJURY:  
TREATED:

LOCATION:

RESTRAINT:  
IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

REFUNDAL CASE NUMBER:  
TITLE ISSUES:  
BUSINESS:  
ACCIDENT:  
DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0  
MILEAGE AT PURCHASE: 0  
DOES OTHER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SCOUT:

DATE:  
BUSINESS: 0  
DATE OF ACCIDENT:  
DATE OF PURCHASE/LEASE:  
PURCHASE/LEASE AS:

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME:  
COMPANY:  
ADDRESS:

CONTACT NUMBER: 1  
CONTACT TYPE:  
CONTACT PHONE:



GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:  
HOME PHONE:

Oak Lawn, IL

CASE NUMBER: 1-5221872      VIN: 1G6KD63Y2TU271221  
MODEL YEAR: 1996  
DATE OPENED: 2002-06-02      SERIES: DeVille  
DATE CLOSED: 2002-11-27      MILEAGE: 43015.000000  
SOURCE: Phone      DELIVERY DATE:  
SRC TYPE: N/Yes      DEALER NAME: Emil Denmark, Inc.  
SRC PART#:      DEALER ADDRESS: 4646 South Pulaski Road, Chicago, IL, 60632-4088.

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

L07 Lines / Boxes / Filters  
0 REPAIR ATTEMPT(S) Broken

docs req for reim

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

docs req for reim; ; 2002-06-12  
2002-06-12

docs req for reim req; ; 2002-09-07  
2002-06-12

EMERGENCY Scanned: 2002-06-07-16.56.10.000000, MKKDevilAm: 0215800164; ; 2002-09-25  
2002-06-02

cust req address for cadillac to file a complaint on a fuel rail; ; 2002-05-02  
2002-06-02

Service Request has been Closed Satisfied; ; 2002-06-02  
2002-07-12

Call cust; ; 2002-09-07  
2002-07-19

Reviewing file; crm needs to follow-up on reim request; ; 2002-09-07  
2002-08-06

Crn rec's notification that cust sent in reimbursement request after closing file; ; 2002-08-06  
2002-08-20

Same to Ext 47446; ; 2002-09-07  
2002-08-20

cust req reimbursement; ; 2002-08-28  
2002-08-26

URGENT FOR ASSISTANCE Scanned: 2002-09-03-17.02.00.000000, MKKDevilAm: 0215800164; ; 2002-09-07  
2002-09-07

cust called stop; ; 2002-09-07

2002-09-25

Service Request Ownership has changed FROM: CONSUELG TO: PACHECOA; ; 2002-09-25  
2002-09-25

File update - customer request for reimbursement.; ; 2002-09-25  
2002-09-25

Service Request has been Closed Satisfied.; ; 2002-09-25  
2002-10-04

update; ; 2002-10-04  
2002-10-04

file update; ; 2002-10-05  
2002-10-05

Service Request has been Closed Dissatisfied.; ; 2002-10-05  
2002-10-06

Service Request has been Closed Dissatisfied.; ; 2002-10-06  
2002-10-28

Customer called back for update on his request; ; 2002-10-28  
2002-10-28

1-5221872 Please read previous activity and contact cust; ; 2002-10-29  
2002-10-29

Followup call w/customer; ; 2002-10-29  
2002-10-29

Service Request has been Closed Dissatisfied.; ; 2002-10-29  
2002-10-31

Reimb; ; 2002-10-31  
2002-10-31

Request status update; ; 2002-10-31  
2002-11-06

Vehicle repair history; ; 2002-11-06  
2002-11-11

Vehicle repair history; ; 2002-11-20  
2002-11-12

Crm reviewing case w/Goodwill Liaison; ; 2002-11-12  
2002-11-13

Provided offer of 50% reimbursement; ; 2002-11-13  
2002-11-20

DOCS ATTACHED; ; 2002-11-20  
2002-11-20

UNTESTED DOCUMENTS Scanned: 2002-11-18-20.14.14.000000, MSKDocNum: 0232200476; ; 2002-11-20  
2002-11-21

File update; ; 2002-11-21  
2002-11-21

Review for reimbursement in the amount of \$536.00; ; 2002-11-26

2002-11-26

Offered customer reimbursement; ; 2002-11-26  
2002-11-26

Created: CAC\_RS0005. SR#1-5221872; ; 2002-11-26  
2002-11-26

Goodwill Status has been changed from: Not Initiated to Pending SITEL; ; 2002-11-26  
2002-11-26

Reimbursement in the amount of \$536.60 submitted for approval; ; 2002-11-27  
2002-11-27

Crn addtl notes; ; 2002-11-27  
2002-11-27

Goodwill Status has been changed from: Pending SITEL to PreAprv - Check; ; 2002-11-27  
2002-11-27

Goodwill Status has been changed from: PreAprv - Check to Approved; ; 2002-11-27  
2002-11-27

Service Request has been Closed Satisfied.; ; 2002-11-27

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:

INCIDENT LOCATION:

DRIVER NAME: DRIVER AGE:

DRIVER DISABILITY:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT:

POLICE REPORT:

NUMBER OF PEOPLE:

INJURIES:

ROAD CONDITION:

ROAD SURFACE:

BODY INJURY:

WAS ANOTHER VEHICLE INVOLVED:

NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED:

INSURANCE COMPANY NAME:

INSURANCE COMPANY ADDRESS:

AGENT NAME:

AGENT PHONE NUMBER:

MORE INFORMATION:

MAINTENANCE LOCATION:

CURRENT LOCATION OF VEHICLE:

OFFY NAME:

WAS VEHICLE INSPECTED:

INSPECTOR'S NAME: INSPECTION DATE:

MILEAGE AT INSPECTION:

WHERE WAS INSPECTION DONE:

WAS VEHICLE ROAD TESTED:

ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REFURCHASE REASON:

TRANSACTION:

DEALER BAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
HRC WARRANTY DATE:  
NADA: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE @ BUY-BACK: 0  
MSRP:

DEPRECIATION:  
UPGRADE:  
AFTERMARKET:  
LEASE TERM:  
DAMAGE:  
OTHER:

BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LEMON LAW:  
VEHICLE DESTINATION:  
LIEN PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME:  
ADDRESS: ,  
CITY/STATE: ,  
PHONE NUMBER:  
SEATING POSITION:  
TYPE OF INJURY:  
TREATED:

LOCATION:

RESTRAINT:  
IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

FEDERAL CASE NUMBER:  
FILE NUMBER:  
BUSINESS:  
ACCIDENT:  
DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0  
MILEAGE AT PURCHASE: 0

DATE:  
% BUSINESS: 0  
DATE OF ACCIDENT:  
TYPE OF PURCHASE/LEASE:  
PURCHASE/LEASE AS:

DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOUGHT:

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME:  
COMPANY:  
ADDRESS:

CONTACT NUMBER: 1  
CONTACT TYPE:  
CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER: [REDACTED]  
ADDRESS: [REDACTED] Ballwood, IL [REDACTED]  
HOME PHONE: [REDACTED]

CASE NUMBER: 1-54429237 VIN: 1G6KY5292S0815714  
MODEL YEAR: 1995  
DATE OPENED: 2002-12-09 SERIES: Seville  
DATE CLOSED: 2002-12-09 MILEAGE: 94000.000000  
SOURCE: Phone DELIVERY DATE:  
BMC TYPE: N/Yes DEALER NAME: Heritage Cadillac, Inc.  
BMC PART#: DEALER ADDRESS: 303 W Roosevelt Road, Lombard, IL, 60148-4211,

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

L07 Lines / Hoses / Filters:  
0 REPAIR ATTEMPT(S) Leaks

Cust vehicle fuel rail leak

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Cust vehicle fuel rail leak; ; 2002-12-09  
2002-12-09

Calling dir on behalf fo cust; ; 2002-12-09  
2002-12-09

OTS to close file dissat; ; 2002-12-09  
2002-12-09

Service Request has been Closed Dissatisfied.; ; 2002-12-09

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:

DRIVER NAME: DRIVER AGE:  
DRIVER DISABILITY:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT:  
POLICE REPORT: ROAD CONDITION: ROAD SURFACE:  
NUMBER OF PEOPLE: BODY INJURY:  
INJURIES:

IS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

IS VEHICLE INSURED: INSURANCE COMPANY NAME:

INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

VEHICLE INFORMATION:  
MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
FAIR STATUS:

\*\*\*\*\*FAIR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER HAC:  
DEALER NAME:  
DEALER ADDRESS:  
CONTACT:  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BMC WARRANTY DATE:  
MIRA: 0  
SALES TAX:

ENGINE TYPE:  
  
MILEAGE @ BUY-BACK: 0  
REMP:

DEPRECIATION:  
UPGRADE:  
APPROVAL:  
LEASE TERM:  
DAMAGE:  
ORDER:  
REASON:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:  
  
DEALER ADMINISTRATION:  
MESSAGE:

LEGAL TYPE:  
LEASE LAM:  
VEHICLE DESTINATION:  
LIFT OFFSET:  
TITLE BRAND:

REPLACEMENT VIN:

\*\*\*\*\*NEEDLY INQUIRY\*\*\*\*\*

NUMBER OF INQUIRIES: 0  
REASON:

NAME:  
ADDRESS:  
CITY/STATE:  
PHONE NUMBER:  
BUSINESS SCHEDULE:

DATE/TIME:

TYPE OF INJURY:  
TREATED:

IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

EXTERNAL CASE NUMBER:	DATE:
TITLE NAMES:	
BUSINESS:	% BUSINESS: 0
ACCIDENT:	DATE OF ACCIDENT:
DESCRIPTION OF DAMAGE:	
PURCHASE/LEASE: 0	DATE OF PURCHASE/LEASE:
MILEAGE AT PURCHASE: 0	PURCHASE/LEASE AS:
DOES OWNER HAVE POSSESSION OF VEHICLE:	
RESOLUTION SOUGHT:	

\*\*\*\*\*ERC CONTACT INFORMATION\*\*\*\*\*

NAME:	CONTACT NUMBER: 1
COMPANY:	CONTACT TYPE:
	CONTACT PHONE:
ADDRESS:	



GENERAL MOTORS CORPORATION  
OLDSMOBILE DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:

Bettendorf

IA

HOME PHONE:

CASE NUMBER: 1-57568980 VIN: 1G3GR62C9B4118462  
MODEL YEAR:  
DATE OPENED: 2002-12-20 SERIES: Aurora  
DATE CLOSED: 2002-12-20 MILEAGE: 100000.0000000  
SOURCE: Phone DELIVERY DATE:  
SRC TYPE: N/AYes DEALER NAME:  
SRC PARENT: DEALER ADDRESS:

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

L07 Lines / Hoses / Filters  
0 REPAIR ATTEMPT(S) Leaks

Fuel Rail

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Fuel Rail; ; 2002-12-20  
2002-12-20  
Service Request has been Closed Dissatisfied.; ; 2002-12-20

\*\*\*\*\*FAR INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:  
DRIVER NAME: DRIVER AGE:  
DRIVER DISABILITY:  
OWNER DESCRIPTION:  
ALLEGED DEFECTIVE COMPONENT:  
INCIDENT RESULT:  
POLICE REPORT: ROAD CONDITION: ROAD SURFACE:  
NUMBER OF PEOPLE: BODY INJURY:  
INJURIES:  
WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:  
VEHICLE INSURED: INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

DATE INFORMATION:  
REPORTING LOCATION:

CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTOR'S NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
FAK STATUS:

\*\*\*\*\*FAK INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER SAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,  
PHONE NUMBER:  
PRODUCT CODE:

FAK NUMBER:  
BODY TYPE:  
TRAILER:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
SAC WARRANTY DATE:  
MESA: 0  
SALES TAX:

ENGINE TYPE:

MILEAGE @ BUY-BACK: 0

DEPRECIATION:  
UPGRADE:  
REPROGRAMMABLE:  
LEASE TERM:  
DAMAGE:  
COLOR:  
FINANCING:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:

INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEASER:

LEASE TYPE:  
LEASE LAW:  
VEHICLE DESTINATION:  
LEASE START:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*PROPERTY INQUIRY\*\*\*\*\*

NUMBER OF INQUIRIES: 0  
COMMENTS:

NAME:  
ADDRESS: ,  
CITY/STATE: ,  
PHONE NUMBER:

LOCATION:

ISSUING POSITION:  
TYPE OF INQUIRY:  
INITIALS:

REMARKS:

IF SA. NUMBER:

\*\*\*\*\*FAK INFORMATION\*\*\*\*\*

FEDERAL CASE NUMBER:

DATE:

VEHICLE MAKE:

0 BUSINESS: 0

BUSINESS:

DATE OF ACCIDENT:

ACCIDENT:

DESCRIPTION OF DAMAGE:

DATE OF PURCHASE/LEASE:

PURCHASE/LEASE: 0

PURCHASE/LEASE AS:

MILEAGE AT PURCHASE: 0

DOES OWNER HAVE POSSESSION OF VEHICLE:

RESOLUTION SOUGHT:

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME:

CONTACT NUMBER: 1

COMPANY:

CONTACT TYPE:

ADDRESS:

CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:  
HOME PHONE:



Bixby , OK

CASE NUMBER: 1-81281731 VIN: 1G6KD52Y9TU239821  
MODEL YEAR: 1996  
DATE OPENED: 2003-03-14 SERIES: Deville  
DATE CLOSED: 2003-03-18 MILEAGE: 66379.0000000  
SOURCE: Phone DELIVERY DATE:  
SRC TYPE: ADKYes DEALER NAME: Thomas Cadillac, Inc.  
SRC PARENT: DEALER ADDRESS: 3939 South Memorial Dr., Tulsa, OK, 74145-1332,

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

L07 Lines / Hoses / Filters  
0 REPAIR ATTEMPT(S) Leaks

fuel injectors tubing

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

fuel injectors tubing; ; 2003-03-14  
2003-03-14

called dlr; ; 2003-03-14  
2003-03-14

Service Request has been Closed Dissatisfied.; ; 2003-03-14  
2003-03-14

SR in Status of Closed has been Re-Opened by PARIM; ; 2003-03-14  
2003-03-14

SR in Status of Closed has been Re-Opened by HUNTERDE; ; 2003-03-14  
2003-03-14

fuel injectors; ; 2003-03-14  
2003-03-14

sr update; ; 2003-03-14  
2003-03-14

called dlr; ; 2003-03-14  
2003-03-14

Service Request has been Closed Dissatisfied.; ; 2003-03-14  
2003-03-14

CAD0316234 03/14/2003 15:15:48:433; ; 2003-03-17  
2003-03-17

in Status of Closed has been Re-Opened by SMITCARL; ; 2003-03-17  
2003-03-17

Service Request Ownership has changed FROM: HUNTERDE TO: SMITCARL; ; 2003-03-17  
2003-03-17

Ownership Escalated to BRC; ; 2003-03-17  
2003-03-17

Image scan; ; 2003-03-17  
2003-03-17

acknowledgement: [REDACTED]; ; 2003-03-17  
2003-03-17

dir: (918) 665-3420; ; 2003-03-17  
2003-03-17

avn: 972075 8116; ; 2003-03-17  
2003-03-17

left vms; ; 2003-03-17  
2003-03-17

BRC ADR Scanned: 2003-03-17-19.11.17.000000, MAXDocNum: SKI3M76026; ; 2003-03-18  
2003-03-18

cust: 918-369-5915; ; 2003-03-18  
2003-03-18

ineligible; ; 2003-03-18  
2003-03-18

closed ineligible; ; 2003-03-18  
2003-03-18

Service Request has been Closed Discontinued.; ; 2003-03-18  
2003-03-24

CAD0336234 <SD:>03/24/2003 03/24/2003 16:16:08:622; ; 2003-03-24  
2003-03-26

CAD0336234 03/26/2003 12:15:51:959; ; 2003-03-26

\*\*\*\*\*FAR INFORMATION\*\*\*\*\*

INCIDENT DATE:  
INCIDENT LOCATION:

INCIDENT TIME:

DRIVER NAME:  
DRIVER DISABILITY:

DRIVER AGE:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT:  
POLICE REPORT:  
NUMBER OF PEOPLE:  
INJURIES:

ROAD CONDITION:  
BODY INJURY:

ROAD SURFACE:

IS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

HAS VEHICLE INSURED:

INSURANCE COMPANY NAME:

INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

VEHICLE INFORMATION:  
MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHEN WAS INSPECTION DONE:

INSPECTOR'S NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
FAR STATUS:

\*\*\*\*\*FAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER BAC:  
DEALER NAME:  
DEALER ADDRESS: . . .  
CONTACT: ,

PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BNC WARRANTY DATE:  
NADA: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE & HOY-BACK: 0  
NEWS:

DEPRECIATION:  
UPGRADE:  
ATTACHMENT:  
LEASE TERM:  
DAMAGE:  
SCHEM:  
BRAND:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LOCK:

LEGAL TYPE:  
LEASE LAW:  
VEHICLE DESTINATION:  
LEAS PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURED: 0  
COMMENTS:

NAME:  
ADDRESS:  
CITY/STATE:  
PHONE NUMBER:  
INSURANCE POLICY:

LOCATION:

TYPE OF INJURY:  
DAMAGED:

IF SO, WHERE:

\*\*\*\*\*AIR INFORMATION\*\*\*\*\*

INTERNAL CASE NUMBER:  
TITLE NAME:  
BUSINESS:  
ACCIDENT:  
DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0  
MILEAGE AT PURCHASE: 0  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOURCE:

DATE:  
BUSINESS: 0  
DATE OF ACCIDENT:  
DATE OF PURCHASE/LEASE:  
PURCHASE/LEASE AS:

\*\*\*\*\*ERC CONTACT INFORMATION\*\*\*\*\*

NAME:  
COMPANY:  
ADDRESS:

CONTACT NUMBER: 1  
CONTACT TYPE:  
CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER: [REDACTED]  
ADDRESS: [REDACTED] Cincinnati OH [REDACTED]  
HOME PHONE: [REDACTED]  
CASE NUMBER: 1-89406953 VIN: 1G6KD52Y0TJ279401  
DATE OPENED: 2003-04-11 MODEL YEAR: 1996  
DATE CLOSED: 2003-04-11 SERIES: DeVille  
SOURCE: Phone MILEAGE: 90000.0000000  
BMC TYPE: N/Yes DELIVERY DATE:  
BMC PART#: DEALER NAME: Camargo Cadillac Company  
DEALER ADDRESS: 9880 Montgomery Road, Cincinnati, OH, 45242-6498,

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

L07 Lines / Hoses / Filters  
0 REPAIR ATTEMPT(S) Leaks

fuel rail leaking

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

fuel rail leaking; ; 2003-04-11  
2003-04-11

Service Request has been Closed Satisfied.; ; 2003-04-11

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:

DRIVER NAME: DRIVER AGE:  
DRIVER DISABILITY:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT:  
POLICE REPORT: ROAD CONDITION: ROAD SURFACE:  
NUMBER OF PEOPLE: BODY INJURY:  
INJURIES:

WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

WAS INSURANCE INVOLVED:  
INSURANCE POLICY NUMBER:



CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

VEHICLE INSPECTED:  
RELEASE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER BAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
ERC WARRANTY DATE:  
MADE: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE @ BUY-BACK: 0  
ERP:

DEPRECIATION:  
UPGRADE:  
APPROPRIATE:  
LEASE TERM:  
DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LEASE LAW:  
VEHICLE DESTINATION:  
LEASE PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*MODIFY INQUIRY\*\*\*\*\*

NUMBER OF INQUIRIES: 0  
COMMENTS:

NAME:  
ADDRESS: ,  
CITY/STATE: ,  
PHONE NUMBER:

LOCATION:

OFFICE POSITION:  
TYPE OF INQUIRY:  
ADDRESS:

RESTRAINT:  
IF SO, NUMBER:

\*\*\*\*\*END INFORMATION\*\*\*\*\*

INTERNAL CASE NUMBER:

DATE:

PERSON NAMES:

IS BUSINESS: 0

BUSINESS:

DATE OF ACCIDENT:

ACCIDENT:

DESCRIPTION OF DAMAGE:

DATE OF PURCHASE/LEASE:

PURCHASE/LEASE: 0

PURCHASE/LEASE AS:

MILEAGE AT PURCHASE: 0

DOES OWNER HAVE POSSESSION OF VEHICLE:

RESOLUTION SOUGHT:

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME:

CONTACT NUMBER: 1

COMPANY:

CONTACT TYPE:

CONTACT PHONE:

ADDRESS:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:



West Hartford

CT



HOME PHONE:

CASE NUMBER:	1-9066363	VIN:	1G6KD52Y4TU210114
DATE OPENED:	2002-06-17	MODEL YEAR:	1996
DATE CLOSED:	2002-09-03	SERIES:	DeVille
SOURCE:	Phone	MILEAGE:	42000.0000000
ERC TYPE:	N/A/No	DELIVERY DATE:	
ERC PARENT:		DEALER NAME:	Thomas Cadillac, Inc.
		DEALER ADDRESS:	170 Weston Street, Hartford, CT, 06120,

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

J45 Injectors / Nozzle  
0 REPAIR ATTEMPT(S) Cracked

Fuel rail cracked

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Fuel rail cracked, ; 2002-06-17  
2002-06-17

Service Request has been Closed Satisfied, ; 2002-06-17  
2002-08-01

Cust called to know, ; 2002-08-01  
2002-08-01

Called dir for adv, ; 2002-08-01  
2002-08-02

cust still seeking assist for the repair, ; 2002-08-02  
2002-08-02

dir feed back, ; 2002-08-02  
2002-08-08

to ck on veh, ; 2002-08-03  
2002-08-08

to ck on the svn answer on assistance for this cust, ; 2002-08-08  
2002-08-09

CRK missed call back commitment, ; 2002-08-09  
2002-08-09

1-9066363 Seeking update, ; 2002-09-01  
2002-08-09

svr mgr nr hndl, ; 2002-08-09  
2002-08-09

to give the update, ; 2002-08-09  
2002-08-14

Update; ; 2002-08-14  
2002-08-14

informing of contact w/the customer; ; 2002-09-03  
2002-08-16

svc mgr todd heil; ; 2002-08-16  
2002-08-16

Cust called; ; 2002-08-16  
2002-08-16

1-9066363; ; 2002-09-03  
2002-08-22

Cust update; ; 2002-08-22  
2002-08-30

svc mgr in meeting; ; 2002-08-30  
2002-09-03

SVC MGR TODD HEIL; ; 2002-09-03  
2002-09-03

to give the no due to age not mileage; ; 2002-09-03  
2002-09-03

Service Request has been Closed Dissatisfied.; ; 2002-09-03

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:

DRIVER NAME: DRIVER AGE:  
DRIVER DISABILITY:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT: ROAD CONDITION: ROAD SURFACE:  
POLICE REPORT: BODY INJURY:  
NUMBER OF PEOPLE: INJURIES:  
INJURIES:

WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED: INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

NOTE INFORMATION:  
MILWAUKEE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
SERVICY NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER BAC:  
DEALER NAME:  
DEALER ADDRESS: . . .  
CONTACT: .  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BRC WARRANTY DATE:  
NADA: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE & BUY-BACK: 0  
MSRP:

DEPRECIATION:  
MESSAGE:  
REMARKS:  
LEASE TERM:  
DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LIMBON LAW:  
VEHICLE DESTINATION:  
LIEN PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME:  
ADDRESS: .  
CITY/STATE: .  
PHONE NUMBER:  
SERVICING POSITION:  
TYPE OF INJURY:  
DATED:

LOCATION:

RESTRAINER:  
IF SO, WHERE:

\*\*\*\*\*LAW ENFORCEMENT\*\*\*\*\*

REPORTING CASE NUMBER:  
TITLE NUMBER:

BUSINESS: 9 BUSINESS: 0  
ACCIDENT: DATE OF ACCIDENT:  
DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0 DATE OF PURCHASE/LEASE:  
RELEASE AT PURCHASE: 0 PURCHASE/LEASE AS:  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOUGHT:

\*\*\*\*\*ERC CONTACT INFORMATION\*\*\*\*\*

NAME: CONTACT NUMBER: 1 -  
COMPANY: CONTACT TYPE:  
ADDRESS: CONTACT PHONE:

GENERAL MOTORS CORPORATION  
OLDSMOBILE DIVISION  
GM RESTRICTED

CUSTOMER: [REDACTED]  
ADDRESS: [REDACTED] Santa Cruz CA [REDACTED]  
HOME PHONE: [REDACTED]  
CASE NUMBER: 1-99830757 VIN: 1G3GR62C864132112  
MODEL YEAR: 1995  
DATE OPENED: 2003-05-15 SERIES: Aurora  
DATE CLOSED: 2003-05-15 MILEAGE: 100147.000000  
SOURCE: Phone DELIVERY DATE:  
SRC TYPE: N/Yes DEALER NAME: Bayshore Chevrolet, Inc.  
SRC PARENT: DEALER ADDRESS: 301 S Hope Ave, Santa Barbara, CA, 93105-4044, USA

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

LG7 Lines / Hoses / Filters  
0 REPAIR ATTEMPT(S) Leaks

Fuel hose railer

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Fuel hose railer, ; 2003-05-15  
2003-05-15

Svc Mgr; ; 2003-05-15  
2003-05-15

Fuel rail; ; 2003-05-15  
2003-05-15

Service Request has been Closed Dissatisfied; ; 2003-05-15

\*\*\*\*\*PAN INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:

INCIDENT LOCATION:

DRIVER NAME: DRIVER AGE:

DRIVER DISABILITY:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT:

POLICE REPORT:

NUMBER OF PEOPLE:

VEHICLES:

ALL INVOLVED VEHICLES INVOLVED:

NUMBER OF VEHICLES: 4

INCIDENT NUMBER:

ROAD CONDITION:

ROCK INJURY:

ROAD SURFACE:

WAS VEHICLE INSURED:

INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

MORE INFORMATION:  
MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER BAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BRC WARRANTY DATE:  
NADA: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE & BUY-BACK: 0  
MSRP:

DEPRECIATION:  
UPGRADE:  
AFTERMARKET:  
LEASE TERM:  
DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LEMON LAW:  
VEHICLE DESTINATION:  
LIEN PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
AGENTS:

NAME:  
ADDRESS:  
CITY/STATE:  
PHONE NUMBER:

LOCATION:



SEATING POSITION:  
TYPE OF INJURY:  
TREATED:

RESTRAINT:  
IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

EXTERNAL CASE NUMBER:	DATE:
TITLE NAMES:	
BUSINESS:	% BUSINESS: 0
ACCIDENT:	DATE OF ACCIDENT:
DESCRIPTION OF DAMAGE:	
PURCHASE/LEASE: 0	DATE OF PURCHASE/LEASE:
MILEAGE AT PURCHASE: 0	PURCHASE/LEASE AS:
DOES OWNER HAVE POSSESSION OF VEHICLE:	
RESOLUTION SOUGHT:	

\*\*\*\*\*ENC CONTACT INFORMATION\*\*\*\*\*

NAME:	CONTACT NUMBER: 1
COMPANY:	CONTACT TYPE:
ADDRESS:	CONTACT PHONE:

# **GM REPORTS CORRESPONDING TO NHTSA REPORTS**

GENERAL MOTORS CORPORATION  
OLDSMOBILE DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:



HUNTSVILLE

AL



HOME PHONE:



CASE NUMBER: 05382243

VIN: 1G3GR62C0S4136607

MODEL YEAR: 1995

DATE OPENED: 2001-08-22

SERIES: UNKNOWN

DATE CLOSED: 2001-08-24

MILEAGE: 64000

SOURCE: Phone

DELIVERY DATE:

ERC TYPE: Yes

DEALER NAME: BENTLEY PONTIAC-GMC-CADILLAC-OLDSMOB

ERC PARENT:

DEALER ADDRESS: 2120 DRAKE AVE SW, HUNTSVILLE, AL, 35895, USA

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

J44 Fuel Pump

Leak/Leaks

0 REPAIR ATTEMPT(S)

Cust has leak in fuel line

Vehicle repair request - Repair not done

INSTRUCTIONS TO CRM:

\*Probe to identify failed item/component

\*Determine Customer's Expectation

Using delivery date, establish if vehicle is within any warranty coverage

Listen carefully to evaluate cause of failure - defect or damage

( If damage, consider explaining the consumers responsibility)

\* Review Specific Solutions [[SPECIFIC SOLUTIONS RUN

C:\Progra-1\Plus\Micros-1\Iexplore.exe

<http://carsweb/webknowledge/ProductCenter/GeneralInfo/content/SolutionsByComponentCode.htm>]]

\* Identify if earlier repairs have been attempted? -[[Possible Chronic Rep RUN

C:\Progra-1\Plus\Micros-1\Iexplore.exe

<http://carsweb/webknowledge/CASECP/SBS/html/ChronicAlerts.htm>]]

( 1st attempt - offer to coordinate repair at a dealership)

( Previous repairs)

- 1) Review warranty history on "VIN Profile" tab
- 2) Contact appropriate Service dealership to discuss
- 3) Determine if TRC was previously contacted or is now necessary
- 4) Establish & document a diagnosis and repair plan

\* Coordinate with dealership to assist with customer's repair request

\* Be prepared to answer "I don't want my car anymore / repurchase" [[ Vehicle Repurchase Disq

RUN C:\Progra-1\Plus\Micros-1\Iexplore.exe

<http://carsweb/webknowledge/CASECP/SBS/html/CustomerRequestsVehicleRepurchase.htm>]]

Vehicle repair request - Repair not done

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

CRM STATES: has had several issues with veh and now has fuel leak with Est. cost of \$600.00

CRM SEEMS: Assist with cost of repair

CRM ADVISED: I will contact DLR Bentley olds 480 833-3456 08-23-01 and speak with Keith Kinley

& Phil Kinley

Tom D. Brown/CRC/POK; 0; 367365531

01-08-24

Cust states that he was to get a call back from previous crm & has not received a call back...cust seeks cost assistance for fuel line leak...crm advised cust that I would need to contact the dlr...crm contacted the dlr [redacted] & spoke w/ srs mgr, Betty [redacted] He stated there is a gas line that was leaking not from defect of factory but from work... [redacted] saying that the dlr & dlr will give the cust 10% of the parts...that is 2nd camp on

veh...crm advised cust that it is GM final decision that we will not be able to offer any type of assistance due to the fact that the fuel leak is not a factory defect...cust is 2nd owner of veh...cust has no history w/ dir...cust states that he has owned several GM & all of them are lemons & he will not purchase another GM veh b/c this is a safety related item...cust dissatisfied...crm to complete case dissatisfied w/ TM Ann Burtons approval....Jolene Newman pbr/cac; 0; 367520647  
2001-08-24

\*\*\*\*\*EXECUTIVE SPOKE TO THE CUST AND STOOD BEHIND THE DECISION OF THE PREVIOUS CRM. CUST IS SEEKING ASSISTANCE FOR A FUEL LINE REPAIR. EXEC DENIED THE CUST ANY ASSISTANCE DUE TO THE AGE AND THE MILEAGE OF THE VEHICLE. LUTHER BURNETT/EEEC; 0; 367541370

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:

DRIVER NAME: DRIVER AGE:  
DRIVER DISABILITY:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT: ROAD CONDITION: ROAD SURFACE:  
POLICE REPORT: BODY INJURY:  
NUMBER OF PEOPLE: 0  
INJURIES:

WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED: INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

MORE INFORMATION:  
INCIDENT LOCATION:  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED: INSPECTORS NAME: INSPECTION DATE:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

ORDER: TRANSACTION:  
REQUEST TYPE:  
SUSPENSE REASON:  
ORDER: REC:  
ORDER: NAME:

DEALER ADDRESS:  
CONTACT:  
PHONE NUMBER:  
PRODUCT CODE:  
ENGINE TYPE:  
MILEAGE @ BUY-BACK: 0  
MERP:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
ERC WARRANTY DATE:  
NADA: 0  
SALES TAX:

DEPRECIATION:  
UPGRADE:  
AFTERMARKET:  
LEASE TERM:  
DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LEMON LAW:  
VEHICLE DESTINATION:  
LIEN PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:  
\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
INCIDENTS:

NAME:  
ADDRESS:  
CITY/STATE:  
PHONE NUMBER:  
EMERGENCY POSITION:  
TYPE OF INJURY:  
TREATED:

LOCATION:  
RESTRAINT:  
IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

INTERNAL CASE NUMBER:  
TITLE NAMES:  
BUSINESS:  
ACCIDENT:  
DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0  
MILEAGE AT PURCHASE: 0  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOUGHT:

DATE:  
% BUSINESS: 0  
DATE OF ACCIDENT:  
DATE OF PURCHASE/LEASE:  
PURCHASE/LEASE AS:

\*\*\*\*\*ERC CONTACT INFORMATION\*\*\*\*\*

NAME:  
COMPANY:  
ADDRESS:

CONTACT NUMBER: 1  
CONTACT TYPE:  
CONTACT NAME:



GENERAL MOTORS CORPORATION  
 OLDSMOBILE DIVISION  
 GM RESTRICTED

CUSTOMER:

ADDRESS:

Naperville

IL

HOME PHONE:

CASE NUMBER: 1-119459729

VIN: 1G3GR62C1T4119784

DATE OPENED: 2003-07-15

MODEL YEAR: 1996

DATE CLOSED: 2003-07-15

SERIES: Aurora

SOURCE: Phone

MILEAGE: 135000.0000000

ERC TYPE: N/Yes

DELIVERY DATE:

ERC FAREPT:

DEALER NAME: Heritage Cadillac, Inc.

DEALER ADDRESS: 303 W Roosevelt Road, Lombard, IL, 60148-4211.

## \*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

J46 Injectors / Nozzle

0 REPAIR ATTEMPT(S)

Leaks

RFI fuel problem

## \*\*\*\*\*WORK HISTORY\*\*\*\*\*

RFI fuel problem; ; 2003-07-15

2003-07-15

Fuel rail concern; ; 2003-07-15

2003-07-15

Service Request Ownership has changed FROM: TRAPPENA TO: JIMENSEK; ; 2003-07-15

2003-07-15

Service Request has been Closed Satisfied.; ; 2003-07-15

## \*\*\*\*\*PART INFORMATION\*\*\*\*\*

INCIDENT DATE:

INCIDENT TIME:

INCIDENT LOCATION:

DRIVER NAME:

DRIVER AGE:

DRIVER DISABILITY:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT:

POLICE REPORT:

ROAD CONDITION:

ROAD SURFACE:

NUMBER OF PEOPLE:

BODY INJURY:

DAMAGE:

WAS ANOTHER VEHICLE INVOLVED:

NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED:

INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

MORE INFORMATION:  
MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER PAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,

PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BMC WARRANTY DATE:  
MADA: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE @ BUY-BACK: 0  
MINT:

DEPRECIATION:  
UPGRADE:  
AFTERMARKET:  
LEASE TERM:  
DAMAGE:  
OTHER:

BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LEMON LAW:  
VEHICLE DESTINATION:  
LISEM PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
INJURIES:

NAME:  
ADDRESS:  
CITY/STATE:  
PHONE NUMBER:

LOCATION:



SEATING POSITION:  
TYPE OF INJURY:  
TREATED:

RESTRAINT:  
IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

INTERNAL CASE NUMBER:                      DATE:  
TITLE NAMES:                                % BUSINESS: 0  
BUSINESS:                                    DATE OF ACCIDENT:  
ACCIDENT:                                    DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0                          DATE OF PURCHASE/LEASE:  
MILEAGE AT PURCHASE: 0                     PURCHASE/LEASE AS:  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOUGHT:

\*\*\*\*\*ERC CONTACT INFORMATION\*\*\*\*\*

NAME:                                        CONTACT NUMBER: 1  
COMPANY:                                    CONTACT TYPE:  
ADDRESS:                                    CONTACT PHONE:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:  
HOME PHONE:



Alpha OR

CASE NUMBER: 1-131251995 VIN: 1G6KD54YKVU277610  
MODEL YEAR: 1997  
DATE OPENED: 2003-08-18 SERIES: DeVille  
DATE CLOSED: 2003-08-19 MILEAGE: 62000.000000  
SOURCE: Phone DELIVERY DATE:  
BRC TYPE: ADYces DEALER NAME: Runi Beaverton Motors, LLC  
BRC PARENT: DEALER ADDRESS: 3725 S.W. Cedar Hills Blvd, Beaverton, OR, 97005-  
2000, USA

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

107 Lines / Hours / Filters  
0 REPAIR ATTEMPT(S) Leaks

Fuel Rail

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

- Fuel Rail; ; 2003-08-18  
2003-08-18
- Service Request has been Closed Satisfied.; ; 2003-08-18  
2003-08-19
- CM0350650 08/19/2003 14:15:29:710; ; 2003-08-19  
2003-08-19
- SR in Status of Closed has been Re-Opened by BSWTSMC; ; 2003-08-19  
2003-08-19
- Service Request Ownership has changed FROM: SEPTUEL TO: BSWTSMC; ; 2003-08-19  
2003-08-19
- Ownership Escalated to BRC; ; 2003-08-19  
2003-08-19
- Case scan; ; 2003-08-19  
2003-08-19
- HUNI CADILLAC OLDSMOBILE LLC P.O. BOX 4045 BEAVERTON, OR 97078-4045 (503) 643-1543;  
; 2003-08-19  
2003-08-19
- called ; 2003-08-19  
2003-08-19
- called ; 2003-08-19  
2003-08-19
- Fuel Rail; ; 2003-08-18  
2003-08-18
- Service Request has been Closed Satisfied.; ; 2003-08-18  
2003-08-19

2003-08-19

INELIGIBLE DUE TO AGE/MILEAGE; ; 2003-08-19  
2003-08-19

INELIGIBLE DUE TO AGE/MILEAGE; ; 2003-08-19  
2003-08-19

Service Request has been Closed Satisfied.; ; 2003-08-19  
2003-09-01

CAD0350650 <SD:>08/31/2003 09/01/2003 10:15:19:936; ; 2003-09-01  
2003-09-01

CAD0350650 09/01/2003 10:15:19:974; ; 2003-09-01

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:

DRIVER NAME: DRIVER AGE:  
DRIVER DISABILITY:

OWNER DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT: ROAD CONDITION: ROAD SURFACE:  
POLICE REPORT: BODY INJURY:  
NUMBER OF PEOPLE: INJURIES:  
INJURIES:

WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED: INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

MORE INFORMATION:  
MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED: INSPECTORS NAME: INSPECTION DATE:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUBSQUAT:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

TRANSACTION:  
TRANSACTION TIME:

REPURCHASE REASON:

DEALER SAC:  
DEALER NAME:  
DEALER ADDRESS: , ,

CONTACT:  
PHONE NUMBER:  
PRODUCT CODE:

ENGINE TYPE:

MILEAGE @ BUY-BACK: 0  
MSRP:

DEPRECIATION:  
UPGRADE:  
AFTERMARKET:  
LEASE TERM:

DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

ACCOUNT BALANCE:  
LEGAL:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BRC WARRANTY DATE:  
NADA: 0  
SALES TAX:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

LEGAL TYPE:  
LEMON LAW:  
VEHICLE DESTINATION:  
LIEN PAYOFF:  
TITLE BRAND:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME:  
ADDRESS: ,  
CITY/STATE: ,  
PHONE NUMBER:  
SEATING POSITION:  
TYPE OF INJURY:  
TREATED:

LOCATION:

RESTRAINT:  
IF SO, WHERE:

\*\*\*\*\*AIR INFORMATION\*\*\*\*\*

NATIONAL CASE NUMBER:  
TITLE NAMES:  
BUSINESS:  
ACCIDENT:  
DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0  
MILEAGE AT PURCHASE: 0  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOUGHT:

DATE:  
% BUSINESS: 0  
DATE OF ACCIDENT:  
DATE OF PURCHASE/LEASE:  
PURCHASE/LEASE AS:

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME:  
COMPANY:

CONTACT NUMBER: 1  
CONTACT TIME:  
CONTACT NAME:

ADDRESS:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:  
HOME PHONE:



Loda, IL



CASE NUMBER: 1-131277467- VIEW: 1G6KS52Y8V0819389  
DATE OPENED: 2003-08-18 MODEL YEAR: 1997  
DATE CLOSED: 2003-08-18 SERIES: Seville  
SOURCE: Phone MILEAGE: 107000.0000000  
SRC TYPE: N/Yes DELIVERY DATE:  
SRC PART: DEALER NAME: Shields Autocart of Paxton, Inc.  
DEALER ADDRESS: Rt. 9 And Interstate 57, Paxton, IL, 60957,

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

LD7 Lines / Hoses / Filters  
0 REPAIR ATTEMPT(S) Leaks

Fuel Rail

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Fuel Rail; ; 2003-08-18  
2003-08-18  
Called dir; ; 2003-08-18  
2003-08-18  
Service Request has been Closed Satisfied.; ; 2003-08-18

\*\*\*\*\*PAK INFORMATION\*\*\*\*\*

INCIDENT DATE: INCIDENT TIME:  
INCIDENT LOCATION:  
DRIVER SEAT: DRIVER AGE:  
DRIVER DISABILITY:  
OWNER DESCRIPTION:  
ALLEGED DEFECTIVE COMPONENT:  
INCIDENT RESULT:  
POLICE REPORT: ROAD CONDITION: ROAD SURFACE:  
NUMBER OF PEOPLE: BODY INJURY:  
INJURIES:

HOW MANY VEHICLES INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

HOW DAMAGE OCCURRED:

INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
PHONE NUMBER:  
AGENT PHONE NUMBER:

MORE INFORMATION:  
MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
IDENTIFY NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER BAC:  
DEALER NAME:  
DEALER ADDRESS: , ,  
CONTACT: ,  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BRC WARRANTY DATE:  
MADA: 0  
SALES TAX:

ENGINE TYPE:  
LEASE & BUY-BACK: 0  
AKRF:

DEPRECIATION:  
UPGRADE:  
AFTERMARKET:  
LEASE TERM:  
DAMAGE:  
OTHER:  
BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LEMON LAW:  
VEHICLE DESTINATION:  
LIEN PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME:  
ADDRESS: ,  
CITY/STATE: ,  
PHONE NUMBER:  
SEATING POSITION:  
TYPE OF INJURY:  
TREATED:

LOCATION:

RESTRAINT:  
IF SO, WHERE:





GENERAL MOTORS CORPORATION  
OLDSMOBILE DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:



Hazelcrest

IL



HOME PHONE:

CASE NUMBER: 1-32585464      VIN: 1G3GR62C2V4119845  
MODEL YEAR: 1997  
DATE OPENED: 2002-09-12      SERIES: Aurora  
DATE CLOSED: 2002-09-12      MILEAGE: 81000.0000000  
SOURCE: Phone      DELIVERY DATE:  
SRC TYPE: N/A      DEALER NAME:  
SRC PART#:      DEALER ADDRESS:

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

LOT Lines / Hoses / Filters  
0 REPAIR ATTEMPT(S)      Cracked

Defect of fuel rail

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

defect of fuel rail, ; 2002-09-12  
2002-09-12  
Service Request has been Closed Dissatisfied.; ; 2002-09-12

\*\*\*\*\*RAR INFORMATION\*\*\*\*\*

INCIDENT DATE:      INCIDENT TIME:  
INCIDENT LOCATION:  
DRIVER NAME:      DRIVER AGE:  
DRIVER DISABILITY:  
ORDER DESCRIPTION:  
ALLEGED DEFECTIVE COMPONENT:  
INCIDENT RESULT:  
POLICE REPORT:      ROAD CONDITION:      ROAD SURFACE:  
NUMBER OF PEOPLE:      BODY INJURY:  
ISSUES:  
WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0  
PROPERTY DAMAGE:  
VEHICLE INVOLVED:  
INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:  
DATE:      TIME:  
REPORTING LOCATION:

CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

DEALER BAC:  
DEALER NAME:  
DEALER ADDRESS: . . .  
CONTACT: . . .  
PHONE NUMBER:  
PRODUCT CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
HRC WARRANTY DATE:  
NADA: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE & BUY-BACK: 0  
SP:

DEPRECIATION:  
UPGRADE:  
AFTERMARKET:  
LEASE TERM:  
DAMAGE:  
OWNER:  
BUYER:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:  
INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LEMON LAW:  
VEHICLE DESTINATION:  
LEIN PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

NUMBER OF INJURIES: 0  
COMMENTS:

NAME:  
ADDRESS: . . .  
CITY/STATE: . . .  
PHONE NUMBER:  
BUSINESS POSITION:  
TYPE OF INJURY:  
TREATMENT:

LOCATION:

TREATMENT:  
IF SO, WHERE:

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INTERNAL CASE NUMBER:

DATE:

TITLE NAMES:

BUSINESS:

% BUSINESS: 0

ACCIDENT:

DATE OF ACCIDENT:

DESCRIPTION OF DAMAGE:

PURCHASE/LEASE: 0

DATE OF PURCHASE/LEASE:

MILEAGE AT PURCHASE: 0

PURCHASE/LEASE AS:

DOES OWNER HAVE POSSESSION OF VEHICLE:

RESOLUTION SOUGHT:

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME:

CONTACT NUMBER: 1

COMPANY:

CONTACT TYPE:

CONTACT PHONE:

ADDRESS:

GENERAL MOTORS CORPORATION  
CADILLAC DIVISION  
GM RESTRICTED

CUSTOMER:  
ADDRESS:



Effingham

IL



HOME PHONE:

CASE NUMBER: 1-85547657

VIN: 1G6EL12Y5VU616558

DATE OPENED: 2003-03-28

MODEL YEAR: 1997

DATE CLOSED: 2003-04-16

SERIES: Eldorado

SOURCE: Phone

MILEAGE: 90000.0000000

SRC TYPE: N/AYes

DELIVERY DATE:

SRC PARENT:

DEALER NAME: Russ Braunecker Olds, Cadillac, GMC Truck, Inc.

DEALER ADDRESS: P.O. Box 682, Effingham, IL, 62401-0682,

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

J40 Air Systems General  
0 REPAIR ATTEMPT(S)

Leaks

Engine was full of fuel

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

Engine was full of fuel; ; 2003-03-28  
2003-03-28

Service Request has been Closed Satisfied.; ; 2003-03-28  
2003-03-31

SR in Status of Closed has been Re-Opened by HRCMWT2; ; 2003-03-31  
2003-03-31

Fuel rail inop & request for technical info; ; 2003-03-31  
2003-03-31

Svc mgr Steve Rubin; ; 2003-03-31  
2003-03-31

Service Request has been Closed Dissatisfied.; ; 2003-03-31  
2003-04-16

SR in Status of Closed has been Re-Opened by VONKEMNJ; ; 2003-04-16  
2003-04-16

Service Request Ownership has changed FROM: HAMPTONJ TO: VONKEMNJ; ; 2003-04-16  
2003-04-16

cust called back same concerns; ; 2003-04-16  
2003-04-16

Service Request has been Closed Dissatisfied.; ; 2003-04-16

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INCIDENT DATE:  
INCIDENT LOCATION:

INCIDENT TIME:

DRIVER NAME:  
DRIVER DISABILITY:

DRIVER AGE:

VEHICLE DESCRIPTION:

ALLEGED DEFECTIVE COMPONENT:

INCIDENT RESULT:  
POLICE REPORT:  
NUMBER OF PEOPLE:  
INJURIES:

ROAD CONDITION:  
BODY INJURY:

ROAD SURFACE:

WAS ANOTHER VEHICLE INVOLVED:  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED:

INSURANCE COMPANY NAME:  
INSURANCE COMPANY ADDRESS:  
AGENT NAME:  
AGENT PHONE NUMBER:

MORE INFORMATION:  
MAINTENANCE LOCATION:  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED:  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
CURB INSPECTED:  
INVESTIGATIVE SUMMARY:  
FBI STATUS:

\*\*\*\*\*FAR INFORMATION\*\*\*\*\*

SOURCE:  
ACQUISITION TYPE:  
ACQUISITION REASON:

TRANSACTION:

DEALER BAC:  
DEALER NAME:  
DEALER ADDRESS:  
CONTACT:  
PHONE NUMBER:  
SECURITY CODE:

FAX NUMBER:  
BODY TYPE:  
TRIM:  
TRANSMISSION:  
VEHICLE DRIVEABLE:  
BAC WARRANTY DATE:  
MVA: 0  
SALES TAX:

ENGINE TYPE:  
MILEAGE @ BUY-BACK: 0  
MVA:

REGISTRATION:  
TITLES:  
WARRANTY:  
LOAN TERM:  
FINANCE:  
CREDIT:  
SALES:  
ACCOUNT NUMBER:

NAME:

INTEREST RATE:

INTEREST PAID:

ACCOUNT BALANCE:

DEALER BUYOUT:

LEGAL:

LEGAL TYPE:

LEMON LAW:

DEALER ADMINISTRATION:

VEHICLE DESTINATION:

RELEASE:

LIEN PAYOFF:

TITLE BRAND:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0

COMMENTS:

NAME:

LOCATION:

ADDRESS:

CITY/STATE:

PHONE NUMBER:

SEATING POSITION:

RESTRAINT:

TYPE OF INJURY:

TREATED:

IF SO, WHERE:

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

EXTERNAL CASE NUMBER:

DATE:

TITLE NAMES:

BUSINESS:

0 BUSINESS: 0

ACCIDENT:

DATE OF ACCIDENT:

DESCRIPTION OF DAMAGE:

PURCHASE/LEASE: 0

DATE OF PURCHASE/LEASE:

RELIANCE AT PURCHASE: 0

PURCHASE/LEASE AS:

DOES OWNER HAVE POSSESSION OF VEHICLE:

RESOLUTION SOUGHT:

\*\*\*\*\*ERC CONTACT INFORMATION\*\*\*\*\*

NAME:

CONTACT NUMBER: 1

COMPANY:

CONTACT TYPE:

ADDRESS:

CONTACT PHONE: