

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

January 18, 2011

[REDACTED]
[REDACTED]
Lagrange, GA [REDACTED]

Service Request: 71-586274528

Customer Relationship Specialist: Godfrey Prosser

Dear [REDACTED]

We would like to discuss your request for assistance regarding your 2005 Chevrolet Malibu MAXX, but we have been unsuccessful in our attempts to contact you.

If you have outstanding issues, please feel free to contact us at our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you. You will have the option to speak with me directly if I am available. If you have already contacted the Customer Assistance Center, please disregard this letter.

Chevrolet and your dealer's mutual goal is your total satisfaction with Chevrolet products and services. We look forward to talking with you soon.

Sincerely,

Chevrolet Customer Assistance Center

January 18, 2011

[REDACTED]
[REDACTED]
Lagrange, GA [REDACTED]

Service Request: 71-586274528

Customer Relationship Specialist: Godfrey Prosser

Dear [REDACTED]

We would like to discuss your request for assistance regarding your 2005 Chevrolet Malibu MAXX, but we have been unsuccessful in our attempts to contact you.

If you have outstanding issues, please feel free to contact us at our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you. You will have the option to speak with me directly if I am available. If you have already contacted the Customer Assistance Center, please disregard this letter.

Chevrolet and your dealer's mutual goal is your total satisfaction with Chevrolet products and services. We look forward to talking with you soon.

Sincerely,

Chevrolet Customer Assistance Center

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

January 21, 2011

[REDACTED]
[REDACTED]
Poland, ME [REDACTED]

Service Request: 71-589032300
Customer Relationship Specialist: Marv Henry

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu MAXX. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the power steering assist that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$722.90.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit www.mygmilink.com. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

North American Operations

General Motors Corporation
Disbursements (2613)
PO Box 62530
Phoenix, AZ 85082-2530

GM

CHECK

No. [REDACTED]50-837
213**DATE**
01/09/08

*****722 DOLLARS

****90 CENTS

AMOUNT
*****722.90

North American Operations
General Motors Corporation
Disbursement Account

**PAY
TO THE
ORDER
OF**

POLAND ME [REDACTED]

SIGNATURE

The Chase Manhattan Bank, N.A.
Syracuse, New York

AUDIT

North American Operations

General Motors Corporation
Disbursements (2613)
PO Box 62530
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT
DATE

01/09/08

**VENDOR
DUNS NO.** BB 000000400

1

VENDOR NAME [REDACTED]**REGISTER NO.
DESCRIPTION****INVOICE DATE****DOC. REFERENCE NUMBER****% DISC.****INVOICE AMOUNT****DISC. AMOUNT****NET AMOUNT**

1G1ZT62895F [REDACTED]

01/08/08

71-589032300.1-9REA11

VM 1-9REA11

00.0000

722.90

.00

722.90

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

M3

TOTAL

722.90

.00

722.90



Poland ME

SO. MAINE P&DC O

14 DEC 2007 PM



DEC 18 2007

Reimbursement Dept
PO Box 33170
Detroit MI

48232 - 5170

482325170 B050



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12/13/0717-Digit Vehicle Identification Number (VIN): 1GLZT62895F [REDACTED]Mileage at Time of Repair: 50K Date of Repair: 8/7/07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Poland State: ME ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ 704.00

The following documentation must accompany this claim form.

Original or clear copy of all receipts, invoices, and/or repair orders that show:

- ✓ The name and address of the person who paid for the repair.
 - ✓ The Vehicle Identification Number (VIN) of the vehicle that was repaired.
 - ✓ What problem occurred, what repair was done, when it was done, and who did it.
 - ✓ The total cost of the repair expense that is being claimed.
 - ✓ Payment for the repair in question and the date of payment.
- (copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

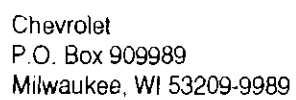
Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:
1-800-204-0261





1111 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1

07126 1G1ZT62895F126522 13 0003668

POLAND, ME





BUICK

EMERSON

Chevrolet • Buick • Pontiac • Inc.

946 Center Street P.O. Box 860 Auburn, Maine 04210

Telephone (207) 784-3503

"WE ARE NEVER SATISFIED UNTIL YOU ARE"



PONTIAC

COPY

CUSTOMER NO. 31515	ADVISOR KENNETH LOWERY	TAG NO. 21	INVOICE DATE 08/07/07	INVOICE NO. CVCS10519
POLAND, ME	LABOR RATE 72.00	MILEAGE 50,000	COLOR GREEN/	STOCK NO.
	YEAR / MAKE / MODEL 05/CHEVROLET/MALIBU MAXX	DELIVERY DATE	DELIVERY MILES	
	VEHICLE I.D. NO. 1 G 1 Z T 6 2 8 9 5 F	SELLING DEALER NO.	PRODUCTION DATE	
	F.T.E. NO.	P.O. NO.	R.O. DATE 07/24/07	
	BUSINESS PHONE	COMMENTS		
				MO: 55562

JOB# 1 CHARGES

LABOR
J# 100VZ SUSPENSION/STEERING HOURS: 32.57 86.40
CUSTOMER STATED POWER ASSIST STEERING QUITS AT TIMES
FOUND STEERING COLUMN MOTOR INOP

JOB# 1 TOTALS

LABOR 86.40

JOB# 2 CHARGES

LABOR
J# 2 07CVZ IGNITION/CCC/FI/OBD HOURS: 1.00 TECH(S):57 72.00
SECURITY LIGHT AND CHECK ENGINE LIGHT ON AND BATTERY DEAD
FOUND BATTERY TO HAVE LOW CCA. NEEDS BATTERY
ALTERNATOR CHARGING GOOD
REPLACED BATTERY

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	
	1	19001628	BATTERY	85.59	85.59
	-1	19001628	CORE RETURN	10.00	-10.00
TOTAL - PARTS					75.59

G.O.G. & SUPPLIES
1.0 BATTERY DISPOSAL FEE @ 2.000 /UNIT 2.00
TOTAL - GOG 2.00

JOB# 2 TOTALS

LABOR 72.00
PARTS 75.59
G.O.G. 2.00

JOB# 2 JOURNAL PREFIX CVCS JOB# 2 TOTAL 149.59

JOB# 3 CHARGES

LABOR
J# 3+10CVZ00 SUSPENSION/STEERING HOURS: 3.30 TECH(S):34 237.60
REPLACE STEERING COLUMNT

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	
	1	15926870	COLUMN 6.518	359.00	359.00
	2	TIE		0.50	1.00
TOTAL - PARTS					360.00

JOB# 3 TOTALS

LABOR 237.60
PARTS 360.00

JOB# 3 JOURNAL PREFIX CVCS JOB# 3 TOTAL 597.60

MISC-----CODE-----DESCRIPTION-----CONTROL NO-----
JOB # A SS SHOP SUPPLIES 20.00

86.40

unrelated

597.60

20.00

\$704



BUICK

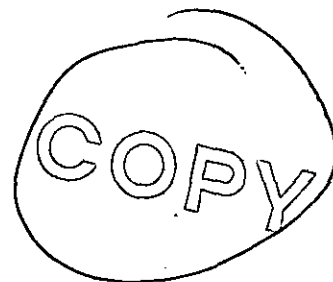
EMERSON

Chevrolet • Buick • Pontiac • Inc.

946 Center Street P.O. Box 860 Auburn, Maine 04210

Telephone (207) 784-3503

"WE ARE NEVER SATISFIED UNTIL YOU ARE"



CUSTOMER NO. 31515	ADVISOR KENNETH LOWERY	TAG NO. 21	INVOICE DATE 08/07/07	INVOICE NO. CVCS10519
[REDACTED] POLAND, ME	LABOR RATE 72.00	LICENSE NO. [REDACTED]	MILEAGE 50,000	COLOR GREEN/
	YEAR / MAKE / MODEL 05/CHEVROLET/MALIBU MAXX			DELIVERY DATE
	VEHICLE I.D. NO. 1 G 1 Z T 6 2 8 9 5 F			DELIVERY MILES
	F.T.E. NO.			SELLING DEALER NO.
BUSINESS PHONE		P.O. NO.	R.O. DATE 07/24/07	PRODUCTION DATE
COMMENTS				MO: 55562

TOTAL - MISC 20.00

TOTALS

THANK YOU VERY MUCH FOR BRINGING IN YOUR VEHICLE FOR SERVICE
WE APPRECIATE YOUR BUSINESS VERY MUCH.

TOTAL LABOR.... 396.00
TOTAL PARTS.... 435.59
TOTAL SUBLET... 0.00
TOTAL G.O.G.... 2.00
TOTAL MISC CHG. 20.00
TOTAL MISC DISC 0.00
TOTAL TAX..... 22.88

TOTAL INVOICE \$ 876.47

METHOD OF PAYMENT

CASH ☐ A/R ☐ CHECK ☐ CHECK NO []

M/C ☒ VISA ☐ DISCOVER ☐ AMX ☐

CUSTOMER SIGNATURE

PAID
AUG 09 2007

BY:

EMERSON CHEVROLET BUICK
946 CENTER STREET
AUBURN, ME. 04210
207-784-3503

C O P Y

08/09/2007 11:58:06

Sale:

Transaction # 8
Card Type: MasterCard
Acc: XXXXXXXXXX
Entry: Swiped
Total: 876.47

Reference No.: 00000010
Auth.Code: 041880
Respon. APPROVED

CUSTOMER COPY

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

January 21, 2011

[REDACTED]
[REDACTED]
San Angelo, TX [REDACTED]

Service Request: 71-589038985
Customer Relationship Specialist: Paula Miller

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the steering column that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$200.00.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit www.mygmilink.com. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

North American Operations

General Motors Corporation
Disbursements (2613)
PO Box 62530
Phoenix, AZ 85082-2530

GM

CHECK No. [REDACTED]

50-937
213DATE
01/08/08

*****200 DOLLARS

****00 CENTS

AMOUNT

*****200.00

PAY
TO THE
ORDER
OF

SAN ANGELO TX [REDACTED]

North American Operations
General Motors Corporation
Disbursement AccountSIGNATURE
The Chase Manhattan Bank, N.A.
Syracuse, New York

AUDIT

VENDOR
DUNS NO. BB 000000148
VENDOR NAME [REDACTED]

1

North American Operations

General Motors Corporation
Disbursements (2613)
PO Box 62530
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT
DATE

01/08/08

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
161ZT52815F	01/07/08 71-589038985.1-9QYQQJ	VM 1-9QYQQJ	00.0000	200.00	.00	200.00
TOTAL				200.00	.00	200.00

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

W3

San Angelo, TX

MIDLAND / ODESSA

14 DEC 2007 PM 1 1



DEC 18

Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

48232+5170



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12-13-07

17-Digit Vehicle Identification Number (VIN): 1G1ZT5281SF

Mileage at Time of Repair: 45172 Date of Repair: 7-18-07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: San Angelo State: TX ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ 200.00

The following documentation must accompany this claim form.

Original or clear copy of all receipts, invoices, and/or repair orders that show:

- The name and address of the person who paid for the repair.
 - The Vehicle Identification Number (VIN) of the vehicle that was repaired.
 - What problem occurred, what repair was done, when it was done, and who did it.
 - The total cost of the repair expense that is being claimed.
 - Payment for the repair in question and the date of payment.
- (copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Claimant's Signature [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:
1-800-204-0261



CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

If your claim is:

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).



509565

ALL AMERICAN CHEVROLET
OF SAN ANGELO #114203 N. BRYANT BLVD.
SAN ANGELO, TX 76903
PHONE: (325) 653-2277
FAX: (325) 658-7626

471372

INVOICE

PAGE 1

SAN ANGELO, TX
HOME [REDACTED] BUS:

SERVICE ADVISOR: 18775 EMIDIO RAMIREZ

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
RED	05	CHEVROLET MALIBU SED	1G1ZT52815F		45172/45172		
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
31JAN06 IS			17:00 17JUL07		0.00	CASH	18JUL07
R.O. OPENED		READY		OPTIONS: STK:23201PCC			
08:11 17JUL07		16:17 18JUL07		2) FESC, NLVR183800, 200DED, 23FEB06, 60/100000			

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A CUSTOMER STATES AT TIMES THERE IS NO POWER STEERING AND RADIO SAYS

POWER STEERING ASSIT SERVICE

CAUSE: INTERNAL MALFUNCTION IN STEERING COLUMN SENSORS

EL ELECTRICAL

86255 CMBI

145.14 145.14

1 15926870 COLUMN

359.00 359.00 359.00

45172 INTERNAL MALFUNCTION IN STEERING COLUMN SENSORS REMOVED AND
REPLACED STEERING COLUMN WITH NEW GM PART.

B CUSTOMER STATES C/D PLAYER WILL NOT WORK.

CAUSE: INTERNAL MALFUNCTION

EL ELECTRICAL

86255 ICM

(N/C)

45172 INTERNAL MALFUNCTION RADIO PART #'S WERE COPIED AND A
REPLACEMENT RADIO WAS ORDERED.

C CUSTOMER REQUESTED RETNAL UNTI

SUB SUBLET WORK

86255 CMBI

0.00 0.00

SUBL RENTAL UNIT PO#55388

PO#471372

CMBI

24.75 24.75

CASHIER #2

PAID

JUL 18 2007

All American Chev
of San Angelo

WE APPRECIATE YOUR BUSINESS AND WOULD LIKE TO
THANK-YOU FOR VISITING OUR SERVICE CENTER. OUR
GOAL IS FOR YOU TO BE COMPLETELY SATISFIED.
IF FOR ANY REASON YOU ARE NOT COMPLETELY
SATISFIED PLEASE CALL OUR SERVICE MANAGER
TIM MCFADIN AT 325-657-9056
FOR YOUR CONVENIENCE WE ARE OPEN ON SATURDAY

*I acknowledge notice and oral approval of an increase in the original estimated price.

Signature or initials*

NOTICE PURSUANT TO §70.001, TEXAS PROPERTY CODE

I am the person or agent acting on behalf of the person, who is obligated to pay for the repair of the motor vehicle subject to the repair agreement. I understand that the vehicle is subject to repossession in accordance with §9.609, Texas Business and Commerce Code. If payment for the repair of the motor vehicle by a check, money order or a credit card transaction is stopped, dishonored because of insufficient funds, no funds, or because the maker or drawer of the order or the credit card holder has no account or the account upon which it is drawn or credit card account has been closed.

STATEMENT OF DISCLAIMER AND ARBITRATION AGREEMENT

The factory warranty constitutes all of the warranties with respect to the sale of this item. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item. Any dispute between customer and the dealership arising from or related to this vehicle or this transaction will be settled by mandatory and binding arbitration pursuant to the Federal Arbitration Act 9 U.S.C. 1 et. seq. The arbitration shall be conducted by a single arbitrator. The arbitrator may grant whatever relief the parties may be entitled to at law or in equity.

CUSTOMER SIGNATURE

ON BEHALF OF SERVICING DEALER, I
HEREBY CERTIFY THAT THE INFORMATION
CONTAINED HEREON IS ACCURATE UNLESS
OTHERWISE SHOWN. SERVICES DESCRIBED
WERE PERFORMED AT NO CHARGE TO
OWNER. THERE WAS NO INDICATION FROM
THE APPEARANCE OF THE VEHICLE OR
OTHERWISE, THAT ANY PART REPAIRED OR
REPLACED UNDER THIS CLAIM HAD BEEN
CONNECTED IN ANY WAY WITH ANY
ACCIDENT, NEGLIGENCE OR MISUSE.
RECORDS SUPPORTING THIS CLAIM ARE
AVAILABLE FOR (1) YEAR FROM THE DATE
OF PAYMENT NOTIFICATION AT THE
SERVICING DEALER FOR INSPECTION BY
MANUFACTURER'S REPRESENTATIVE.

[REMOVED] DEALER, SERVICE MANAGER OR AUTHORIZED PERSON (DATE)

DESCRIPTION	TOTALS
LABOR AMOUNT	145.14
PARTS AMOUNT	359.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	24.75
HAZARDOUS WASTE FEE	0.00
TOTAL CHARGES	528.89
LESS INS/DED/DIS	358.51
SALES TAX	29.62
PLEASE PAY THIS AMOUNT	200.00

CUSTOMER COPY

WELLS
FARGO

Product Search

View Check Copy

Check Number	Date Posted	Check Amount	Account Number
[REDACTED]	07/20/07	200.0	[REDACTED]

[REDACTED] 612
SAN ANGELO, TX [REDACTED] 7/18/07
Pay to the Order of All American Chevrolet \$ 200.00
two hundred & 00/100 Dollars
WELLS FARGO BANK, N.A. Approva [REDACTED]
For 471372 [REDACTED]

PAY TO THE ORDER OF
BANK OF AMERICA
For Deposit Only #14991-14754
Lithia CSA, L.P.
dba All American Chevrolet
of San Angelo

Bank of America
1111111111

11 19 07

BANK OF AMERICA, N.A.

Equal Housing Lender

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12/13/2007

R & G
ASSOCIATES
3378 NORTHWOOD PL
SAGINAW, MI 48603

SAGINAW MI 486

14 DEC 2007 PM 2 L



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

DEC 18 2007

Reimbursement Dept

PO Box 33170

Det. Mi 48232-5170

482325170 B050



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: Dec 13, 200717-Digit Vehicle Identification Number (VIN): 1G12T62885F [REDACTED]Mileage at Time of Repair: 71830 Date of Repair: 11/29/03

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Saginaw State: Mich ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ 705.49

The following documentation must accompany this claim form.

Original or clear copy of all receipts, invoices, and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.
(copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:
1-800-204-0261



CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

If your claim is:

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).



Customer Invoice
116959
11/30/2007

FIRESTONE COMPLETE AUTO CARE
SAGINAW MALL
4590 BAY RD

Service Advisor:
03 BENJAMIN
989.799.2850

Re-Printed on 12/13/2007 03:26 PM

SAGINAW, MI. 48604

DUPLICATE INVOICE

SAGINAW, MI

ORIGINAL

2005 CHEVROLET MALIBU MAXX LS [WHITE]

V6-213 3.5L

Lic #: [REDACTED] MI Vin #: 1G1ZT62885F [REDACTED]

In: 11/29/07 3:43PM Mileage: 71,830

Out: 11/30/07 10:17AM

Store # 016853

RETAIL SALE

REG# F153376

Description	Article Number	ID	Qty	Unit Price	Extended Price	Job Total
SUSPENSION AND STEERING		03				665.00
STEERING COLUMN	7003106	04TN	1	500.00	500.00	
R&R STEERING TORQUE SENSOR	7003303	04NS	1	165.00	165.00	
INSPECTION .						
FROM PRIOR INSPECTION						

Technician(s):

04 EDWARD SHILLAIR

Payment History:

CFNA	2672	400.00	09132	Charge Card
ECA Check	1450	305.49	1558	Personal Check
Total Tendered		705.49		

Summary:

Parts	500.00
Labor	165.00
Shop Supplies	9.90
Sub-Total	674.90
Tax (6.00%)	30.59
Total	\$705.49

I have received the above goods and/or services. If this is a credit card purchase, I agree to pay and comply with my cardholder agreement with the issuer.

Customer Signature

All parts are new unless otherwise specified.

☐ I certify that repairs were completed properly.

☐ I certify that I was unable to complete repairs because:

Signed _____ Dated _____

TELL US ABOUT YOUR EXPERIENCE AND RECEIVE \$10 OFF YOUR NEXT PURCHASE OF \$25 OR MORE!

1) For a short survey Call 1-800-859-9203 or logon to www.FirestoneSurvey.com; enter code 016853-116959;

2) Write redemption code here: _____. Offer expires 6 months from date of invoice, good at all participating locations.

Must have valid redemption code. May not be combined with any other offer or to reduce existing debt. No copies accepted.

COMMITTED TO PROVIDING A POSITIVE CUSTOMER EXPERIENCE

See reverse side for Warranty Information

January 21, 2011

[REDACTED]
Saginaw, MI [REDACTED]

Service Request: 71-589047736
Customer Relationship Specialist: Jane West

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu MAXX. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on steering column that you had repaired. We regret that we are unable to reimburse you the amount you requested the documentation provided did not substantiate your request.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have any future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

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

January 21, 2011

[REDACTED]
Erie, PA [REDACTED]

Service Request: 71-589056147
Customer Relationship Specialist: Patricia Scott

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the instrument panel cluster that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$694.58.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit www.mygmlink.com. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.



Erie PA

ERIE PA 165

15 DEC 2007 PM 1 L



DEC 18 2007

REIMBURSEMENT DEPT,
P.O. BOX 33170
DETROIT, MI. 48232-5170

48232+317 0



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12/15/07

17-Digit Vehicle Identification Number (VIN): 1G1Z552F65F [REDACTED]

Mileage at Time of Repair: 45,525 Date of Repair: 8/2/07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: ERIE State: PA ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): SAME

Amount of Reimbursement Requested: \$ 595.31

The following documentation must accompany this claim form.

Original or clear copy of all receipts, invoices, and/or repair orders that show:

- The name and address of the person who paid for the repair.
 - The Vehicle Identification Number (VIN) of the vehicle that was repaired.
 - What problem occurred, what repair was done, when it was done, and who did it.
 - The total cost of the repair expense that is being claimed.
 - Payment for the repair in question and the date of payment.
- (copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:
1-800-204-0261



CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

If your claim is:

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).





1925 State Street • Erie, Pennsylvania 16501

Main Service (814) 878-4200

Commercial Truck (814) 878-4350

COPY

CUSTOMER NO.	57999	ADV. FOR	FRANK LINDSTROM	892	AGE	45	INVOICE DATE	08/02/07	INVOICE NO.	CVCS474033
		LABOR RATE		LICENSE NO.		MILEAGE	45,525	COLOR	TAN/	STOCK NO.
		YEAR / MAKE / MODEL						DELIVERY DATE	DELIVERY MILES	
		05/CHEVROLET/MALIBU/4 DOOR SEDAN						02/15/04		
		VEHICLE I.D. NO.						SELLING DEALER NO.	PRODUCTION DATE	
		1 G 1 Z S 5 2 F 6 5 F								
		F.T.E. NO.				P.O. NO.		R.O. DATE		
								08/02/07		
		BUSINESS PHONE		COMMENTS						

[SEN CIT DISCOUNT] ROBERT O'CONNELL

LABOR & PARTS

J# 1 07CVZ

STEERING

TECH(S): 290

59.95

CUSTOMER STATES LAST NIGHT POWER STEERING CAME ON RADIO
DISPLAY AND AS DROVE LOST POWER STEERING. RESTARTED
LATER AND WAS OK. LIGHT CAME ON THIS MORNING BUT
HAD POWER STEERING
FOUND CODES C0545/C0460 STEERING CODES TRACE TO INTERNAL
STEERING COLUMN FAILURE
SEE JOB # 3 FOR REPAIRS

PARTS QTY. FP. NUMBER DESCRIPTION UNIT PRICE

JOB # 1 TOTAL PARTS

0.00

JOB # 1 TOTAL LABOR & PARTS

59.95

J# 2 44CVZ02

FEBRUARY INSP

TECH(S): 290

0.00

STATE INSPECTION IS DUE IN FEBRUARY

PARTS QTY. FP. NUMBER DESCRIPTION UNIT PRICE

JOB # 2 TOTAL PARTS

0.00

JOB # 2 TOTAL LABOR & PARTS

0.00

J# 3 96CVZ6K

6,000 MILE SERVICE

TECH(S): 290

31.70

CUSTOMER REQUESTS 6,000 MILE SERVICE
COMPLETED 6,000 MILE SERVICE
INCLUDES LUBE, OIL AND FILTER CHANGE, TIRE ROTATION, AND
MULTI-POINT INSPECTION. WE RECOMMEND AND USE MOBIL-EXXON
LUBRICATING PRODUCTS.

PARTS QTY. FP. NUMBER DESCRIPTION UNIT PRICE

JOB # 3 TOTAL PARTS

4.77

JOB # 3 TOTAL LABOR & PARTS

36.47

J# 4 07CVZCLREP-B

COLUMN REPAIR

TECH(S): 290

236.31

SEE CONCERN JOB 1
REPLACE STEERING COLUMN
AND CLEAR CODES

PARTS QTY. FP. NUMBER DESCRIPTION UNIT PRICE

JOB # 4 TOTAL PARTS

359.00

JOB # 4 TOTAL LABOR & PARTS

595.31

G.O.G. & SUPPLIES

JOB # 3 5.3 EXXON SUPER FLO @ 1.600 /UNIT TOTAL GOG

8.48

8.48

MISC. CODE DESCRIPTION CONTROL NO.

JOB # 1 2 SENIOR CITIZEN P & L DISCOUNT

4.50

JOB # 3 2 SENIOR CITIZEN P & L DISCOUNT

-2.74

The Factory Warranty Constitutes All Of
The Warranties With Respect To The Sale
Of This Item/Items. The Seller Hereby
Expressly Disclaims All Warranties, Either
Express Or Implied, Including Any Implied
Warranty Of Merchantability Or Fitness
For A Particular Purpose And The Seller
Neither Assumes Nor Authorizes Any
Other Person To Assume For It Any
Liability In Connection With The Sale Of
This Item/Items.

THIS FORM IS AN ITEMIZED LIST OF
REPAIRS AND IS PART OF A REPAIR
ORDER. THIS REPAIR ORDER CONTINU-
ATION IS SUBJECT TO ALL THE CON-
DITIONS OF THE ORIGINAL REPAIR
ORDER.

Thank You!


North American Operations

General Motors Corporation
Disbursements (2613)
PO Box 62530
Phoenix, AZ 85082-2530

GMCHECK No. [REDACTED] 50-937
213DATE
01/10/08

*****694 DOLLARS

***58 CENTS

AMOUNT
*****694.58PAY
TO THE
ORDER
OF[REDACTED]
ERIE PA [REDACTED]North American Operations
General Motors Corporation
Disbursement Account
SIGNATUREThe Chase Manhattan Bank, N.A.
Syracuse, New York

AUDIT

VENDOR
DUNS NO. BB 000000238

1

North American Operations

General Motors Corporation
Disbursements (2613)
PO Box 62530
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT
DATE

01/10/08

VENDOR NAME [REDACTED]

REGISTER NO.
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
1G1ZS52F65F [REDACTED]	01/09/08	VM 1-9RX30Z	00.0000	694.58	.00	694.58
	01-589056147.1	9RX30Z				

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

M3

TOTAL

694.58

.00

694.58

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

AKRON OH 443

15 DEC 2007 PM 1 L



STOW, OHIO

DEC 18 2007

Reimbursement Department
P.O. Box 33170
Detroit, MI

48232+3170

48232+3170

CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: December 14, 2007

17-Digit Vehicle Identification Number (VIN): 1G1ZT52855F [REDACTED]

Mileage at Time of Repair: 66,664 Date of Repair: 7/9/07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: STOW State: OHIO ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): 11 11

Amount of Reimbursement Requested: \$ 364.41

The following documentation must accompany this claim form.

Original or clear copy of all receipts, invoices, and/or repair orders that show:

- The name and address of the person who paid for the repair.
 - The Vehicle Identification Number (VIN) of the vehicle that was repaired.
 - What problem occurred, what repair was done, when it was done, and who did it.
 - The total cost of the repair expense that is being claimed.
 - Payment for the repair in question and the date of payment.
- (copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:
1-800-204-0261



CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

If your claim is:

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).



LAMBERT

BUICK • PONTIAC • GM

2409 FRONT ST
CUYAHOGA FALLS, OHIO 44221

434273887883
2409 FRONT STREET
CUYAHOGA FALLS, OH 44221
(330) 923-9771

Merchant ID: [REDACTED]
Term ID: 003

Ref #: 015

Sale

www.Lambertgm.com

CUSTOMER NO. 50506	ADVISOR DYLAN STOUT	375 TAG NO. 879
[REDACTED]	LABOR RATE	LICENSE NO.
[REDACTED]	YEAR / MAKE / MODEL	66,664
STOW, OH	05/CHEVROLET/MALIBU/4 DOOR SEDAN	
[REDACTED]	VEHICLE I.D. NO. 1 G I Z T 5 2 8 5 5 F	
[REDACTED]	F.T.E. NO.	P.O. NO.
COMMENTS		

VISA

Entry Method: Swiped

07/09/07

13:41:06

Inv #: 128187

Appr Code: [REDACTED]

Apprvd: Online

Batch#: [REDACTED]

Total:

\$ 364.41

Customer Copy
THANK YOU!

J# 1 45BUZ01 STEERING CONCERN TECH(S):333 178.00
- CUSTOMER STATES CLUNK NOISE HEARD WHEN TURNING CHECK AND
REPORT
DIAGNOSED AND REPLACED INTERMEDIATE STEERING SHAFT AFTER
PERFORMING 3 BULLITINS-ROADTESTED OK

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	22687711	SHAFT KIT 6.526	164.97	164.97
				JOB # 1 TOTAL PARTS	164.97
				JOB # 1 TOTAL LABOR & PARTS	342.97

COMMENTS
WAITING

TOTALS

* [] CASH [] CHECK CK NO. [] *
* [] VISA [] MASTERCARD [] DISCOVER *
* [] AMER XPRESS [] OTHER [] CHARGE *

TOTAL LABOR.... 178.00
TOTAL PARTS.... 164.97
TOTAL SUBLET.... 0.00
TOTAL G.O.G.... 0.00
TOTAL MISC CHG. 0.00
TOTAL MISC DISC 0.00
TOTAL TAX..... 21.44

TOTAL INVOICE \$ 364.41

WE STRIVE FOR COMPLETE CUSTOMER SATISFACTION.
PLEASE REMEMBER TO FILL OUT YOUR CUSTOMER SURVEY
FROM GENERAL MOTORS "COMPLETELY SATISFIED" IF YOU
ARE NOT COMPLETELY SATISFIED PLEASE CALL AND ASK
FOR KEVIN BRUNSWICK OR VICKIE WATTS AT 923-9771
THANK YOU AGAIN FOR YOUR BUSINESS.

CUSTOMER SIGNATURE

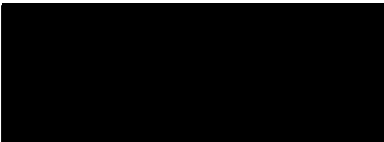
To whom it may concern:

We received this letter in the mail and I just contacted the dealership where I purchased the car and that did the repairs. They said to submit this receipt since this was the same problem as stated in your letter. The dealership said this repair should be reimbursed back to me.

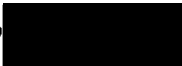
I have enclosed a copy of my receipt from the dealer as well as my credit card receipt.

I would hope that this will be handled professionally and I will receive a refund so that in the future I can continue to buy Chevy vehicles.

Thank you,



Stow, Ohio



North American Operations

General Motors Corporation
Disbursements (2613)
PO Box 62530
Phoenix, AZ 85082-2530

GM

CHECK

No.50-837
213

DATE

01/09/08

*****364 DOLLARS

****41 CENTS

AMOUNT

*****364.41

STOW OH

North American Operations
General Motors Corporation
Disbursement Account

PAY
TO THE
ORDER
OF

SIGNATURE

The Chase Manhattan Bank, N.A.
Syracuse, New York

AUDIT

North American Operations

General Motors Corporation
Disbursements (2613)
PO Box 62530
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO.

PAYMENT
DATE

01/09/08

VENDOR
DUNS NO.

BB 000000492

1

VENDOR NAME

REGISTER NO.
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G1ZT52855F

01/08/08

1-589075194, 1-9RJUV

VM 1-9RJUV

00.0000

364.41

.00

364.41

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

M3

TOTAL

364.41

.00

364.41

January 21, 2011

[REDACTED]
[REDACTED]
Stow, OH [REDACTED]

Service Request: 71-589075194
Customer Relationship Specialist: CJ Parker

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the steering that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$364.41.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit www.mygmilink.com. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

North American Operations

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530

GM

CHECK

No. [REDACTED]

50-937
213

DATE

01/07/08

*****100 DOLLARS

*****00 CENTS

AMOUNT

*****100.00

PAY
TO THE
ORDER
OF

YORKVILLE IL [REDACTED]

North American Operations
General Motors Corporation
Disbursement Account

SIGNATURE

INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)The Chase Manhattan Bank, N.A.
Syracuse, New York

AUDIT

VENDOR

DUNS NO.

BB 000000332

1

North American Operations

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT
DATE

01/07/08

VENDOR NAME [REDACTED]

REGISTER NO.
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G2ZH528654 [REDACTED]

01/04/08

VM 1-9QQ071

71-589109932 1-9QQ071

00.0000

100.00

.00

100.00

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

W3

TOTAL

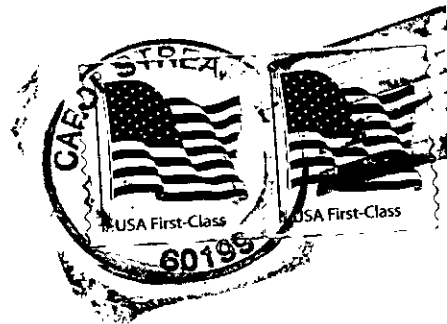
100.00

.00

100.00



Yorkville, IL



DEC 18 2007

Reimbursement Dept.

P.O. Box 33170

Detroit, MI 48232-5170



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12-12-0717-Digit Vehicle Identification Number (VIN): 1G2ZH528654 [REDACTED]Mileage at Time of Repair: 47114 Date of Repair: 07/02/07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number [REDACTED]

City: Yorkville State: IL ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ 100.00

The following documentation must accompany this claim form.

Original or clear copy of all receipts, invoices, and/or repair orders that show:

- The name and address of the person who paid for the repair.
 - The Vehicle Identification Number (VIN) of the vehicle that was repaired.
 - What problem occurred, what repair was done, when it was done, and who did it.
 - The total cost of the repair expense that is being claimed.
 - Payment for the repair in question and the date of payment.
- (copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:
 1-800-204-0261



CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

If your claim is:

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Pontiac Customer Assistance Center at 1.800.620.7668 (TTY 1.800.833.7668).



VILLAGE PONTIAC GMC TRUCK INC
1585 W OGDEN AVE
NAPERVILLE, ILLINOIS 60540
630-357-2200
WWW.VILLAGEPONTIACGMC.COM

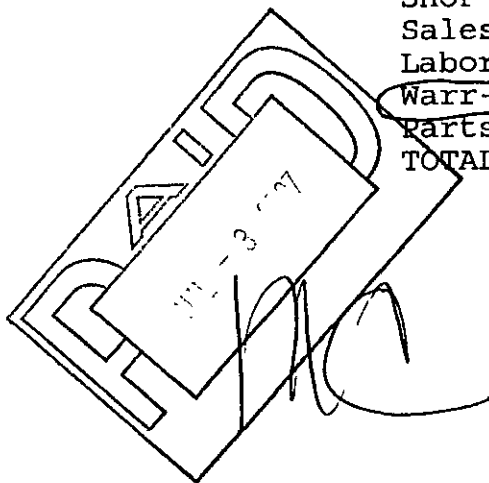
31984FIX

YORKVILLE IL [REDACTED]		VEHICLE IDENTIFICATION		MILEAGE OUT	DATE OUT	INVOICE NO.	
		1G2ZH528654 [REDACTED]		47114	07/03/07	31984 A PART-CLOSE	
		YEAR	MAKE	MODEL	COLOR	TAG NO.	
		05	PONTIAC	G6 GT	SILVER	02240	
CUST.NO.	LICENSE	HOME PHONE	WORK PHONE	STOCK NO.	PROD.DATE	SERV.ADV.	TERMS
		[REDACTED]		M7222A	00/00/00	869 1277	CASH
CUST.LABOR RATE	DELIV.DATE	DELIV.MILES	MILEAGE IN	DATE IN	IN-SERV DATE		
	12/16/06	38571	47114	07/02/07	03/21/05	3.5L V6 SFI NS	

LINE	OP.CODE	FAIL-CD	TECH.	HOURS/QTY	TYPE	AMOUNT
D	ROTATE TIRES, CHECK AIR PRESSURES					
	05		A85 0298		I	
Line Total.....						

Parts	4.40
SHOP SUPPLIES	1.35
SalesTax	1.07
Labor	17.45
Warr-Deduct	100.00
Parts-Other	10.10
TOTAL-AMOUNT	134.37

called
7-3



See page 2
Line A

COPY

CUSTOMER COPY - PAGE 02

STATEMENT OF DISCLAIMER

WE WANT YOU TO BE 100% SATISFIED WITH YOUR SERVICE
IF YOU ARE NOT 100% SATISFIED, PLEASE CONTACT:
THOMAS J. BOOB, PARTS AND SERVICE DIRECTOR.

CUSTOMER SIGNATURE

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

VILLAGE PONTIAC GMC TRUCK INC

1585 W OGDEN AVE
NAPERVILLE, ILLINOIS 60540
630-357-2200
WWW.VILLAGEPONTIACGMC.COM

31984FIX

YORKVILLE		IL		VEHICLE IDENTIFICATION		MILEAGE OUT	DATE OUT	INVOICE NO.
				1G2ZH528654		47114	07/03/07	31984 A PART-CLOSE
				YEAR	MAKE	MODEL	COLOR	TAG NO.
				05	PONTIAC	G6 GT	SILVER	02240
CUST. NO.	LICENSE	HOME PHONE	WORK PHONE	STOCK NO.	PROD. DATE	SERV. ADV.	TERMS	
				M7222A	00/00/00	869 1277	CASH	
CUST. LABOR RATE	DELIV. DATE	DELIV. MILES	MILEAGE IN	DATE IN	IN-SERV DATE			
	12/16/06	38571	47114	07/02/07	03/21/05	3.5L V6 SFI NS		

LINE	OP. CODE	FAIL-CD	TECH.	HOURS/QTY	TYPE	AMOUNT
A	CUSTOMER STATES CAR TOWED IN BY CUST., CUST. STATED HAS NO STEERING. DTC C0545, TORQUE STEERING SENSOR FAILURE. REPLACE STEERING SENSOR IN COLUMN, CLEAR CODE H-ROUTE TO GMPP					
	E7680	6G	A85 0298		S	
		15926870	COLUMN	1	S	
Line Total.....						
B	CUSTOMER STATES VILLAGE LOANER CAR 1G2ZG58N8742 2484CX 1 DAY GMPP LOANER					
	Z7901	98	A99 1234			
	SUBLET VILLAGE LOANER		RENTAL CA	1	W	
Line Total.....						
C	PERFORM 3K INSPECTION, INCLUDING LUBE, OIL & FILTER					
	27		A85 0298		C	17.45
		25010792	FILTER	1	C	4.40
		OIL BULK OIL		5	C	10.10
Line Total.....						31.95

COPY

CUSTOMER COPY - PAGE 01

STATEMENT OF DISCLAIMER

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THOMAS J. BOOE, PARTS AND SERVICE DIRECTOR.

CUSTOMER SIGNATURE

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

VILLAGE PONTIAC GMC TRU
1585 W OGDEN AVE
NAPERVILLE, IL. 60540

TERMINAL I.D.: [REDACTED]

MERCHANT #: [REDACTED]

MASTERCARD
[REDACTED]

SALE

RECORD #: 17

DATE: JUL 03, 07

INV:

000018

AUTH:

TIME: 12:20
[REDACTED]

TOTAL

\$134.37

KRISTINA FIXMER

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

CUSTOMER COPY

Kristina Fixmer

January 21, 2011

[REDACTED]

Yorkville, IL [REDACTED]

Service Request: 71-589109932

Customer Relationship Specialist: Jerry Robinson

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Pontiac G6. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Pontiac, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the steering column that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$100.00.

At Pontiac, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Pontiac Customer Assistance Center at 1-800-762-2737 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Pontiac Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit www.mygmlink.com. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

North American Operations

General Motors Corporation
Disbursements (2613)
PO Box 62530
Phoenix, AZ 85082-2530

GM

CHECK

No. [REDACTED]

50-837
213DATE
01/08/08

*****855 DOLLARS

****07 CENTS

AMOUNT
*****855.07PAY
TO THE
ORDER
OF

OZAWKIE KS [REDACTED]

North American Operations
General Motors Corporation
Disbursement Account

SIGNATURE

The Chase Manhattan Bank, N.A.
Syracuse, New York

AUDIT

VENDOR
DUNS NO. BB 000000218

1

North American Operations

General Motors Corporation
Disbursements (2613)
PO Box 62530
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT
DATE

01/08/08

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
1G1ZT52885F [REDACTED]	01/07/08 71-589124847.1-9QYFCE	VM 1-9QYFCE	00.0000	855.07	.00	855.07
ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR REIMBURSEMENT OR QUESTIONS CALL 800-462-8782				M3		
TOTAL				855.07	.00	855.07

January 21, 2011

[REDACTED]
[REDACTED]
Ozawkie, KS [REDACTED]

Service Request: 71-589124847
Customer Relationship Specialist: Patricia Scott

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the steering column that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$855.07.

.At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit www.mygmilink.com. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

[Redacted Address]

Olawkie, KS

TOPEKA KS 666

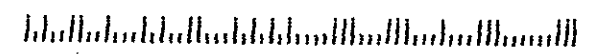
14 DEC 2007 PM 1 L



DEC 18 2007

Reimbursement Dept.
P.O. BOX 33170
Detroit, MI 48232-5170

48232+5170



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: December 14, 200717-Digit Vehicle Identification Number (VIN): 1G1ZT52885F [REDACTED]Mileage at Time of Repair: 62400 Date of Repair: 28 Nov 2007

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Ozawie State: Kansas ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ 780.95 + tax

The following documentation must accompany this claim form.

Original or clear copy of all receipts, invoices, and/or repair orders that show:

- The name and address of the person who paid for the repair.
 - The Vehicle Identification Number (VIN) of the vehicle that was repaired.
 - What problem occurred, what repair was done, when it was done, and who did it.
 - The total cost of the repair expense that is being claimed.
 - Payment for the repair in question and the date of payment.
- (copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:
1-800-204-0261



CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

If your claim is:

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).



4842826

682856

INVOICE

**THE HEARTBEAT OF AMERICA
ED BOZARTH CHEVROLET**

 TOPEKA, KANSAS 66601
 3731 S. TOPEKA BLVD.
 (785) 266-5151

 AURORA, COLORADO 80014
 2001 So. HAVANA
 (303) 751-7500

OZAWKIE, KS

HOME:

BUS:

PAGE 1

SERVICE ADVISOR: 661 KYLE LANNAN

COLOR	YEAR	MAKE/MODEL		VIN	LICENSE	MILEAGE IN/ OUT		TAG
GOLD	05	CHEVROLET MALIBU		1G1ZT52885F		62400/62400		
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED		PO NO.	RATE	PAYMENT	INV. DATE
25JAN05 DD			15:00 28NOV07			0.00	CASH	28NOV07
R.O. OPENED		READY		OPTIONS: STK:2947 DLR:05069 ENG:3.5 Liter SFI				

10:16 28NOV07 14:09 28NOV07

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A [AV] CKL POWER STEERING LIGHT HAS BEEN ON-OFF AT THIS TIME

50 CK OUT, REPL STEERING COLUMN

733 CCB 3.80

361.00 361.00

1 15926870 COLUMN

419.95 419.95 419.95

62400 DIAGNOSE C0460 STORED IN STEERING MODULE 1.0HRS ///REPLACED

STEERING COLUMN FOR FAILED STEERING POSITION SENSOR 2.8HRS//

B LOF AND ROTATE ONLY

GMS1 LOF & ROTATE

733 CCB 0.70

33.32 33.32

1 25010792 FILTER

5.50 5.50 5.50

1 QLOIL GOODWRENCH OIL

9.25 9.25 9.25

1 FLUID

2.00 2.00 2.00

62400 LOF, ROTATE .7HRS/

C GENERAL MOTORS BRAKE SYSTEM FLUSH (\$99.09)

GMBSF GENERAL MOTORS BRAKE SYSTEM FLUSH (\$99.09)

733 CCB 0.90

75.39 75.39

1 BRAKE FLUID

23.70 23.70 23.70

62400 BRAKE SYSTEM FLUSH .9HRS/

D GM INSPECTION

GMI GM INSPECTION

733 I 0.00

(N/C)

NOTE - RF STRUT LEAKING

733 I 0.00

(N/C)

DC DECLINED STRUT REPAIRS

733 I 0.00

(N/C)

62400 GMI R/F STRUT LEAKING. CUSTOMER DECLINED AT THIS TIME

CUSTOMER PAY SHOP MATERIAL CHARGES FOR REPAIR ORDER

15.00

COPY

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items. THERE WILL BE A \$10 FEE CHARGED ON ALL RETURNED CHECKS.

CUSTOMER SIGNATURE

DESCRIPTION

TOTALS

LABOR AMOUNT

PARTS AMOUNT

GAS, OIL, LUBE

SUBLET AMOUNT

MISC. CHARGES

TOTAL CHARGES

LESS ADJUSTMENT

SALES TAX

PLEASE PAY
THIS AMOUNT

CUSTOMER COPY

4842826

6 8 2 8 5 6

INVOICE

THE HEARTBEAT OF AMERICA
ED BOZARTH CHEVROLET

TOPEKA, KANSAS 66601

AURORA, COLORADO 80014

3731 S. TOPEKA BLVD.

2001 So. HAVANA

(785) 266-5151

(303) 751-7500

OZAWKIE, KS

PAGE 2

HOME BUS:

SERVICE ADVISOR: 661 KYLE LANNAN

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
GOLD	05	CHEVROLET MALIBU	1G1ZT52885F		62400/62400		
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
25JAN05 DD			15:00 28NOV07		0.00	CASH	28NOV07
R.O. OPENED		READY	OPTIONS: STK:2947 DLR:05069 ENG:3.5 Liter SFI				

10:16 28NOV07 14:09 28NOV07

LINE OPCODE TECH TYPE HOURS

LIST NET TOTAL

LET OUR ELVES ASSEMBLE YOUR CHRISTMAS GIFTS--

---- FREE ----

BRING IN UNASSEMBLED ITEM TO SERVICE CASHIER.

HAPPY HOLIDAYS

COPY

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items. THERE WILL BE A \$10 FEE CHARGED ON ALL RETURNED CHECKS.

CUSTOMER SIGNATURE

DESCRIPTION

TOTALS

LABOR AMOUNT	469.71
PARTS AMOUNT	460.40
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	15.00
TOTAL CHARGES	945.11
LESS ADJUSTMENT	0.00
SALES TAX	70.41
PLEASE PAY THIS AMOUNT	1015.52

CUSTOMER COPY

coupon

100
\$915.52

BOZARTH CHEVROLET
3731 S TOPEKA BLVD
TOPEKA KS 66609

TERMINAL I.D. #
MERCHANT #

AMEX

SALE

BATCH: 000059

DATE: NOV 28, 07

INV: 682856

TIME: 12:04

AUTH: 520098

TOTAL

\$915.52

TERMINAL I.D. #

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

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

CDR File Information

Vehicle Identification Number	1G8AJ55F67Z [REDACTED]
Investigator	PATRICK GALLO
Case Number	71-677552472
Investigation Date	Wednesday, November 12 2008
Crash Date	Thursday, November 6 2008
Filename	1G8AJ55F67Z [REDACTED] CDR
Saved on	Wednesday, November 12 2008 at 10:21:44 AM
Collected with CDR version	Crash Data Retrieval Tool 3.09
Reported with CDR version	Crash Data Retrieval Tool 3.09
EDR Device Type	airbag control module
Event(s) recovered	Non-Deployment

Data Limitations

SDM Recorded Crash Events:

There are two types of SDM recorded crash events. The first is the Non-Deployment Event. A Non-Deployment Event is an event severe enough to "wake up" the sensing algorithm but not severe enough to deploy the air bag(s). It contains Pre-Crash and Crash data. The SDM can store up to one Non-Deployment Event. This event can be overwritten by an event that has a greater SDM recorded forward velocity change. This event will be cleared by the SDM after the ignition has been cycled 250 times.

The second type of SDM recorded crash event is the Deployment Event. It also contains Pre-Crash and Crash data. The SDM can store up to two different Deployment Events, if they occur within five seconds of one another. Deployment Events cannot be overwritten or cleared from the SDM. Once the SDM has deployed the air bag, the SDM must be replaced.

The data in the Non-Deployment Event file will be locked after a Deployment Event, if the Non-Deployment Event occurred within 5 seconds before the Deployment Event unless a Deployment Level Event occurs within 5 seconds after the Deployment Event, then the Deployment Level Event will overwrite the Non-Deployment Event file.

SDM Data Limitations:

-SDM Recorded Vehicle Forward Velocity Change reflects the change in forward velocity that the sensing system experienced during the recorded portion of the event. SDM Recorded Vehicle Forward Velocity Change is the change in velocity during the recording time and is not the speed the vehicle was traveling before the event, and is also not the Barrier Equivalent Velocity. This data should be examined in conjunction with other available physical evidence from the vehicle and scene when assessing occupant or vehicle forward velocity change. For Deployment Events and Deployment Level Events, the SDM will record 100 milliseconds of data after deployment criteria is met and up to 50 milliseconds before deployment criteria is met. For Non-Deployment Events, the SDM will record the first 150 milliseconds of data after algorithm enable.

-Event Recording Complete will indicate if data from the recorded event has been fully written to the SDM memory or if it has been interrupted and not fully written.

-SDM Recorded Vehicle Speed accuracy can be affected if the vehicle has had the tire size or the final drive axle ratio changed from the factory build specifications.

-Brake Switch Circuit Status indicates the status of the brake switch circuit.

-Pre-Crash Electronic Data Validity Check Status indicates "Data Invalid" if the SDM receive an invalid message from the module sending the pre-crash data.

-Driver's Belt Switch Circuit Status indicates the status of the driver's seat belt switch circuit. If the vehicle's electrical system is compromised during a crash, the state of the Driver's Belt Switch Circuit may be reported other than the actual state.

-The Time between Non-Deployment and Deployment Events is displayed in seconds. If the time between the two events is greater than five seconds, "N/A" is displayed in place of the time.

-If power to the SDM is lost during a crash event, all or part of the crash record may not be recorded.

SDM Data Source:

All SDM recorded data is measured, calculated, and stored internally, except for the following:

-Vehicle Speed, Engine Speed, and Percent Throttle data are transmitted once a second by the Powertrain Control Module (PCM), via the vehicle's communication network, to the SDM.

-Brake Switch Circuit Status data is transmitted once a second by either the ABS module or the PCM, via the vehicle's communication network, to the SDM. Depending on vehicle option content, the Brake Switch Circuit Status data may not be available.

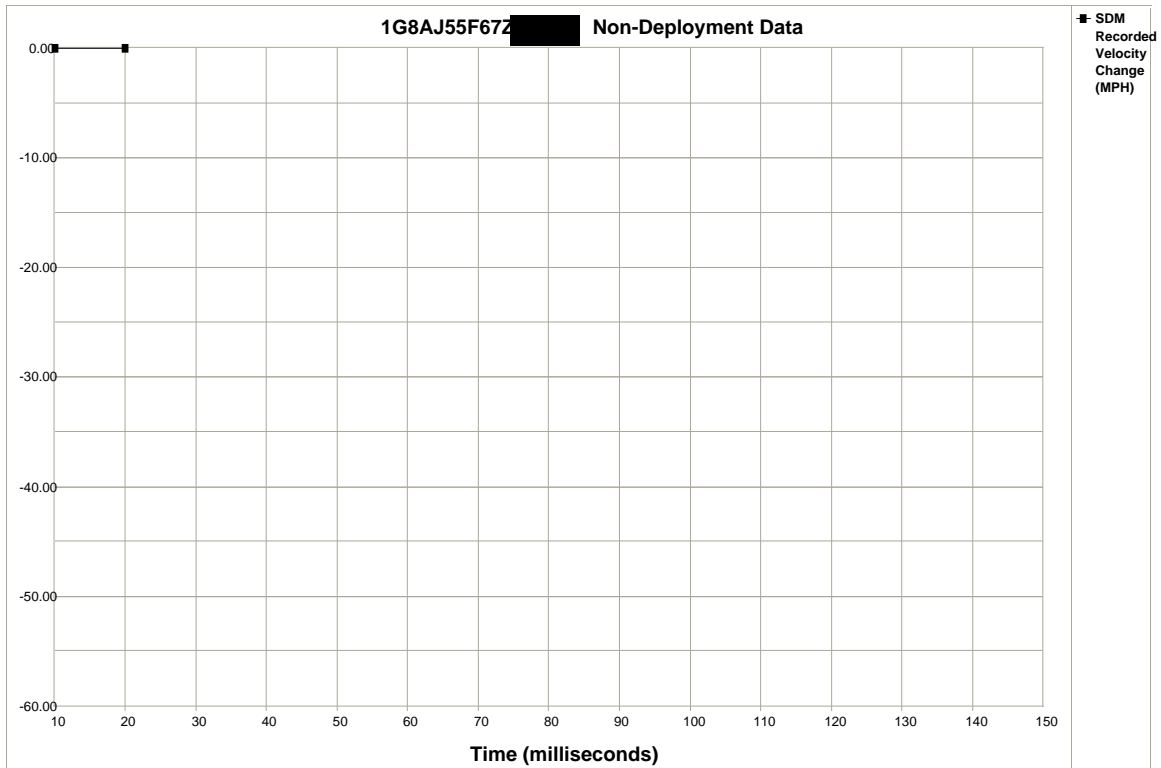
-The SDM may obtain Belt Switch Circuit Status data a number of different ways, depending on the vehicle architecture. Some switches are wired directly to the SDM, while others may obtain the data from various vehicle control modules, via the vehicle's communication network.

System Status At Non-Deployment

SIR Warning Lamp Status	OFF
Driver's Belt Switch Circuit Status	BUCKLED
Passenger Belt Switch Circuit Status (If Equipped)	UNBUCKLED
Driver Seat Position Status (If Equipped)	Forward
Passenger Seat Position Status (If Equipped)	Forward
Ignition Cycles At Non-Deployment	4694
Ignition Cycles At Investigation	4709
Maximum SDM Recorded Velocity Change (MPH)	-0.26
Algorithm Enable to Maximum SDM Recorded Velocity Change (msec)	25
A Deployment was Commanded Prior to this Event	No
Event Recording Complete	Yes

Seconds Before AE	Vehicle Speed (MPH)	Engine Speed (RPM)	Percent Throttle
-5	39	1344	0
-4	27	1024	0
-3	22	1024	0
-2	15	832	0
-1	0	832	0

Seconds Before AE	Brake Switch Circuit Status
-8	OFF
-7	OFF
-6	ON
-5	ON
-4	ON
-3	ON
-2	ON
-1	ON



Time (milliseconds)	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
SDM Recorded Velocity Change	0.00	0.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Hexadecimal Data

All of the data that the vehicle manufacturer has requested to be retrieved is shown in the hexadecimal data section of the CDR report. It may contain data that is not converted by the CDR program.

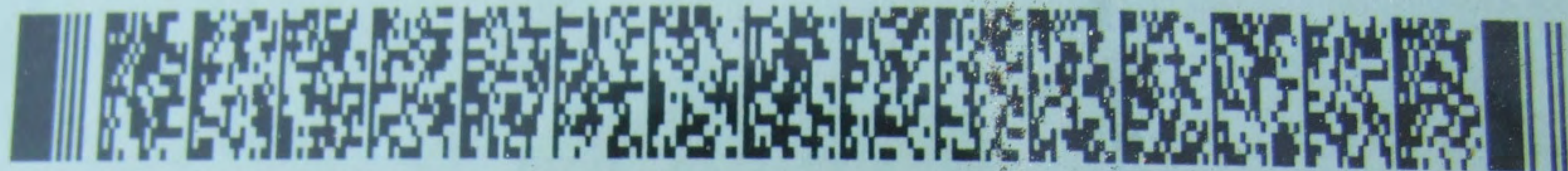
```
$01 A0 52 00 00 00 00
$02 AB C3 00 00 00 00
$03 41 53 37 30 37 32
$04 4B 37 44 32 32 32
$05 02 41 00 00 C3 00
$06 15 26 07 31 00 00
$10 FD B3 E0 00 00 00
$11 98 00 00 00 00 80
$12 60 40 FF FF 00 00
$13 0A 00 00 00 00 00
$14 F3 04 ED 05 50 00
$18 80 80 80 19 FF 00
$1C 38 FA 41 FA FA FA
$1D FA 38 FA 41 FA FA
$1E FA FA 00 00 00 00
$1F 00 05 00 00 00 00
$20 40 00 00 74 E0 00
$21 FF FF FF FF FF FF
$22 FF FF FF FF 00 00
$23 00 00 FF FF FF FF
$24 FF FF FF FF FF FF
$25 FF FF FF 02 00 00
$26 00 18 24 2B 3E FC
$27 00 00 00 00 00 00
$28 0D 0D 10 10 15 00
$29 FD B5 C0 00 00 00
$2A 00 00 00 2E 00 00
$2B 00 00 00 00 00 00
$2C 00 00 FF 00 00 13
$2D 00 00 00 00 00 00
$2E 00 00 00 00 00 00
$30 FF FF FF FF FF 00
$31 FF FF FF FF FF FF
$32 FF FF FF FF 00 00
$33 FF FF FF FF FF FF
$34 FF FF FF FF FF FF
$35 FF FF FF FF FF FF
$36 FF FF FF FF FF FF
$37 FF FF FF FF FF FF
$38 FF FF FF FF FF 00
$39 FF FF FF FF FF FF
$3A FF FF FF FF FF 00
$3B FF FF FF FF 00 00
$3C FF FF FF FF FF FF
$3D FF FF FF FF 00 00
$3E FF FF FF 00 00 00
$40 FF FF FF FF FF 00
$41 FF FF FF FF FF FF
$42 FF FF FF FF 00 00
$43 FF FF FF 00 00 00
$44 FF 00 00 00 00 00
$50 00 00 00 00 00 00
$51 0A AA 00 00 00 00
$60 FF FF FF FF FF FF
$61 FF 00 00 00 00 00
```




1G8AJ55F67Z



NEW YORK STATE DEPT. MOTOR VEHICLES NEW YORK STATE DEPT. MOTOR VEHICLES NEW YORK STATE DEPT. MOTOR VEHICLES NEW YORK STATE DEPT. MOTOR VEHICLES NEW YORK STATE DEPT. MOTOR VEHICLES NEW YORK STATE DEPT. MOTOR VEHICLES

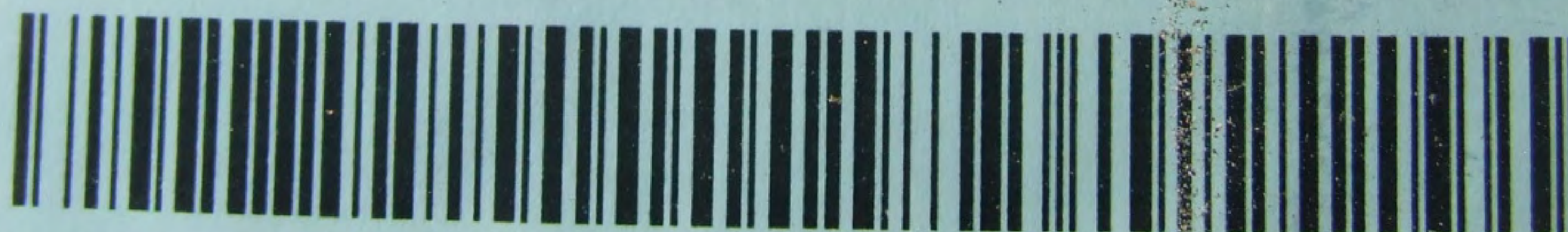


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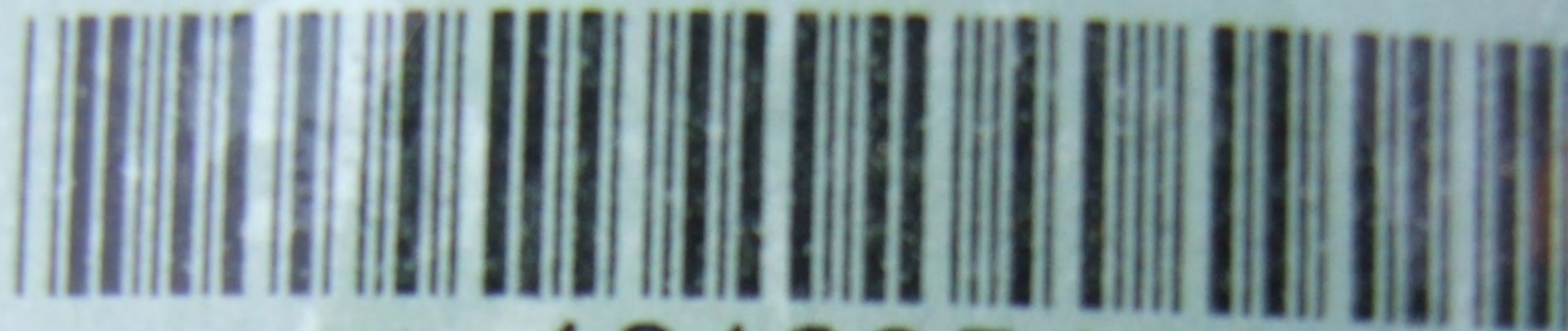
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CZA8012 PAS 8

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NEW YORK STATE DEPT. MOTOR VEHICLES NEW YORK STATE DEPT. MOTOR VEHICLES NEW YORK STATE DEPT. MOTOR VEHICLES NEW YORK STATE DEPT. MOTOR VEHICLES NEW YORK STATE DEPT. MOTOR VEHICLES NEW YORK STATE DEPT. MOTOR VEHICLES

VEHICLE REGISTRATION



10163544

NEW YORK STATE

SAFETY
INSPECTION
CERTIFICATE



2009



JAN

DEC

FEB

NOV

MAR

OCT

APR

MAY

JUN

AUG

SEP



[Redacted License Plate]

TOWN OF CENTER AND
DEPARTMENT OF TAXES
2008
14435

7 10

MEMBER

2009















































AVERTISSEMENT & WARNING

EVEN WITH ADVANCED AIR BAGS

- Children can be killed or seriously injured by the air bag.
- The back seat is the safest place for children.
- Never put a rear-facing child seat in the front.
- Always use seat belts and child restraints.
- See owner's manual (28) for more information about air bags.

MÊME AVEC DES SACS GONFLABLES INTELLIGENTS

- Les enfants peuvent être tués ou gravement blessés par le sac gonflable.
- Le siège arrière est l'endroit le plus sûr pour les enfants.
- Ne jamais placer à l'avant un siège pour enfant.
- Toujours utiliser les ceintures de sécurité et les accessoires de retenue pour enfants.
- Voir le Guide du propriétaire (28) pour plus d'information à propos des sacs gonflables.



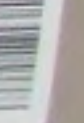
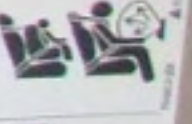
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DO NOT
REPLACE
THIS
COMPONENT
WITH
ANY
OTHER
PART
UNLESS
SPECIFICALLY
NOTED
OTHERWISE
THE
WARRANTY
WILL
BE
VOIDED
IF
THIS
COMPONENT
IS
REPLACED
WITH
ANY
OTHER
PART
UNLESS
SPECIFICALLY
NOTED
OTHERWISE

WARRANTY
INFORMATION
SEE
OWNER'S
MANUAL
FOR
DETAILS















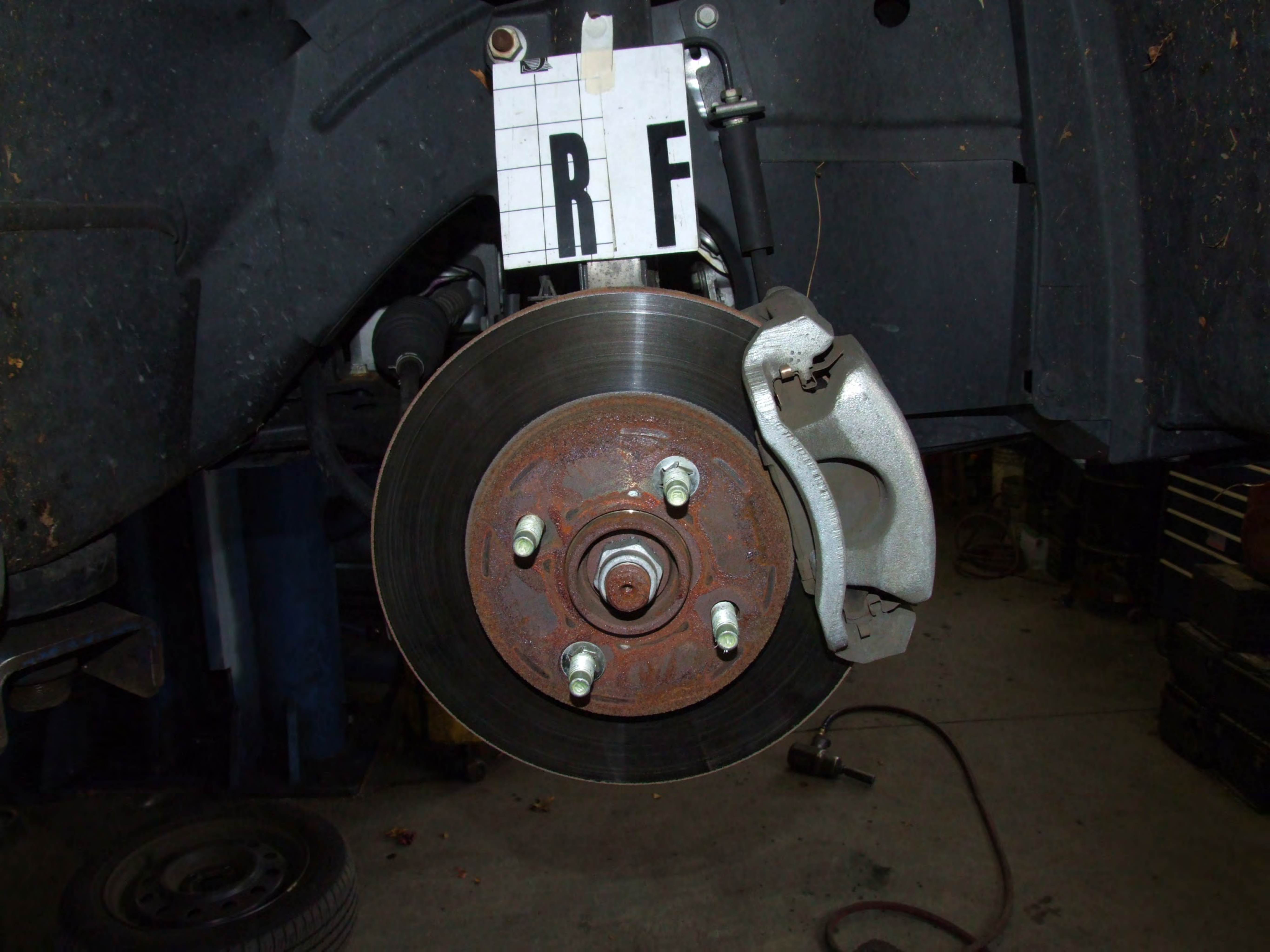






RF

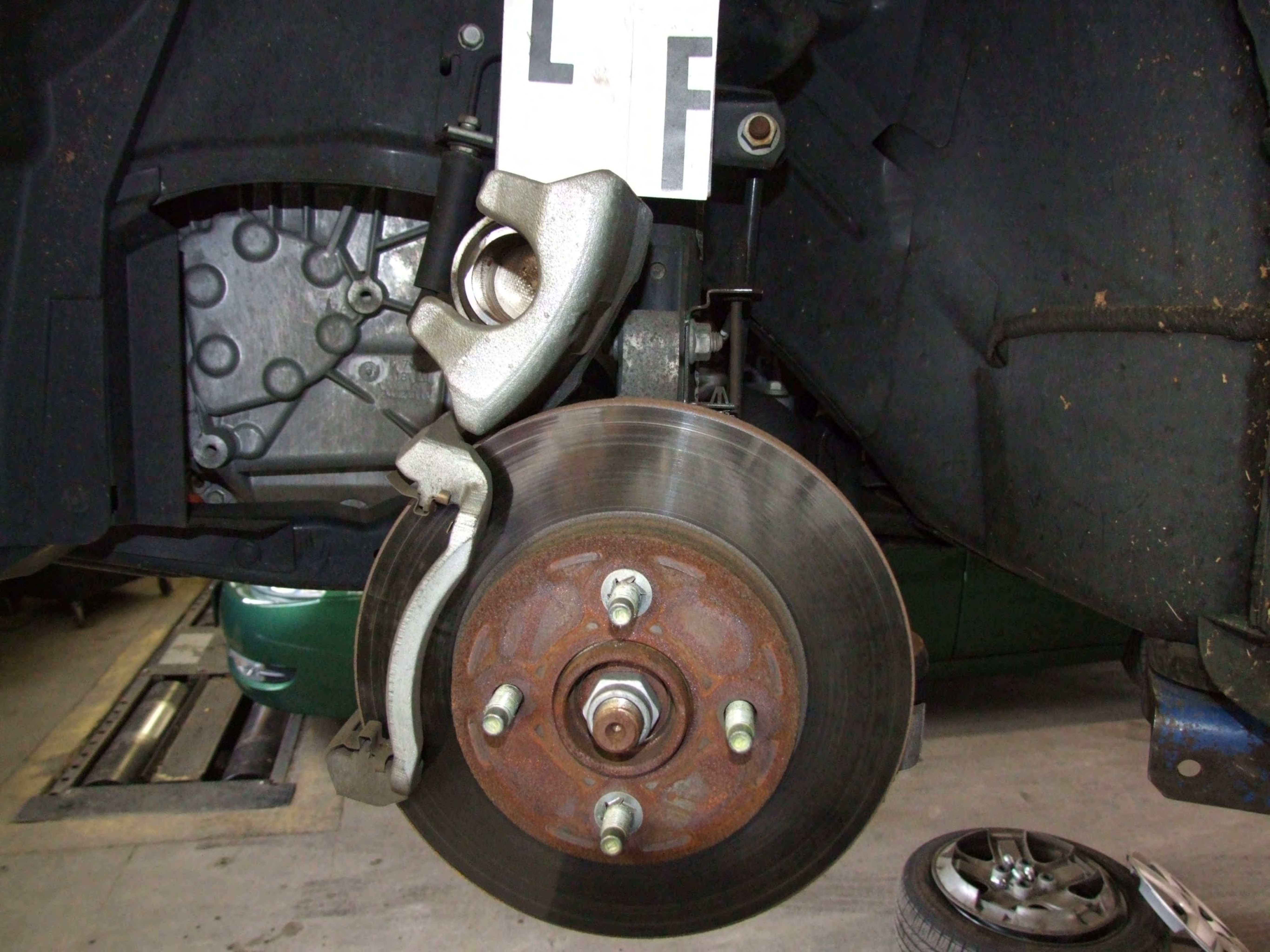




RF

LF







Handwritten notes on a piece of paper, including "R/F in 0.58", "1/2 in 0.58", and "1/2 in 0.58".

REF

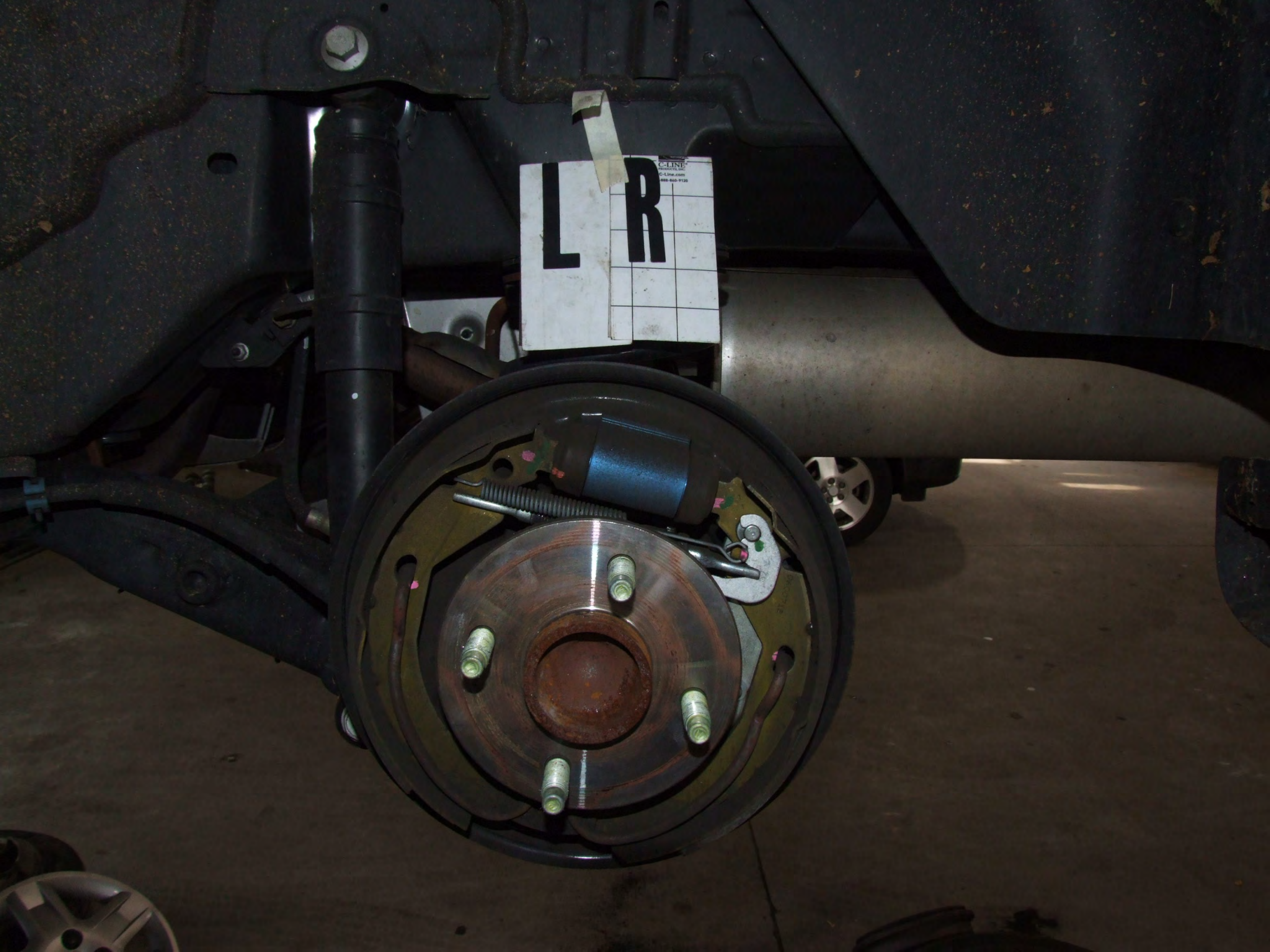


C-LINE
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C-Line.com
888-840-9120

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LR

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THERMODYNAMICS, INC.
C-Line.com
888-840-9120



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PRODUCTS, INC.
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888-860-9120

LR

Diagnostic Trouble Codes

No Diagnostic Trouble Codes.



TECH 2

Veh. DTC Info.

ECU Name	Status
----------	--------

Power Steering Control Mo	0
---------------------------	---

1 / 1 —

Power Steering Control Module

DLC Pin : 2

Restart

View All
DTCs



Veh. DTC Info.

ECU Name	Status
EBCM	0

EBCM

1 / 1 —

DLC Pin : 2

Restart

View All
DTCs



Veh. DTC Info.

ECU Name	Status
----------	--------

Body Control Module	0
---------------------	---

1 / 1 —

Body Control Module

DLC Pin : 2

Restart

View All
DTCs

Veh. DTC Info.

ECU Name

Status

ECM

0

1 / 1

ECM

DLC Pin : 14, 6

Restart

View All
DTCs



Veh. DTC Info.

ECU Name	Status
TCM	0

TCM	1 / 1	—
-----	-------	---

DLC Pin : 14, 6

Restart

View All
DTCs



TIRE AND LOADING INFORMATION

1G8AJ55F67Z [REDACTED]

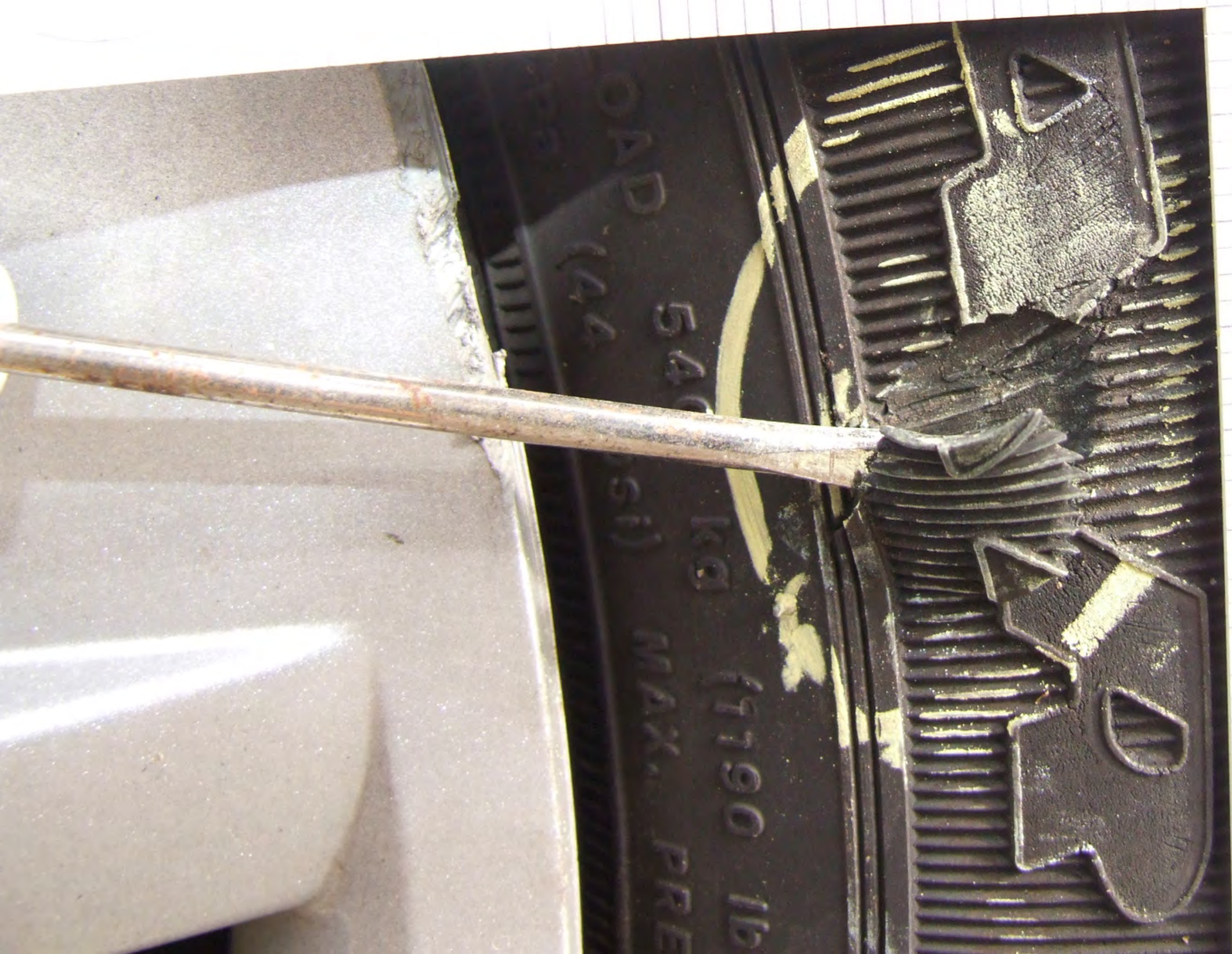
SEATING CAPACITY TOTAL 5 FRONT 2 REAR 3

The combined weight of occupants and cargo should never exceed 408 kg or 899 lbs.

TIRE	ORIGINAL SIZE	COLD TIRE PRESSURE
FRONT	P195/60R15 S	210 kPa, 30 PSI
REAR	P195/60R15 S	210 kPa, 30 PSI
SPARE	T115/70R14 M	420 kPa, 60 PSI

SEE OWNER'S
MANUAL FOR
ADDITIONAL
INFORMATION

2



1

2





M4S

TPMS SPEED SENSITIVE
P195/60R15 STT

STANDARD LOAD
1515KG

MAX LOAD 1515KG (3350 lbs)
3000 lbs (1360 kg) max weight

CONSTANT SPEED
85MPH (137km/h)

READ AND OBEY ALL TRAFFIC SIGNS AND ROAD MARKINGS





P.R. APP'D
NO. 339 TC

THE STANLEY
WORKS © 1988

1F

12

13







NYS • DLR. LIC. NO.
7101586

86th STREET CHEVROLET SAAB, INC.

1575 86th STREET - BROOKLYN, NEW YORK 11228

Sales 718 - 232-0200

Fax 718 - 236-9434

Service 718 - 232-5900

Parts 718 - 232-0133



NYC • DCA LIC. NO.
1223593

CUSTOMER NO.	68166		ADVISOR	CHRISTIAN UNGUREAB	501	TAG		INVOICE DATE	10/14/08	INVOICE NO.	CVCS24253
			LABOR RATE	104.95		MILEAGE	584	COLOR		STOCK NO.	81222870
			YEAR / MAKE / MODEL	08/CHEVROLET TRUCK/EXPRESS CARGO/VAN				DELIVERY DATE	09/30/08	DELIVERY MILES	36
	BROOKLYN, NY		VEHICLE I.D. NO.	1 G C F G 1 5 X 0 8				SELLING DEALER NO.		PRODUCTION DATE	
			F.T.E. NO.		R.O. NO.		R.O. DATE	10/13/08			
			BUSINESS PHONE					COMMENTS	MO: 596		

JOB# 1 CHARGES-----

LABOR-----
J# 1 10CVZ01 DRIVEABILITY CONCERN HOURS: TECH(S):10144 INTERNAL
CUSTOMER STATES WHEN DRIVING HAS SURGE AND VEHICLE
GOES ACCER BY ITS SELF
OPEN CASE NUMBER WITH TAC #10536827
SPOKE TO SCOTT LIKE
CALLED 10/14/08
SCANED PCM TCM BCM NO DTC
INSPECTED NO DTC IN SYSTEM
PERFORMED ROAD TEST VEHICLE IS TO SPEC
COULD NOT DUPLICATE CONCERN

JOB# 1 TOTALS-----

JOB# 1 JOURNAL PREFIX CVCS JOB# 1 TOTAL 0.00

JOB# 2 CHARGES-----

LABOR-----
J# 2 40CVZ01 BRAKE CONCERN HOURS: TECH(S):10144 INTERNAL
CUST STATES WHEN STEPING ON BRAKE PEDAL
BRAKE PEDAL GOES ALL THE WAY TO THE FLOOR.
TECH ISNPECTED VEHICLE AND COULD NOT DUPLICATE
CONCERN
BRAKES ARE TO SPECS

JOB# 2 TOTALS-----

JOB# 2 JOURNAL PREFIX CVCS JOB# 2 TOTAL 0.00

TOTALS-----

* [] CASH	[] CHECK	CK NO. []		TOTAL LABOR....	0.00
* [] VISA	[] MASTERCARD	[] DISCOVER		TOTAL PARTS....	0.00
* [] AMER XPRESS	[] OTHER	[] CHARGE		TOTAL SUBLET...	0.00
				TOTAL G.O.G....	0.00
				TOTAL MISC CHG.	0.00
				TOTAL MISC DISC	0.00
				TOTAL TAX.....	0.00

TOTAL INVOICE \$ 0.00

ALL SERVICE'S WERE RENDERED TO CUSTOMERS SATISFACTION
THANK YOU FOR YOUR BUSINESS!!

CUSTOMER SIGNATURE
***** DUPLICATE INVOICE *****

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
BRAKE & ABS SYSTEMS**

Customer's Name: { } Inspection Date: {11/12/2008}
 Vehicle Brand: {Saturn} Model: {2007/ION 2}
 File # {71-677552472} VIN: {1G8AJ55F67Z }

Mileage at Inspection: {23129}

Inspection Location: { Saturn of Hempstead 44 Old Franklin St.
 { Hempstead North, NY 11550

Inspector's phone number: {516-521-0427}

Inspected By: {Patrick Gallo}

Section 1

INSPECTION SUMMARY

Briefly describe the customer's allegation concerning the brakes/abs:

{Driver, { } stated the brakes and the steering failed, the brakes did not stop the vehicle and the steering locked and caused him to loss control and drive off the road way and into a ditch.

Following the inspection, summarize the facts and observations: {Observations: Observed 2007 Saturn ION 2 VIN 1G8AJ55F67Z { } with 23129 miles on the odometer. Vehicle had lower frontal damage to front air dam and lower right front bumper cover from impact. The radiator lower tank portion was broken open and lost all of its coolant. Impact marks on the chassis right front rail unit with dirt and other off road debris into the lower right front chassis area. CDR download was performed and attached to this report. Brake inspection and Steering inspection was performed and reports are attached to this case file.

Section 2

INTERVIEW - INCIDENT DETAILS

Provide a complete description of the incident according to the DRIVER / CLAIMANT

Interview mode: ☒ By Telephone ☐ In Person
 Interview date: {11/17/2008}

Incident Date and Time: {11/06/2008 @ 10:00 AM}

Provide a complete description of the incident according to the driver. Include information concerning the length of the drive immediately preceding the incident, the type of driving conditions, how many brake stops had occurred during this drive and, if the vehicle was pulling a trailer at the time of the incident, the estimated total weight of the cargo and trailer. Determine whether driver has experienced this type of behavior before. If so, how often? If so, has a dealer been contacted previously concerning the issue?

{Driver, { } stated he was driving east on Linden Street in Massapequa, New York just east of Broadway. It was raining and the roadway was full of wet leaves as he attempted to slow down and turn the vehicle, the steering locked and the brakes failed, this combination of events caused him to travel off the roadway and into a ditch, he notice that a yellow low traction light came on the dash at the same time. He was driving for about 10-15 minutes and approximately 4-5 miles prior to the incident. He was coming from Farmingdale High School.

Also have the driver describe the operation of the brake system immediately before the incident and what happened at the beginning and during the incident. Complete the table below.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
BRAKE & ABS SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: {11/12/2008
 Vehicle Brand: {Saturn Model: {2007/ION 2
 File # {71-677552472 VIN: {1G8AJ55F67Z [REDACTED]

	Before the Incident	At the Beginning* and During the Incident
Brake operation (normal, fade, pull, grab, etc.)	{Normal	{Did not slow the vehicle down quick enough.
Brake pedal feel (normal, hard, spongy, etc.)	{Normal	{Brake pedal was firm but was not slowing the vehicle down.
Warning lights/messages displayed. Describe	{Normal	{Yellow low traction light came on and then went off after the incident.
Unusual odors (from where?)	{None	{After the vehicle came to rest off road, it was smoking and there was unusual odor.
Other {None.	{None	{None

* The beginning of the incident is the initiation of the braking sequence during which the incident occurred.

Estimated vehicle speed: {35 MPH at the beginning of the incident according to the driver.

Describe what the driver did during the incident (pump brakes, steer, etc.)? Describe: {Depress the brakes and held them down, and try to steer but the wheel was locked.

Has the driver ever experienced this condition before? Describe. {No

Surface where incident occurred:

Type: Concrete, Asphalt, Gravel, Crushed Rock, Dirt or **O**ther? Describe: {Asphalt surface.

Condition: **W**et, Dry, Icy or Other? {Wet If other, specify: {Road way was full of wet leaves.

Other comments or observations that have not been covered? {Driver, Christopher Madonna stated at time of the incident the yellow Low Traction light came on the dash and then went off.

Section 3 INTERVIEW - VEHICLE HISTORY

Did the owner purchase the vehicle ☒ New or ☐ Used? Purchase Date: {06/22/2007

Source of information (name, address, phone number, & relationship if other than claimant):

{Driver, [REDACTED], Farmingdale, New York [REDACTED], Seventeen years old son of the owner.

Comments:

{Driver stated this was first time he has ever driven on wet leaves.

Note to the inspector: In questions 3-5 below, document only the information which relates to the incident/allegation.

Prior collision damage? (date, description, etc.) {None reported.

Repaired by: {NA

Describe **existing vehicle conditions** at the time of the incident(e.g. warning lights "On", engine miss, etc.):

{Driver stated at the time of the incident the yellow Low Traction light came on and then went off.

Repairs outside of warranty (what, when, by whom?): {None.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
BRAKE & ABS SYSTEMS**

<u>Customer's Name:</u>	{ [REDACTED] }	<u>Inspection Date:</u>	{11/12/2008}
<u>Vehicle Brand:</u>	{Saturn	<u>Model:</u>	{2007/ION 2
<u>File #</u>	{71-677552472	<u>VIN:</u>	{1G8AJ55F67Z [REDACTED]}

Other **vehicle history** information (from person being interviewed or GM Warranty History)? **{GM Global Connect information reported, 09/30/08 RO# 0472741 LO-E7650 lock cylinder replaced 21,167 miles. stated he has all his maintenance service at Jiffy Lube.**

Last brake maintenance (date, description, by whom?): **{None reported.**

Section 4 VEHICLE INSPECTION

The vehicle inspection documents the physical evidence via color photographs and written observations. By recording your observations in the following section, you will be following a methodical inspection format. You will also be directing the GM representative's attention to the areas of the photos that you see as being significant to the allegation or customer concern.

Take color photographs of the following: (include overview and closeup photos of damaged areas)

A. Exterior:

Front	VIN
Right side	Left side
Rear	

Comments: **{Right lower frontal damage. Photos: 10, 34-36, 38-39 and 42-43.**

B. Brakes:

Front assemblies with calipers removed
Rear assemblies with drums/calipers removed

Comments: **{Brake components inspection. Photos 45-53. Brake static test. photos 68-70.**

C. Interior:

Instrument panel & odometer
List all driver electrical controls which are in the "On" position: **{Odometer photo # 16, Cluster photo # 71. No driver controls on at time of inspection.**

Comments:

D. Underhood:

Engine compartment	Brake lines and hoses
Master cylinder and brake fluid reservoir	ABS/TCS Modulator

Comments: **{Engine compartment photos-29-31. Master cylinder photo # 33. Brake lines and hoses photos-40-41.**

E. Underbody:

Scrapes or impact damage on the following:
Fuel tank
Tires/Wheels

Comments: **{Chassis photos- 34-41. _Damage radiator and related componets photos-35 & 42. Tires right rear damaged photos-66 &67. note right rear tire has 1 1/2" cut on the side wall noted in photo #66.**

F. General Observations (Take photographs if applicable):

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
BRAKE & ABS SYSTEMS**

Customer's Name: { } Inspection Date: {11/12/2008}
 Vehicle Brand: {Saturn} Model: {2007/ION 2}
 File # {71-677552472} VIN: {1G8AJ55F67Z }

Anything on vehicle which is after-market: {After-market front floor mats noted in left front was improperly place at time of inspection. See photo # 11}

Anything on vehicle which is a modification: {None found.}

Other relevant information: {None}

Section 5

BRAKES

Use the following table to identify what you did and what you found during the inspection of the brake system. Identify the tests and test results for the applicable items. Describe anything relevant to the allegation that is not in normal working condition, does not function properly or is a non production part. Record all diagnostic trouble codes found, the description of each current or history code and any other relevant data obtained using a scan tool.

	OBSERVATIONS/TEST RESULTS
Red brake warning light-note the operation of the light when the ignition key is turned "ON", also with park brake applied and released.	{When key is turned on the dash performs cycle self test all lights illuminate and then go off after five seconds. Parking brake light stays illuminate until the brake is released. Seat belt light is illuminated until the belts are connected. SIR light is not illuminate after cycle test.
Yellow ABS light-note the operation of the light when the ignition key is turned "ON"	{ABS light is not on after dash cycle test.
Brake fluid level and condition-comment on the level, color, contamination, and smell	{Master cylinder fluid is full and clean, no unusual odors present.
Boost/booster/master cylinder-with engine "off", deplete the booster and hold the brake pedal, start engine and note pedal behavior. Turn the engine "off" and note the number of pedal applies required to deplete the booster. If engine operation is not possible, check the booster for proper vacuum hose connection.	{Booster depleted pedal is down 2" from normal, after engine is restated the brake pedal returns to normal position and with full pressure on the pedal it drops 1/4" and holds firm, no concerns found in brake booster or brake system.
External leakage? Check all hydraulic lines, connections, wheel cylinders (if any), and ABS modulator connections.	{No brake fluid leaks found no evidence of past leaks noted.
Pedal travel, check per service manual. A pedal force gage is necessary for proper check of pedal travel.	{Pedal travel checked with full pressure applied the pedal travel downward is 1" to 3/4" and holds firm.
Front brakes-note condition of calipers, rotors as to whether they are grooved, corroded, leaking, etc.	{Front calipers show no signs of leaking or moisture around seals. Rotors have minimum grooving and are in good condition.
Rear brakes describe the condition of the rotors or drums (scored, smooth, corroded)	{Rear brake drums show signs of normal wear and no adverse condition was noted.
Pads and linings-measure and record lining thickness in inches or millimeters. Note condition.	{Front brake pads: Left front: inner pad 0.555" outer pad 0.566" rotor 0.952". Right front: inner pad 0.523" outer pad 0.541" rotor 0.946". Left rear: brake shoes primary 6.48" secondary 6.17" drum 9.045". Right rear: brake shoes primary 6.16" secondary 6.11" drum 9.048".

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
BRAKE & ABS SYSTEMS**

Customer's Name: { } Inspection Date: {11/12/2008}
 Vehicle Brand: {Saturn} Model: {2007/ION 2}
 File # {71-677552472} VIN: {1G8AJ55F67Z }

	Brake rotors have minimum grooving and are lightly glazed. Rear drums are lightly glazed.
ABS/TCS/SES system-check for codes, current and history	{No DTC'S in ABS system, no history codes or current codes found.
Other(scan tool results, description of codes, etc.) {Tech II Used.	{No DTC'S found, all systems checked and photographed see photos numbers-54,59,60,61,62 and 63.

Other Comments: **{Was unable to road test due radiator damage, all tests were static tested.**

BRAKE SYSTEM PERFORMANCE WHILE STOPPING ON A DRY LEVEL ROAD:
OBSERVATIONS: **{None.**

ABS/TCS SYSTEM PERFORMANCE ON A WET OR GRAVEL ROAD:
OBSERVATIONS: **{None.**

If vehicle is not driveable, conduct a brake torque test if possible. Start the engine, place the transmission in Drive with the foot on the brake. Slowly apply throttle and note the results. Is the brake able to hold the vehicle stationary? If not, at what throttle position does the vehicle begin to move.

Conduct a parking brake test. Apply the park brake, start the engine, place the transmission in Drive and slowly apply the throttle and note the results. If the vehicle begins to move, note the throttle position that causes the vehicle to move.

Section 6 TIRES

1. TIRE IDENTIFICATION:

Use a tread depth gauge at four points around the circumference to determine the average tread depth. If the tire size is different than specified on the tire placard, check the ABS calibration and note the findings.

	TIRE BRAND	TIRE TYPE	TIRE SIZE	PRESSURE	AVE. TREAD DEPTH	DOT NUMBERS *
	(Goodyear)	(Eagle GA)	(P205/70R15)	(psi)	32nds of inch	
LF	{Goodyear	{Assurance	{P195/60R15	{22 PSI	{5/32	{M6V9 18DR
RF	{Goodyear	{Assurance	{P195/60R15	{26 PSI	{5/32	{M6V9 18DR
LR	{Goodyear	{Assurance	{P195/60R15	{24 PSI	{10/32	{M6V9 18DR
RR	{Goodyear	{Assurance	{P195/60R15	{24 PSI	{10/32	{M6V9 18DR

* Note: DOT numbers are found on the inside of the tire, adjacent to the rim.

Describe and photograph any damage to tires, such as scrapes, marks due to impact, cuts, tread separation, flat spots etc.

{Left rear tire outer side wall has 3/4" cut noted on photo number 65 and 66.

2. TIRE PLACARD DATA:

Record the following data: (located on driver's door edge or inside the decklid)

	SIZE	PRESSURE (psi)
TIRES	{P195/60R15	{30 PSI

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
BRAKE & ABS SYSTEMS**

Customer's Name: { } Inspection Date: {11/12/2008}
 Vehicle Brand: {Saturn} Model: {2007/ION 2}
 File # {71-677552472} VIN: {1G8AJ55F67Z }

Section 7

WHEELS**WHEEL CONDITION:**

Note and photograph any damage to wheels and mountings, such as bent rims, impact marks, etc.

{Right front wheel cover has outer edge scrapes noted on photo # 67.

Section 8

SITE INSPECTION (If applicable)

Carefully consider the facts in the case and then document the basis of your decision concerning whether to inspect the site of the incident. General Motors prefers site inspections as noted on the assignment sheet. If an inspection of the site is done, it is important to move quickly so that valuable information is not lost.

{No site inspection performed.

Section 9

Comment Overflow Sheet

Please use this page if needed for additional comments from the inspection form. Please note the section and area the comments are continued from prior to each comment.

{No police report was obtained by owner, Police report number is Nassau County Police Department-7-2899, Police officer name: PO Ludewig.

Section 10

Other Report Information

Check here if there was evidence of a "Fire-Related" event.

According to NHTSA, "fire" means combustion or burning of material in or from a vehicle as evidenced by flame. The term also includes, but is not limited to, thermal events and fire-related phenomena such as smoke, sparks or smoldering, but does not include events and phenomena associated with a normally functioning vehicle, such as combustion of fuel within an engine or exhaust from an engine.

Attachments: (Check all that apply)

☒ Photographs ☒ Data Downloads ☒ Other Records

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name: { } Inspection Date: 11/12/2008
Vehicle Brand: {Saturn} Model: { 2007/ ION-2
File # {71-677552472VIN: {1G8AJ55F67Z { }

Inspector Patrick Gallo

Number Photos 66

Roll Number

<u>Neg.#</u>	<u>Description</u>
0	
1.	VIN PLATE DASH
2.	NYS REGISTRATION
3.	NYS INSPECTION STICKER
4.	VEHICLE WINDSHIELD FULL VIEW
5.	VEHICLE FRONT VIEW
6.	VEHICLE RIGHT SIDE VIEW
7.	VEHICLE REAR VIEW
8.	VEHICLE LEFT SIDE FROM REAR ANGLE
9.	VEHICLE LEFT SIDE FROM FRONT ANGLE
10.	VEHICLE FRONT LOW
11.	INTERIOR LEFT FRONT FLOOR AREA AFTER-MARKET FLOOR MAT
12.	INTERIOR LEFT FRONT KNEE BOLSTER AREA
13.	INTERIOR LEFT FRONT SEATING AREA WITH SEAT BELTS VIEWED
14.	INTERIOR SIDE VIEW OF STEERING WHEEL LEFT SIDE
15.	INTERIOR LEFT FRONT VIEWED FROM OPEN DOOR
16.	ODOMETER VIEW WITH (23,129) MILES
17.	INSTRUMENT CLUSTER
18.	INTERIOR REAR SEATING AREA WITH SEAT BELTS VIEWED FROM LEFT SIDE
19.	INTERIOR LEFT REAR VIEWED FROM DOOR OPENING
20.	INTERIOR RIGHT REAR VIEWED FROM DOOR OPENING
21.	INTERIOR RIGHT FRONT GLOVE BOX AND KNEE BOLSTER AREA
22.	INTERIOR RIGHT FRONT SEATING AREA WITH SEAT BELTS VIEWED
23.	INTERIOR LEFT SIDE SEAT BELT "D" RING
24.	INTERIOR RIGH SIDE SEAT BELT 'D" RING
25.	INTERIOR FRONT VIEWED FROM RIGHT DOOR OPENING
26.	INTERIOR FULL VIEW OF DASH AREA
27.	INTERIOR FRONT HEADLINER AND VISORS AREA
28.	INTERIOR REAR CARGO AREA (TRUNK OPEN)
29.	ENGINE COMPARTMENT FRONT VIEW
30.	ENGINE COMPARTMENT LEFT SIDE VIEW
31.	ENGINE COMPARTMENT RIGHT SIDE VIEW
32.	HOOD PANEL UNDERSIDE VIEWED
33.	BRAKE MASTER CYLINDER REMOTE FLUID RESERVOIR NOTING FLUID LEVEL
34.	CHASSIS FRONTAL AREA NOTING IMPACT DAMAGE LEFT SIDE VIEW
35.	CHASSIS FRONTAL AREA NOTING IMPACT DAMAGE RIGHT SIDE VIEW
36.	CHASSIS FRONTAL AREA NOTING DAMAGE
37.	CHASSIS REAR VIEW
38.	CHASSIS FRONT DAMAGEED AREA CLOSE UP
39.	CHASSIS FRONT IMPACTED AREAS CLOSE UP
40.	CHASSIS FRAME RAIL AND OIL PAN DAMAGE NOTED, STEERING LINKAGE VIEWED
41.	CHASSIS AND LEFT SIDE STEERING LINKAGE VIEWED
42.	RADIATOR LOWER RIGHT CORNER CRACKED OPEN FROM IMPACT
43.	VEHICLE RIGHT FRONT LOWER BUMPER COVER NOTING IMPACT DAMAGE
44.	PHOTO DELETED
45.	BRAKE RIGHT FRONT ROTOR AND CALIPER AREA
46.	BRAKE RIGHT FRONT ROTOR AND CALIPER AREA

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name: { [REDACTED] } Inspection Date: 11/12/2008
Vehicle Brand: { Saturn } Model: { 2007/ ION-2 }
File # { 71-677552472 } VIN: { 1G8AJ55F67Z [REDACTED] }

- 47. BRAKE PADS LEFT FRONT VIEW
- 48. BRAKE LEFT FRONT ROTOR AND CALIPER AREA VIEWED
- 49. BRAKE RIGHT FRONT PADS VIEWED
- 50. BRAKE RIGHT REAR BRAKE SHOES AND WHEEL CYLINDER VIEWED
- 51. BRAKE RIGHT DRUM ASSEMBLY VIEWED

- 52. BRAKE LEFT REAR BRAKE SHOES AND WHEEL CYLINDER VIEWED
- 53. BRAKE LEFT REAR DRUM VIEWED
- 54. TECH II SCREEN VIEWED
- 55. PHOTO DELETED
- 56. PHOTO DELETED
- 57. PHOTO DELETED
- 58. PHOTO DELETED
- 59. TECH II SCREEN VIEWED
- 60. TECH II SCREEN VIEWED
- 61. TECH II SCREEN VIEWED
- 62. TECH II SCREEN VIEWED
- 63. TECH II SCREEN VIEWED
- 64. TIRE INFORMATION STICKER
- 65. TIRE DAMAGE CLOSE UP NOTING 2" CUT ON SIDEWALL RIGHT REAR TIRE
- 66. TIRE RIGHT REAR
- 67. WHEEL COVER RIGHT FRONT NOTING DEEP SCRAPE MARKS AND GOUGED
- 68. BRAKE STATIC TESTING AND PEDAL DROP TEST PART 1
- 69. BRAKE STATIC TESTING AND PEDAL DROP TEST PART 2
- 70. BRAKE STATIC TESTING AND PEDAL DROP TEST PART 3
- 71. BRAKE STATIC TESTING NOTING BRAKES HOLDING AT 1800 RPMS

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	11/12/2008
<u>Vehicle Brand:</u>	{Saturn	<u>Model:</u>	{ 2007/ ION-2
<u>File #</u>	{71-677552472VIN: {1G8AJ55F67Z	[REDACTED]	

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	11/12/2008
<u>Vehicle Brand:</u>	{Saturn	<u>Model:</u>	{ 2007/ ION-2
<u>File #</u>	{71-677552472VIN: {1G8AJ55F67Z	[REDACTED]	

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: {11/12/2008
 Vehicle Brand: {Saturn Model: {2007/ION 2
 File #: {71-677552472 VIN: {1G8AJ55F67Z [REDACTED]

Mileage at Inspection: {23129

Inspection Location: {Saturn of Hempstead 44 Old Franklin St.
 { Hempstead, New York 11550

Inspector's phone number: {516-521-0427

Inspected By: {Patrick Gallo

Section 1 INSPECTION SUMMARY

BRIEFLY Describe the customer's ALLEGATION below:

{Driver, [REDACTED] stated the brakes and the steering failed, the brakes did not stop the vehicle and the steering locked and caused him to loss control and drive off the roadway and into a ditch.

Following the inspection, summarize the facts and observations: (Additional cmts may be placed in section 9)

Observations: Observed 2007 Saturn ION 2 VIN 1G8AJ55F67Z [REDACTED] with 23129 miles on the odometer. Vehicle had lower frontal damage to front air dam and lower right front bumper cover from impact. The radiator lower tank portion was broken open and lost all of its coolant. Impact marks on the chassis right front rail with dirt and other off road debris into the lower right chassis area. CDR download was performed and attached to this report. Brake inspection and Steering inspection was performed and reports are attached to this case file.

Section 2 INTERVIEW - INCIDENT DETAILS

Obtain all of the information for this section from the Driver/Claimant

Provide a complete description of the incident according to the DRIVER / CLAIMANT

Interview mode: ☒ By Telephone ☐ In Person

Incident Date and Time: {11/06/2008 @ 10:00 AM

Interview date: {11/17/2008

Was a police/fire department report obtained? ☐ Yes ☒ No

Provide driver/claimant's description of incident. If there was a collision, describe all collision events; include description of other vehicles involved; describe all objects contacted and the sequence in which they were contacted. (Additional cmts may be placed in section 9)

{Police report number: Nassau County Police Department #7-2899 Police officer Lugewig. Owner has not obtain a copy at this time. Driver [REDACTED] stated he was driving east on Linden Street in Massapequa, New York just east of Broadway. It was raining and the roadway was full of wet leaves as he attempted to slow down and turn the vehicle, the steering locked and the brakes failed, this combination of events caused him to travel off the roadway and into a ditch, he notice that a yellow low traction light came on the dash at the same time. He was driving for about 10-15 minutes and approximately 4-5 miles prior to the incident. He was coming from Farmingdale High School.

Driver/other occupant's physical description (include name, gender, height, weight, & disabilities):

[REDACTED], Male, 17 years old, 5'6", 150 Lbs., No Disabilities reported.

If there was a collision:

Describe extent of any injuries to the Driver: {None reported.

Describe where other occupants were seated & extent of any injuries: {No other occupants.

What was the exact location of the incident. {East on Linden Street Massapequa, New York, just east of Broadway.

Driving conditions at the time of the incident: Raining and the roadway was full of wet leaves.

Weather conditions & Visibility: {Raining and Cloudy} Approximate Temp (°F): {60

Road Surface: ☐ Concrete ☒ Asphalt ☐ Gravel ☐ Crushed rock ☐ Dirt

Road Condition: ☐ Dry ☒ Wet ☐ Icy ☐ Other: {

Shoulder ☒ Curb ☐: ☐ Concrete ☐ Asphalt ☐ Gravel ☐ Crushed rock ☒ Dirt

Shoulder/Curb Condition: ☐ Dry ☒ Wet ☐ Icy ☐ Other: {

Posted Speed Limit {Unknown

Confidential GM/PAR

Rev 04-19-2004

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: {11/12/2008
 Vehicle Brand: {Saturn Model: {2007/ION 2
 File # {71-677552472 VIN: {1G8AJ55F67Z [REDACTED]

Any objects in the road? (rocks, scrap metal, pothole, speed bump, etc.)_{

Length of Drive Prior to Incident:

Total Time (hrs. & mins.):{10-15 mins Distance (miles):_{4-5 miles

Estimate of vehicle speed:_{35 mph Source of est. {Driver

Estimated vehicle speed at impact: Unknown mph Source of est._{Driver

(Do Not report speed information from the Vetronix data here)

If the driver/claimant description of the vehicle operation prior to and during the incident does not include the following information, please obtain it.

Steering	Normal <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Describe {Steering wheel locked and traction control light came on.
Suspension	Normal <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Describe {NA
Brakes	Normal <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Describe {Brakes failed to stop the vehicle.
Engine	Normal <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Describe {NA
Electrical	Normal <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Describe {NA

Were any warning lights illuminated or driver information center messages displayed? ☒ Yes ☐ No If "Yes", get the details and describe the event(s).

Yellow traction control light came on when the events occur.

Has the vehicle behavior noted during this incident ever been noted prior to this incident? ☐ Yes ☒ No If "Yes", get the details and describe the event(s).

Also, determine whether there were any warning lights illuminated, messages on driver information panel, unusual noises, smoke or steam observed. **{When the vehicle came to rest after the incident smoke/steam form under the vehicle was noted.**

Describe any evasive action: ☒ Turning ☒ Braking ☐ Accelerating ☐ Other: {NA

Describe cargo (in the vehicle interior, trunk and/or trailer (if any)):_{None.

Estimated total weight of cargo:_{ Estimated weight of the trailer, if any. {NA

If a trailer was being towed, photograph the hitch structure, both on the trailer and towing vehicle.

Did the vehicle leave the roadway?: ☒ Yes ☐ No Describe: {NA

Objects Impacted:_{ Off road surface in side ditch.

How was the vehicle transported from the incident site to the present location? ☒ Tow Truck ☐ Flat Bed ☐ Other

Additional comments concerning the incident:_{ **Vehicle was removed from scene by Scappy's Towing Service, and later removed from Scappy's by SJS Towing and Recovery to Saturn of Hempstead NY**

Section 3

INTERVIEW - VEHICLE HISTORY

Source of information (name, address, phone number, & relationship), if other than claimant:

{Driver, [REDACTED] Farmingdale, NY [REDACTED] 17 year old son of the owner.

Comments: (Additional cmts may be placed in section 9)

{NA

Did the owner purchase the vehicle new? ☒ Yes ☐ No Date{06/22/07 Used? ☐ Yes ☒ No Date{NA

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: {11/12/2008
 Vehicle Brand: {Saturn Model: {2007/ION 2
 File # {71-677552472 VIN: {1G8AJ55F67Z [REDACTED]

VEHICLE MODIFICATIONS / ALTERATIONS

Are any vehicle modifications or alterations present, and has any after-market equipment been installed? (e.g., objects attached to the steering wheel or instrument panel, controls for disabled persons, shock absorbers, springs, modified body, electrical components, powertrain, wheels or tires, after-market seats, etc..) Describe:

{After-market front floor mats, no other alterations or modifications found.

VEHICLE REPAIR / SERVICE HISTORY

Prior electrical system service? ☐ No ☒ Yes If yes, describe: {Ignition lock module and cylinder.

Prior collision repair? ☒ No ☐ Yes If yes, describe: {NA

Repaired by whom? (name, address, phone) {NA

Prior chassis system service, repair, or replacement? ☒ No ☐ Yes If yes, describe what was done:

Prior electrical system components serviced, repaired, or replaced by whom? (name, address, phone number)

{Saturn of Hempstead 44 Old Franklin St. Hempstead, NY 516-565-2700 RO#0472741 09/30/08.

Any other pertinent vehicle history information (from interview, GM warranty or dealership history files)? ☒ No ☐ Yes

If yes, describe: {NA

Section 4

VEHICLE INSPECTION – VISUAL/PHOTO

THE VEHICLE VISUAL INSPECTION DOCUMENTS THE PHYSICAL EVIDENCE USING PHOTOS AND WRITTEN OBSERVATIONS. RECORD YOUR OBSERVATIONS IN THE APPROPRIATE SECTION.

PHOTOGRAPH THE EXTERIOR OF THE VEHICLE AS FOLLOWS: VIN PLATE, QUARTER VIEWS FROM LEFT FRONT, RIGHT REAR ARE REQUIRED, AND DOCUMENT FURTHER EXTERIOR DAMAGE WITH MANY PHOTOS.

DESCRIBE ANY DAMAGE TO THE VEHICLE BODY:

{Frontal impact damage: right front lower air dam broken off the vehicle. Right front lower bumper cover dented inwards 5". Radiator assembly, lower tank portion broken open. Right rear tire cut 3/4" on sidewall. Chassis frame right front rails dented and gouged 6" rearward.

UNDERBODY / FRAME / CHASSIS AREA: Describe any damage to the underside of the vehicle. Note the condition of the bumpers, frame, suspension, tires, wheels, brake and fuel lines & engine mount(s)/crossmember. Photograph and comment on any contact between vehicle components and the underbody. Photograph if damage is present.

{Right front frame rail impact damage scraped and gouged 5" rearwards.

CORNER ASSEMBLIES

Struts/shocks

Springs

Control arms

Ball joints

Steering knuckles

Axle assemblies

Tire/wheel assemblies

Comments: **{Right rear tire has 3/4" cut on the outside sidewall.**

UNDERHOOD

Engine compartment

Brake fluid level and condition

Power steering lines, hoses, clamps and connections

Power steering fluid level and condition

Comments:

{Radiator assembly lower right tank portion broken off and all coolant lost.

GENERAL OBSERVATIONS

Photograph and comment on any aftermarket equipment found, vehicle modifications or items that are unusual or out of place.

Comments:

{Interior left front after-market floor mat improperly placed at time of inspection noted on photo number 11.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

<u>Customer's Name:</u>	{ [REDACTED] }	<u>Inspection Date:</u>	{11/12/2008}
<u>Vehicle Brand:</u>	{ Saturn }	<u>Model:</u>	{ 2007/ION 2 }
<u>File #</u>	{ 71-677552472 }	<u>VIN:</u>	{ 1G8AJ55F67Z } [REDACTED]

Section 5

VEHICLE INSPECTION - PASSENGER COMPARTMENT**INTERIOR**

Instrument panel	Odometer
Controls	Steering wheel and column
Overall view of seat position	Driver and passenger seat back angle (inclinometer measurement)
Photo of options label-glove box/trunk	Sunvisors and headliner
Personal items/cargo	

INTERIOR INSPECTION (Describe any damage and photograph)
{No Interior damage found.}

Section 6

STEERING, SUSPENSION, TIRE AND WHEEL SYSTEM INSPECTION

Use the following table to identify what you did and what you found during the inspection. Identify the tests and test results for the applicable items. Describe anything relevant to the allegation that is not in normal working condition, does not function properly or is a non production part. Take appropriate photographs.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: {11/12/2008}

Vehicle Brand: {Saturn} Model: {2007/ION 2}

File # {71-677552472} VIN: {1G8AJ55F67Z [REDACTED]}

ITEM	OBSERVATIONS/TEST RESULTS
Steering system-Are all components in place and connected in a normal manner? Can the steering wheel be rotated lock to lock with appropriate movement of the front wheels. Is there any binding, sticking or uneven feel?	{Checked steering systems, all components in place and operating normally, steering wheel turns lock to lock without any concerns.
Steering linkage-Is the linkage free from cracks, bends, fractures, etc. Are there any scrapes, abrasions, signs of contact with any of the linkage?	{Electronic system checked and operating without concerns.
Gear/rack and pinion-Any sign of leakage, damage to boots on the rack, contact by foreign objects?	{Gear assembly in place and has no signs of leaks or past leaking.
Steering column, ignition switch, intermediate shaft. Does the column unlock with the ignition key "on"? Is the steering column properly fastened to the dash?	{Steering column and all related components are in place and operating.
Steering pump, drive, hoses, connections, flow, pressure. If possible, start the engine and rotate the steering wheel lock to lock. Is power assist normal? If not, it may be necessary to check pressure and flow.	{NA
PS fluid level and condition-Color, contamination, odor	{NA
Steering knuckle-All attachments secure and proper?	{No concerns found.
Suspension components – LF Strut attachments, springs intact; control arms properly attached, deformed, broken, scraped, etc. Sway bars properly attached.	{No concerns found.
Strut attachments, springs intact; control arms properly attached, deformed, broken, scraped, etc. RF	{No concerns found.
Strut attachments, springs intact; control arms properly attached, deformed, broken, scraped, etc Rear sway bars,	{No concerns found.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: {11/12/2008
 Vehicle Brand: {Saturn Model: {2007/ION 2
 File # {71-677552472 VIN: {1G8AJ55F67Z [REDACTED]

trailing arms properly attached and undamaged. LR	
Strut attachments, springs intact; control arms properly attached, deformed, broken, scraped, etc. RR	{No concerns found.
Rear axle assembly-deformed, signs of impact, properly located, etc.	{No damage noted.
Deformation to the frame	{Right front rail has impact marks and gouged.
Describe and photograph evidence of axle/ suspension/ tire contact with frame, body or components	{None found.
Describe and photograph contact of the under- carriage with the road surface (road, shoulder, curb, or grass)	{Right front frame rail impacted, noted gouged and scraped. see photo #38-40.
Stability Enhancement system/components-check for codes with Tech II	{No DTC'S in system, no history codes or current. See photos 54, 59-63.
Engine (normal, other)-Obtain codes using a Tech II.	{No DTC'S in system, no history or current. See photos 54, 59-63.
Electrical (normal, other)	{NO concerns found.
Warning lights/messages displayed? Describe and obtain codes using a Tech II	{NO codes history or current. See photos 54, 59-63.
Anything components missing?	{NO missing components noted.
Other	{NA

If the vehicle is driveable, conduct a road test to evaluate the concern expressed by the customer. Describe the results of the road test. If the concern is observed during the road test, it would be desirable to get a Tech II "snapshot". **{Due to radiator damage all static tests performed, brakes and steering systems.**

If the vehicle is equipped with an ABS/Traction Control/Stability Enhancement System, use a Tech II to obtain any codes stored as current and/or history. Document via photos and include the code description. Follow the procedures in the service manual to determine the cause of each stored code which relates to the allegation. State which procedures were followed, record results of each test and state the root cause of each code. Consult with the CRM or Team Manager of the PAR group if this process leads to a disassembly of components. Follow the procedure in the General Guidelines for parts that need to be assembled for evaluation.

Inspect the system wiring, connections and components for damage. Note if the damage was the result of the incident.

TIRE AND WHEEL INSPECTION

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: {11/12/2008
 Vehicle Brand: {Saturn Model: {2007/ION 2
 File # {71-677552472 VIN: {1G8AJ55F67Z [REDACTED]

1. IDENTIFICATION:

	TIRE BRAND (Goodyear)	TIRE TYPE (Eagle GA)	TIRE SIZE (P205/70R15)	PRESSURE (psi)	AVE. TREAD DEPTH 32nds of inch	DOT Numbers
LF	<u>Goodyear</u>	<u>Assurance</u>	<u>P195/60R15</u>	<u>22 PSI</u>	<u>5/32</u>	<u>M6V9 18DR</u>
RF	<u>Goodyear</u>	<u>Assurance</u>	<u>P195/60R15</u>	<u>26 PSI</u>	<u>5/32</u>	<u>M6V9 18DR</u>
LR	<u>Goodyear</u>	<u>Assurance</u>	<u>P195/60R15</u>	<u>24 PSI</u>	<u>10/32</u>	<u>M6V9 18DR</u>
RR	<u>Goodyear</u>	<u>Assurance</u>	<u>P195/60R15</u>	<u>24 PSI</u>	<u>10/32</u>	<u>M6V9 18DR</u>

Note: DOT numbers may be found on the inside of each tire adjacent to the rim.

Describe and photograph any damage to tires and wheels, such as scrapes, marks due to impact, cuts, tread separation, flat spots, bead separation, embedded grass/dirt, etc. Photographs should include inner and outer views of the damaged tire/wheel assemblies with chalk marks on each assembly to denote position on vehicle (RF, LF, RR and LR).

LF NONE

RF NONE

LR NONE

RR 3/4" CUT ON OUTSIDE SIDEWALL NOTED IN PHOTO #65 AND 66.

2. TIRE PLACARD DATA:

Record the following data: (located on driver's door edge or inside the decklid)

	SIZE	PRESSURE (psi)	PRESSURE AT MAXIMUM LOAD (psi)
TIRES	<u>P195/60R15</u>	<u>30 PSI</u>	<u>NA</u>
SPARE TIRE	<u>T115/70R14</u>	<u>60 PSI</u>	<u>NA</u>

Section 7

SITE INSPECTION

SITE INSPECTION - PERFORM THE FOLLOWING IF ADDITIONAL INFORMATION MAY BE FOUND:

- Check the incident scene for tire marks, gouges in the pavement, debris, or any other marks. Measure location and photograph.
- Identify evidence of whether the vehicle left the road prior to, during, or after the incident. Document all locations, distances, stationary objects (guard rails, telephone poles, fences, buildings, etc), nearest posted speed limit signs in the direction of travel, etc...
- Identify evidence & photograph any object struck by the vehicle on or off the road prior to, during or after incident.
- Inspect roadway & shoulder surfaces in the area of the incident site for telltale signs of loss of control, excessive speed, severe braking, etc.

Photograph the scene and property if involved.

Comments: NA

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

<u>Customer's Name:</u>	{[REDACTED]}	<u>Inspection Date:</u>	{11/12/2008}
<u>Vehicle Brand:</u>	{Saturn}	<u>Model:</u>	{2007/ION 2}
<u>File #</u>	{71-677552472}	<u>VIN:</u>	{1G8AJ55F67Z [REDACTED]}

Section 8**COMMENT OVERFLOW**

Please use this page if needed for additional comments from the inspection form. Please note the section and area the comments are continued from prior to each comment.

{NONE}

Section 9**OTHER REPORT INFORMATION**

- ☐ **Check here if there was evidence of a "Fire-Related" event.**
According to NHTSA, "fire" means combustion or burning of material in or from a vehicle as evidenced by flame. The term also includes, but is not limited to, thermal events and fire-related phenomena such as smoke, sparks or smoldering, but does not include events and phenomena associated with a normally functioning vehicle, such as combustion of fuel within an engine or exhaust from an engine.

Attachments: (Check all that apply)

☒ **Photographs** ☒ **Data Downloads** ☒ **Other Records**

CDR File Information

Vehicle Identification Number	1G8AJ55F67Z [REDACTED]
Investigator	PATRICK GALLO
Case Number	71-677552472
Investigation Date	Wednesday, November 12 2008
Crash Date	Thursday, November 6 2008
Filename	1G8AJ55F67Z [REDACTED].CDR
Saved on	Wednesday, November 12 2008 at 10:21:44 AM
Collected with CDR version	Crash Data Retrieval Tool 3.09
Reported with CDR version	Crash Data Retrieval Tool 3.09
EDR Device Type	airbag control module
Event(s) recovered	Non-Deployment

Data Limitations

SDM Recorded Crash Events:

There are two types of SDM recorded crash events. The first is the Non-Deployment Event. A Non-Deployment Event is an event severe enough to "wake up" the sensing algorithm but not severe enough to deploy the air bag(s). It contains Pre-Crash and Crash data. The SDM can store up to one Non-Deployment Event. This event can be overwritten by an event that has a greater SDM recorded forward velocity change. This event will be cleared by the SDM after the ignition has been cycled 250 times.

The second type of SDM recorded crash event is the Deployment Event. It also contains Pre-Crash and Crash data. The SDM can store up to two different Deployment Events, if they occur within five seconds of one another. Deployment Events cannot be overwritten or cleared from the SDM. Once the SDM has deployed the air bag, the SDM must be replaced.

The data in the Non-Deployment Event file will be locked after a Deployment Event, if the Non-Deployment Event occurred within 5 seconds before the Deployment Event unless a Deployment Level Event occurs within 5 seconds after the Deployment Event, then the Deployment Level Event will overwrite the Non-Deployment Event file.

SDM Data Limitations:

-SDM Recorded Vehicle Forward Velocity Change reflects the change in forward velocity that the sensing system experienced during the recorded portion of the event. SDM Recorded Vehicle Forward Velocity Change is the change in velocity during the recording time and is not the speed the vehicle was traveling before the event, and is also not the Barrier Equivalent Velocity.

This data should be examined in conjunction with other available physical evidence from the vehicle and scene when assessing occupant or vehicle forward velocity change. For Deployment Events and Deployment Level Events, the SDM will record 100 milliseconds of data after deployment criteria is met and up to 50 milliseconds before deployment criteria is met. For Non-Deployment Events, the SDM will record the first 150 milliseconds of data after algorithm enable.

-Event Recording Complete will indicate if data from the recorded event has been fully written to the SDM memory or if it has been interrupted and not fully written.

-SDM Recorded Vehicle Speed accuracy can be affected if the vehicle has had the tire size or the final drive axle ratio changed from the factory build specifications.

-Brake Switch Circuit Status indicates the status of the brake switch circuit.

-Pre-Crash Electronic Data Validity Check Status indicates "Data Invalid" if the SDM receive an invalid message from the module sending the pre-crash data.

-Driver's Belt Switch Circuit Status indicates the status of the driver's seat belt switch circuit. If the vehicle's electrical system is compromised during a crash, the state of the Driver's Belt Switch Circuit may be reported other than the actual state.

-The Time between Non-Deployment and Deployment Events is displayed in seconds. If the time between the two events is greater than five seconds, "N/A" is displayed in place of the time.

-If power to the SDM is lost during a crash event, all or part of the crash record may not be recorded.

SDM Data Source:

All SDM recorded data is measured, calculated, and stored internally, except for the following:

-Vehicle Speed, Engine Speed, and Percent Throttle data are transmitted once a second by the Powertrain Control Module (PCM), via the vehicle's communication network, to the SDM.

-Brake Switch Circuit Status data is transmitted once a second by either the ABS module or the PCM, via the vehicle's communication network, to the SDM. Depending on vehicle option content, the Brake Switch Circuit Status data may not be available.

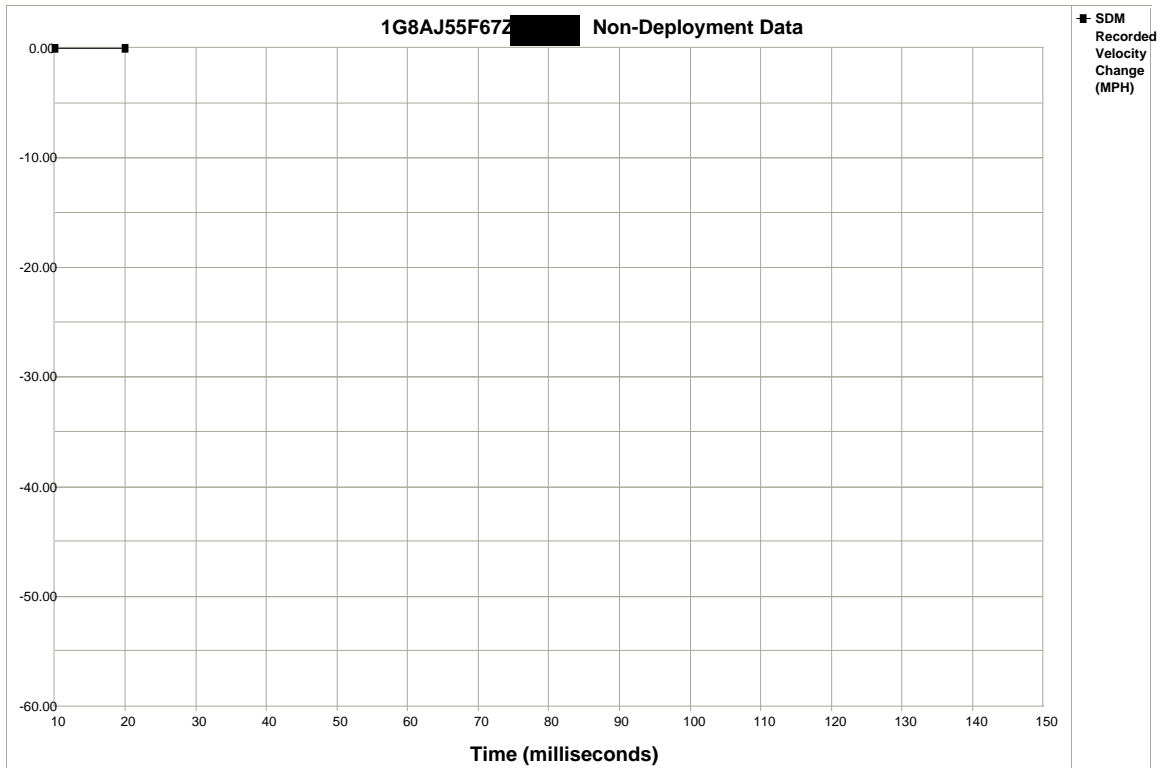
-The SDM may obtain Belt Switch Circuit Status data a number of different ways, depending on the vehicle architecture. Some switches are wired directly to the SDM, while others may obtain the data from various vehicle control modules, via the vehicle's communication network.

System Status At Non-Deployment

SIR Warning Lamp Status	OFF
Driver's Belt Switch Circuit Status	BUCKLED
Passenger Belt Switch Circuit Status (If Equipped)	UNBUCKLED
Driver Seat Position Status (If Equipped)	Forward
Passenger Seat Position Status (If Equipped)	Forward
Ignition Cycles At Non-Deployment	4694
Ignition Cycles At Investigation	4709
Maximum SDM Recorded Velocity Change (MPH)	-0.26
Algorithm Enable to Maximum SDM Recorded Velocity Change (msec)	25
A Deployment was Commanded Prior to this Event	No
Event Recording Complete	Yes

Seconds Before AE	Vehicle Speed (MPH)	Engine Speed (RPM)	Percent Throttle
-5	39	1344	0
-4	27	1024	0
-3	22	1024	0
-2	15	832	0
-1	0	832	0

Seconds Before AE	Brake Switch Circuit Status
-8	OFF
-7	OFF
-6	ON
-5	ON
-4	ON
-3	ON
-2	ON
-1	ON



Time (milliseconds)	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
SDM Recorded Velocity Change	0.00	0.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Hexadecimal Data

All of the data that the vehicle manufacturer has requested to be retrieved is shown in the hexadecimal data section of the CDR report. It may contain data that is not converted by the CDR program.

```
$01 A0 52 00 00 00 00
$02 AB C3 00 00 00 00
$03 41 53 37 30 37 32
$04 4B 37 44 32 32 32
$05 02 41 00 00 C3 00
$06 15 26 07 31 00 00
$10 FD B3 E0 00 00 00
$11 98 00 00 00 00 80
$12 60 40 FF FF 00 00
$13 0A 00 00 00 00 00
$14 F3 04 ED 05 50 00
$18 80 80 80 19 FF 00
$1C 38 FA 41 FA FA FA
$1D FA 38 FA 41 FA FA
$1E FA FA 00 00 00 00
$1F 00 05 00 00 00 00
$20 40 00 00 74 E0 00
$21 FF FF FF FF FF FF
$22 FF FF FF FF 00 00
$23 00 00 FF FF FF FF
$24 FF FF FF FF FF FF
$25 FF FF FF 02 00 00
$26 00 18 24 2B 3E FC
$27 00 00 00 00 00 00
$28 0D 0D 10 10 15 00
$29 FD B5 C0 00 00 00
$2A 00 00 00 2E 00 00
$2B 00 00 00 00 00 00
$2C 00 00 FF 00 00 13
$2D 00 00 00 00 00 00
$2E 00 00 00 00 00 00
$30 FF FF FF FF FF 00
$31 FF FF FF FF FF FF
$32 FF FF FF FF 00 00
$33 FF FF FF FF FF FF
$34 FF FF FF FF FF FF
$35 FF FF FF FF FF FF
$36 FF FF FF FF FF FF
$37 FF FF FF FF FF FF
$38 FF FF FF FF FF 00
$39 FF FF FF FF FF FF
$3A FF FF FF FF FF 00
$3B FF FF FF FF 00 00
$3C FF FF FF FF FF FF
$3D FF FF FF FF 00 00
$3E FF FF FF 00 00 00
$40 FF FF FF FF FF 00
$41 FF FF FF FF FF FF
$42 FF FF FF FF 00 00
$43 FF FF FF 00 00 00
$44 FF 00 00 00 00 00
$50 00 00 00 00 00 00
$51 0A AA 00 00 00 00
$60 FF FF FF FF FF FF
$61 FF 00 00 00 00 00
```


**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: {11/12/2008
 Vehicle Brand: {Saturn Model: {2007/ION 2
 File # {71-677552472 VIN: {1G8AJ55F67Z [REDACTED]

Mileage at Inspection: {23129

Inspection Location: {Saturn of Hempstead 44 Old Franklin St.
 { Hempstead, New York 11550

Inspector's phone number: {516-521-0427

Inspected By: {Patrick Gallo

Section 1 INSPECTION SUMMARY

BRIEFLY Describe the customer's ALLEGATION below:

{Driver, [REDACTED] stated the brakes and the steering failed, the brakes did not stop the vehicle and the steering locked and caused him to loss control and drive off the roadway and into a ditch.

Following the inspection, summarize the facts and observations: (Additional cmts may be placed in section 9)

Observations: Observed 2007 Saturn ION 2 VIN 1G8AJ55F67Z [REDACTED] with 23129 miles on the odometer. Vehicle had lower frontal damage to front air dam and lower right front bumper cover from impact. The radiator lower tank portion was broken open and lost all of its coolant. Impact marks on the chassis right front rail with dirt and other off road debris into the lower right chassis area. CDR download was performed and attached to this report. Brake inspection and Steering inspection was performed and reports are attached to this case file.

Section 2 INTERVIEW - INCIDENT DETAILS

Obtain all of the information for this section from the Driver/Claimant

Provide a complete description of the incident according to the DRIVER / CLAIMANT

Interview mode: ☒ By Telephone ☐ In Person

Incident Date and Time: {11/06/2008 @ 10:00 AM

Interview date: {11/17/2008

Was a police/fire department report obtained? ☐ Yes ☒ No

Provide driver/claimant's description of incident. If there was a collision, describe all collision events; include description of other vehicles involved; describe all objects contacted and the sequence in which they were contacted. (Additional cmts may be placed in section 9)

{Police report number: Nassau County Police Department #7-2899 Police officer Lugewig. Owner has not obtain a copy at this time. Driver, [REDACTED] stated he was driving east on Linden Street in Massapequa, New York just east of Broadway. It was raining and the roadway was full of wet leaves as he attempted to slow down and turn the vehicle, the steering locked and the brakes failed, this combination of events caused him to travel off the roadway and into a ditch, he notice that a yellow low traction light came on the dash at the same time. He was driving for about 10-15 minutes and approximately 4-5 miles prior to the incident. He was coming from Farmingdale High School.

Driver/other occupant's physical description (include name, gender, height, weight, & disabilities):

[REDACTED] r [REDACTED], Male, 17 years old, 5'6", 150 Lbs., No Disabilities reported.

If there was a collision:

Describe extent of any injuries to the Driver: {None reported.

Describe where other occupants were seated & extent of any injuries: {No other occupants.

What was the exact location of the incident. {East on Linden Street Massapequa, New York, just east of Broadway.

Driving conditions at the time of the incident: Raining and the roadway was full of wet leaves.

Weather conditions & Visibility: **Raining and Cloudy** { Approximate Temp (°F): {60

Road Surface: ☐ Concrete ☒ Asphalt ☐ Gravel ☐ Crushed rock ☐ Dirt

Road Condition: ☐ Dry ☒ Wet ☐ Icy ☐ Other: {

Shoulder ☒ Curb ☐: ☐ Concrete ☐ Asphalt ☐ Gravel ☐ Crushed rock ☒ Dirt

Shoulder/Curb Condition: ☐ Dry ☒ Wet ☐ Icy ☐ Other: {

Posted Speed Limit {Unknown

Confidential GM/PAR

Rev 04-19-2004

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: {11/12/2008
 Vehicle Brand: {Saturn Model: {2007/ION 2
 File # {71-677552472 VIN: {1G8AJ55F67Z [REDACTED]

Any objects in the road? (rocks, scrap metal, pothole, speed bump, etc.)_{

Length of Drive Prior to Incident:

Total Time (hrs. & mins.):{10-15 mins Distance (miles):_{4-5 miles

Estimate of vehicle speed:_{35 mph Source of est. {Driver

Estimated vehicle speed at impact: Unknown mph Source of est._{Driver

(Do Not report speed information from the Vetronix data here)

If the driver/claimant description of the vehicle operation prior to and during the incident does not include the following information, please obtain it.

Steering	Normal <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Describe {Steering wheel locked and traction control light came on.
Suspension	Normal <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Describe {NA
Brakes	Normal <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Describe {Brakes failed to stop the vehicle.
Engine	Normal <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Describe {NA
Electrical	Normal <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Describe {NA

Were any warning lights illuminated or driver information center messages displayed? ☒ Yes ☐ No If "Yes", get the details and describe the event(s).

Yellow traction control light came on when the events occur.

Has the vehicle behavior noted during this incident ever been noted prior to this incident? ☐ Yes ☒ No If "Yes", get the details and describe the event(s).

Also, determine whether there were any warning lights illuminated, messages on driver information panel, unusual noises, smoke or steam observed. **{When the vehicle came to rest after the incident smoke/steam form under the vehicle was noted.**

Describe any evasive action: ☒ Turning ☒ Braking ☐ Accelerating ☐ Other: {NA

Describe cargo (in the vehicle interior, trunk and/or trailer (if any)):_{None.

Estimated total weight of cargo:_{ Estimated weight of the trailer, if any. {NA

If a trailer was being towed, photograph the hitch structure, both on the trailer and towing vehicle.

Did the vehicle leave the roadway?: ☒ Yes ☐ No Describe: {NA

Objects Impacted:_{ Off road surface in side ditch.

How was the vehicle transported from the incident site to the present location? ☒ Tow Truck ☐ Flat Bed ☐ Other

Additional comments concerning the incident:_{ **Vehicle was removed from scene by Scappy's Towing Service, and later removed from Scappy's by SJS Towing and Recovery to Saturn of Hempstead NY**

Section 3

INTERVIEW - VEHICLE HISTORY

Source of information (name, address, phone number, & relationship), if other than claimant:

{Driver, [REDACTED] Farmingdale, NY [REDACTED] 17 year old son of the owner.

Comments: (Additional cmts may be placed in section 9)

{NA

Did the owner purchase the vehicle new? ☒ Yes ☐ No Date{06/22/07 Used? ☐ Yes ☒ No Date{NA

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: {11/12/2008
 Vehicle Brand: {Saturn Model: {2007/ION 2
 File # {71-677552472 VIN: {1G8AJ55F67Z [REDACTED]

VEHICLE MODIFICATIONS / ALTERATIONS

Are any vehicle modifications or alterations present, and has any after-market equipment been installed? (e.g., objects attached to the steering wheel or instrument panel, controls for disabled persons, shock absorbers, springs, modified body, electrical components, powertrain, wheels or tires, after-market seats, etc..) Describe:

{After-market front floor mats, no other alterations or modifications found.

VEHICLE REPAIR / SERVICE HISTORY

Prior electrical system service? ☐ No ☒ Yes If yes, describe: {Ignition lock module and cylinder.

Prior collision repair? ☒ No ☐ Yes If yes, describe: {NA

Repaired by whom? (name, address, phone) {NA

Prior chassis system service, repair, or replacement? ☒ No ☐ Yes If yes, describe what was done:

Prior electrical system components serviced, repaired, or replaced by whom? (name, address, phone number)

{Saturn of Hempstead 44 Old Franklin St. Hempstead, NY 516-565-2700 RO#0472741 09/30/08.

Any other pertinent vehicle history information (from interview, GM warranty or dealership history files)? ☒ No ☐ Yes

If yes, describe: {NA

Section 4

VEHICLE INSPECTION – VISUAL/PHOTO

THE VEHICLE VISUAL INSPECTION DOCUMENTS THE PHYSICAL EVIDENCE USING PHOTOS AND WRITTEN OBSERVATIONS. RECORD YOUR OBSERVATIONS IN THE APPROPRIATE SECTION.

PHOTOGRAPH THE EXTERIOR OF THE VEHICLE AS FOLLOWS: VIN PLATE, QUARTER VIEWS FROM LEFT FRONT, RIGHT REAR ARE REQUIRED, AND DOCUMENT FURTHER EXTERIOR DAMAGE WITH MANY PHOTOS.

DESCRIBE ANY DAMAGE TO THE VEHICLE BODY:

{Frontal impact damage: right front lower air dam broken off the vehicle. Right front lower bumper cover dented inwards 5". Radiator assembly, lower tank portion broken open. Right rear tire cut 3/4" on sidewall. Chassis frame right front rails dented and gouged 6" rearward.

UNDERBODY / FRAME / CHASSIS AREA: Describe any damage to the underside of the vehicle. Note the condition of the bumpers, frame, suspension, tires, wheels, brake and fuel lines & engine mount(s)/crossmember. Photograph and comment on any contact between vehicle components and the underbody. Photograph if damage is present.

{Right front frame rail impact damage scraped and gouged 5" rearwards.

CORNER ASSEMBLIES

Struts/shocks

Springs

Control arms

Ball joints

Steering knuckles

Axle assemblies

Tire/wheel assemblies

Comments: **{Right rear tire has 3/4" cut on the outside sidewall.**

UNDERHOOD

Engine compartment

Brake fluid level and condition

Power steering lines, hoses, clamps and connections

Power steering fluid level and condition

Comments:

{Radiator assembly lower right tank portion broken off and all coolant lost.

GENERAL OBSERVATIONS

Photograph and comment on any aftermarket equipment found, vehicle modifications or items that are unusual or out of place.

Comments:

{Interior left front after-market floor mat improperly placed at time of inspection noted on photo number 11.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	{11/12/2008}
<u>Vehicle Brand:</u>	{Saturn	<u>Model:</u>	{2007/ION 2
<u>File #</u>	{71-677552472	<u>VIN:</u>	{1G8AJ55F67Z [REDACTED]}

Section 5

VEHICLE INSPECTION - PASSENGER COMPARTMENT**INTERIOR**

Instrument panel	Odometer
Controls	Steering wheel and column
Overall view of seat position	Driver and passenger seat back angle (inclinometer measurement)
Photo of options label-glove box/trunk	Sunvisors and headliner
Personal items/cargo	

INTERIOR INSPECTION (Describe any damage and photograph)
{No Interior damage found.

Section 6

STEERING, SUSPENSION, TIRE AND WHEEL SYSTEM INSPECTION

Use the following table to identify what you did and what you found during the inspection. Identify the tests and test results for the applicable items. Describe anything relevant to the allegation that is not in normal working condition, does not function properly or is a non production part. Take appropriate photographs.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: {11/12/2008
Vehicle Brand: {Saturn Model: {2007/ION 2
File # {71-677552472 VIN: {1G8AJ55F67Z [REDACTED]

ITEM	OBSERVATIONS/TEST RESULTS
Steering system-Are all components in place and connected in a normal manner? Can the steering wheel be rotated lock to lock with appropriate movement of the front wheels. Is there any binding, sticking or uneven feel?	{Checked steering systems, all components in place and operating normally, steering wheel turns lock to lock without any concerns.
Steering linkage-Is the linkage free from cracks, bends, fractures, etc. Are there any scrapes, abrasions, signs of contact with any of the linkage?	{Electronic system checked and operating without concerns.
Gear/rack and pinion-Any sign of leakage, damage to boots on the rack, contact by foreign objects?	{Gear assembly in place and has no signs of leaks or past leaking.
Steering column, ignition switch, intermediate shaft. Does the column unlock with the ignition key "on"? Is the steering column properly fastened to the dash?	{Steering column and all related components are in place and operating.
Steering pump, drive, hoses, connections, flow, pressure. If possible, start the engine and rotate the steering wheel lock to lock. Is power assist normal? If not, it may be necessary to check pressure and flow.	{NA
PS fluid level and condition-Color, contamination, odor	{NA
Steering knuckle-All attachments secure and proper?	{No concerns found.
Suspension components – LF Strut attachments, springs intact; control arms properly attached, deformed, broken, scraped, etc. Sway bars properly attached.	{No concerns found.
Strut attachments, springs intact; control arms properly attached, deformed, broken, scraped, etc. RF	{No concerns found.
Strut attachments, springs intact; control arms properly attached, deformed, broken, scraped, etc Rear sway bars,	{No concerns found.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: {11/12/2008
 Vehicle Brand: {Saturn Model: {2007/ION 2
 File # {71-677552472 VIN: {1G8AJ55F67Z [REDACTED]

trailing arms properly attached and undamaged. LR	
Strut attachments, springs intact; control arms properly attached, deformed, broken, scraped, etc. RR	{No concerns found.
Rear axle assembly-deformed, signs of impact, properly located, etc.	{No damage noted.
Deformation to the frame	{Right front rail has impact marks and gouged.
Describe and photograph evidence of axle/ suspension/ tire contact with frame, body or components	{None found.
Describe and photograph contact of the under- carriage with the road surface (road, shoulder, curb, or grass)	{Right front frame rail impacted, noted gouged and scraped. see photo #38-40.
Stability Enhancement system/components-check for codes with Tech II	{No DTC'S in system, no history codes or current. See photos 54, 59-63.
Engine (normal, other)-Obtain codes using a Tech II.	{No DTC'S in system, no history or current. See photos 54, 59-63.
Electrical (normal, other)	{NO concerns found.
Warning lights/messages displayed? Describe and obtain codes using a Tech II	{NO codes history or current. See photos 54, 59-63.
Anything components missing?	{NO missing components noted.
Other	{NA

If the vehicle is driveable, conduct a road test to evaluate the concern expressed by the customer. Describe the results of the road test. If the concern is observed during the road test, it would be desirable to get a Tech II "snapshot". **{Due to radiator damage all static tests performed, brakes and steering systems.**

If the vehicle is equipped with an ABS/Traction Control/Stability Enhancement System, use a Tech II to obtain any codes stored as current and/or history. Document via photos and include the code description. Follow the procedures in the service manual to determine the cause of each stored code which relates to the allegation. State which procedures were followed, record results of each test and state the root cause of each code. Consult with the CRM or Team Manager of the PAR group if this process leads to a disassembly of components. Follow the procedure in the General Guidelines for parts that need to be assembled for evaluation.

Inspect the system wiring, connections and components for damage. Note if the damage was the result of the incident.

TIRE AND WHEEL INSPECTION

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: {11/12/2008
 Vehicle Brand: {Saturn Model: {2007/ION 2
 File # {71-677552472 VIN: {1G8AJ55F67Z [REDACTED]

1. IDENTIFICATION:

	TIRE BRAND (Goodyear)	TIRE TYPE (Eagle GA)	TIRE SIZE (P205/70R15)	PRESSURE (psi)	AVE. TREAD DEPTH 32nds of inch	DOT Numbers
LF	<u>Goodyear</u>	<u>Assurance</u>	<u>P195/60R15</u>	<u>22 PSI</u>	<u>5/32</u>	<u>M6V9 18DR</u>
RF	<u>Goodyear</u>	<u>Assurance</u>	<u>P195/60R15</u>	<u>26 PSI</u>	<u>5/32</u>	<u>M6V9 18DR</u>
LR	<u>Goodyear</u>	<u>Assurance</u>	<u>P195/60R15</u>	<u>24 PSI</u>	<u>10/32</u>	<u>M6V9 18DR</u>
RR	<u>Goodyear</u>	<u>Assurance</u>	<u>P195/60R15</u>	<u>24 PSI</u>	<u>10/32</u>	<u>M6V9 18DR</u>

Note: DOT numbers may be found on the inside of each tire adjacent to the rim.

Describe and photograph any damage to tires and wheels, such as scrapes, marks due to impact, cuts, tread separation, flat spots, bead separation, embedded grass/dirt, etc. Photographs should include inner and outer views of the damaged tire/wheel assemblies with chalk marks on each assembly to denote position on vehicle (RF, LF, RR and LR).

LF NONE

RF NONE

LR NONE

RR 3/4" CUT ON OUTSIDE SIDEWALL NOTED IN PHOTO #65 AND 66.

2. TIRE PLACARD DATA:

Record the following data: (located on driver's door edge or inside the decklid)

	SIZE	PRESSURE (psi)	PRESSURE AT MAXIMUM LOAD (psi)
TIRES	<u>P195/60R15</u>	<u>30 PSI</u>	<u>NA</u>
SPARE TIRE	<u>T115/70R14</u>	<u>60 PSI</u>	<u>NA</u>

Section 7

SITE INSPECTION

SITE INSPECTION - PERFORM THE FOLLOWING IF ADDITIONAL INFORMATION MAY BE FOUND:

- Check the incident scene for tire marks, gouges in the pavement, debris, or any other marks. Measure location and photograph.
- Identify evidence of whether the vehicle left the road prior to, during, or after the incident. Document all locations, distances, stationary objects (guard rails, telephone poles, fences, buildings, etc), nearest posted speed limit signs in the direction of travel, etc...
- Identify evidence & photograph any object struck by the vehicle on or off the road prior to, during or after incident.
- Inspect roadway & shoulder surfaces in the area of the incident site for telltale signs of loss of control, excessive speed, severe braking, etc.

Photograph the scene and property if involved.

Comments: NA

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	{11/12/2008}
<u>Vehicle Brand:</u>	{Saturn}	<u>Model:</u>	{2007/ION 2
<u>File #</u>	{71-677552472	<u>VIN:</u>	{1G8AJ55F67Z [REDACTED]}

Section 8**COMMENT OVERFLOW**

Please use this page if needed for additional comments from the inspection form. Please note the section and area the comments are continued from prior to each comment.

{NONE}

Section 9**OTHER REPORT INFORMATION**

Check here if there was evidence of a "Fire-Related" event.

According to NHTSA, "fire" means combustion or burning of material in or from a vehicle as evidenced by flame. The term also includes, but is not limited to, thermal events and fire-related phenomena such as smoke, sparks or smoldering, but does not include events and phenomena associated with a normally functioning vehicle, such as combustion of fuel within an engine or exhaust from an engine.

Attachments: (Check all that apply)

☒ **Photographs** ☒ **Data Downloads** ☒ **Other Records**



NYS • DLR. LIC. NO.
7101586

86th STREET CHEVROLET SAAB, INC.

1575 86th STREET - BROOKLYN, NEW YORK 11228

Sales 718 - 232-0200

Fax 718 - 236-9434

Service 718 - 232-5900

Parts 718 - 232-0133



NYC • DCA LIC. NO.
1223593

CUSTOMER NO.	68166		ADVISOR	CHRISTIAN UNGUREAB	501	TAG		INVOICE DATE	10/14/08	INVOICE NO.	CVCS24253
			LABOR RATE	104.95		MILEAGE	584	COLOR		STOCK NO.	81222870
	BROOKLYN, NY		YEAR / MAKE / MODEL	08/CHEVROLET TRUCK/EXPRESS CARGO/VAN				DELIVERY DATE	09/30/08	DELIVERY MILES	36
			VEHICLE I.D. NO.	1 G C F G 1 5 X 0 8				SELLING DEALER NO.		PRODUCTION DATE	
			F.T.E. NO.		R.O. NO.			R.O. DATE	10/13/08		
	BUSINESS PHONE		COMMENTS				MO: 596				

JOB# 1 CHARGES-----

LABOR-----
J# 1 10CVZ01 DRIVEABILITY CONCERN HOURS: TECH(S):10144 INTERNAL
CUSTOMER STATES WHEN DRIVING HAS SURGE AND VEHICLE
GOES ACCER BY ITS SELF
OPEN CASE NUMBER WITH TAC #10536827
SPOKE TO SCOTT LIKE
CALLED 10/14/08
SCANED PCM TCM BCM NO DTC
INSPECTED NO DTC IN SYSTEM
PERFORMED ROAD TEST VEHICLE IS TO SPEC
COULD NOT DUPLICATE CONCERN

JOB# 1 TOTALS-----

JOB# 1 JOURNAL PREFIX CVCS JOB# 1 TOTAL 0.00

JOB# 2 CHARGES-----

LABOR-----
J# 2 40CVZ01 BRAKE CONCERN HOURS: TECH(S):10144 INTERNAL
CUST STATES WHEN STEPPING ON BRAKE PEDAL
BRAKE PEDAL GOES ALL THE WAY TO THE FLOOR.
TECH ISNPECTED VEHICLE AND COULD NOT DUPLICATE
CONCERN
BRAKES ARE TO SPECS

JOB# 2 TOTALS-----

JOB# 2 JOURNAL PREFIX CVCS JOB# 2 TOTAL 0.00

TOTALS-----

*****	TOTAL LABOR....	0.00
*	TOTAL PARTS....	0.00
*	TOTAL SUBLET...	0.00
* [] CASH [] CHECK CK NO. []	TOTAL G.O.G....	0.00
*	TOTAL MISC CHG.	0.00
* [] VISA [] MASTERCARD [] DISCOVER	TOTAL MISC DISC	0.00
*	TOTAL TAX.....	0.00
* [] AMER XPRESS [] OTHER [] CHARGE		
*****	TOTAL INVOICE \$	0.00

ALL SERVICE'S WERE RENDERED TO CUSTOMERS SATISFACTION
THANK YOU FOR YOUR BUSINESS!!

CUSTOMER SIGNATURE

DUPLICATE INVOICE

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name: { [REDACTED] } Inspection Date: 11/12/2008
Vehicle Brand: { Saturn } Model: { 2007/ ION-2 }
File # { 71-677552472 } VIN: { 1G8AJ55F67Z [REDACTED] }

Inspector Patrick Gallo

Number Photos 66

Roll Number

<u>Neg.#</u>	<u>Description</u>
0	
1.	VIN PLATE DASH
2.	NYS REGISTRATION
3.	NYS INSPECTION STICKER
4.	VEHICLE WINDSHIELD FULL VIEW
5.	VEHICLE FRONT VIEW
6.	VEHICLE RIGHT SIDE VIEW
7.	VEHICLE REAR VIEW
8.	VEHICLE LEFT SIDE FROM REAR ANGLE
9.	VEHICLE LEFT SIDE FROM FRONT ANGLE
10.	VEHICLE FRONT LOW
11.	INTERIOR LEFT FRONT FLOOR AREA AFTER-MARKET FLOOR MAT
12.	INTERIOR LEFT FRONT KNEE BOLSTER AREA
13.	INTERIOR LEFT FRONT SEATING AREA WITH SEAT BELTS VIEWED
14.	INTERIOR SIDE VIEW OF STEERING WHEEL LEFT SIDE
15.	INTERIOR LEFT FRONT VIEWED FROM OPEN DOOR
16.	ODOMETER VIEW WITH (23,129) MILES
17.	INSTRUMENT CLUSTER
18.	INTERIOR REAR SEATING AREA WITH SEAT BELTS VIEWED FROM LEFT SIDE
19.	INTERIOR LEFT REAR VIEWED FROM DOOR OPENING
20.	INTERIOR RIGHT REAR VIEWED FROM DOOR OPENING
21.	INTERIOR RIGHT FRONT GLOVE BOX AND KNEE BOLSTER AREA
22.	INTERIOR RIGHT FRONT SEATING AREA WITH SEAT BELTS VIEWED
23.	INTERIOR LEFT SIDE SEAT BELT "D" RING
24.	INTERIOR RIGH SIDE SEAT BELT 'D' RING
25.	INTERIOR FRONT VIEWED FROM RIGHT DOOR OPENING
26.	INTERIOR FULL VIEW OF DASH AREA
27.	INTERIOR FRONT HEADLINER AND VISORS AREA
28.	INTERIOR REAR CARGO AREA (TRUNK OPEN)
29.	ENGINE COMPARTMENT FRONT VIEW
30.	ENGINE COMPARTMENT LEFT SIDE VIEW
31.	ENGINE COMPARTMENT RIGHT SIDE VIEW
32.	HOOD PANEL UNDERSIDE VIEWED
33.	BRAKE MASTER CYLINDER REMOTE FLUID RESERVOIR NOTING FLUID LEVEL
34.	CHASSIS FRONTAL AREA NOTING IMPACT DAMAGE LEFT SIDE VIEW
35.	CHASSIS FRONTAL AREA NOTING IMPACT DAMAGE RIGHT SIDE VIEW
36.	CHASSIS FRONTAL AREA NOTING DAMAGE
37.	CHASSIS REAR VIEW
38.	CHASSIS FRONT DAMAGEED AREA CLOSE UP
39.	CHASSIS FRONT IMPACTED AREAS CLOSE UP
40.	CHASSIS FRAME RAIL AND OIL PAN DAMAGE NOTED, STEERING LINKAGE VIEWED
41.	CHASSIS AND LEFT SIDE STEERING LINKAGE VIEWED
42.	RADIATOR LOWER RIGHT CORNER CRACKED OPEN FROM IMPACT
43.	VEHICLE RIGHT FRONT LOWER BUMPER COVER NOTING IMPACT DAMAGE
44.	PHOTO DELETED
45.	BRAKE RIGHT FRONT ROTOR AND CALIPER AREA
46.	BRAKE RIGHT FRONT ROTOR AND CALIPER AREA

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	{ [REDACTED] }	<u>Inspection Date:</u>	11/12/2008
<u>Vehicle Brand:</u>	{ Saturn	<u>Model:</u>	{ 2007/ ION-2
<u>File #</u>	{ 71-677552472	<u>VIN:</u>	{ 1G8AJ55F67Z [REDACTED] }

- 47. BRAKE PADS LEFT FRONT VIEW
- 48. BRAKE LEFT FRONT ROTOR AND CALIPER AREA VIEWED
- 49. BRAKE RIGHT FRONT PADS VIEWED
- 50. BRAKE RIGHT REAR BRAKE SHOES AND WHEEL CYLINDER VIEWED
- 51. BRAKE RIGHT DRUM ASSEMBLY VIEWED

- 52. BRAKE LEFT REAR BRAKE SHOES AND WHEEL CYLINDER VIEWED
- 53. BRAKE LEFT REAR DRUM VIEWED
- 54. TECH II SCREEN VIEWED
- 55. PHOTO DELETED
- 56. PHOTO DELETED
- 57. PHOTO DELETED
- 58. PHOTO DELETED
- 59. TECH II SCREEN VIEWED
- 60. TECH II SCREEN VIEWED
- 61. TECH II SCREEN VIEWED
- 62. TECH II SCREEN VIEWED
- 63. TECH II SCREEN VIEWED
- 64. TIRE INFORMATION STICKER
- 65. TIRE DAMAGE CLOSE UP NOTING 2" CUT ON SIDEWALL RIGHT REAR TIRE
- 66. TIRE RIGHT REAR
- 67. WHEEL COVER RIGHT FRONT NOTING DEEP SCRAPE MARKS AND GOUGED
- 68. BRAKE STATIC TESTING AND PEDAL DROP TEST PART 1
- 69. BRAKE STATIC TESTING AND PEDAL DROP TEST PART 2
- 70. BRAKE STATIC TESTING AND PEDAL DROP TEST PART 3
- 71. BRAKE STATIC TESTING NOTING BRAKES HOLDING AT 1800 RPMS

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	11/12/2008
<u>Vehicle Brand:</u>	{Saturn	<u>Model:</u>	{ 2007/ ION-2
<u>File #</u>	{71-677552472VIN: {1G8AJ55F67Z	[REDACTED]	

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name: { [REDACTED] } Inspection Date: 11/12/2008
Vehicle Brand: { Saturn } Model: { 2007/ ION-2 }
File # { 71-677552472 } VIN: { 1G8AJ55F67Z [REDACTED] }

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
BRAKE & ABS SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: {11/12/2008
 Vehicle Brand: {Saturn Model: {2007/ION 2
 File # {71-677552472 VIN: {1G8AJ55F67Z [REDACTED]

Mileage at Inspection: {23129

Inspection Location: { Saturn of Hempstead 44 Old Franklin St.
 { Hempstead North, NY 11550

Inspector's phone number: {516-521-0427

Inspected By: {Patrick Gallo

Section 1

INSPECTION SUMMARY

Briefly describe the customer's allegation concerning the brakes/abs:

{Driver, [REDACTED] stated the brakes and the steering failed, the brakes did not stop the vehicle and the steering locked and caused him to loss control and drive off the road way and into a ditch.

Following the inspection, summarize the facts and observations: {Observations: Observed 2007 Saturn ION 2 VIN 1G8AJ55F67Z [REDACTED] with 23129 miles on the odometer. Vehicle had lower frontal damage to front air dam and lower right front bumper cover from impact. The radiator lower tank portion was broken open and lost all of its coolant. Impact marks on the chassis right front rail unit with dirt and other off road debris into the lower right front chassis area. CDR download was performed and attached to this report. Brake inspection and Steering inspection was performed and reports are attached to this case file.

Section 2

INTERVIEW - INCIDENT DETAILS

Provide a complete description of the incident according to the DRIVER / CLAIMANT

Interview mode: ☒ By Telephone ☐ In Person
 Interview date: {11/17/2008

Incident Date and Time: {11/06/2008 @ 10:00 AM

Provide a complete description of the incident according to the driver. Include information concerning the length of the drive immediately preceding the incident, the type of driving conditions, how many brake stops had occurred during this drive and, if the vehicle was pulling a trailer at the time of the incident, the estimated total weight of the cargo and trailer. Determine whether driver has experienced this type of behavior before. If so, how often? If so, has a dealer been contacted previously concerning the issue?

{Driver, [REDACTED] stated he was driving east on Linden Street in Massapequa, New York just east of Broadway. It was raining and the roadway was full of wet leaves as he attempted to slow down and turn the vehicle, the steering locked and the brakes failed, this combination of events caused him to travel off the roadway and into a ditch, he notice that a yellow low traction light came on the dash at the same time. He was driving for about 10-15 minutes and approximately 4-5 miles prior to the incident. He was coming from Farmingdale High School.

Also have the driver describe the operation of the brake system immediately before the incident and what happened at the beginning and during the incident. Complete the table below.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
BRAKE & ABS SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: {11/12/2008
 Vehicle Brand: {Saturn Model: {2007/ION 2
 File # {71-677552472 VIN: {1G8AJ55F67Z [REDACTED]

	Before the Incident	At the Beginning* and During the Incident
Brake operation (normal, fade, pull, grab, etc.)	{Normal	{Did not slow the vehicle down quick enough.
Brake pedal feel (normal, hard, spongy, etc.)	{Normal	{Brake pedal was firm but was not slowing the vehicle down.
Warning lights/messages displayed. Describe	{Normal	{Yellow low traction light came on and then went off after the incident.
Unusual odors (from where?)	{None	{After the vehicle came to rest off road, it was smoking and there was unusual odor.
Other {None.	{None	{None

* The beginning of the incident is the initiation of the braking sequence during which the incident occurred.

Estimated vehicle speed: {35 MPH at the beginning of the incident according to the driver.

Describe what the driver did during the incident (pump brakes, steer, etc.)? Describe: {Depress the brakes and held them down, and try to steer but the wheel was locked.

Has the driver ever experienced this condition before? Describe. {No

Surface where incident occurred:

Type: Concrete, Asphalt, Gravel, Crushed Rock, Dirt or **O**ther? Describe: {Asphalt surface.

Condition: **W**et, Dry, Icy or Other? {Wet If other, specify: {Road way was full of wet leaves.

Other comments or observations that have not been covered? {Driver, Christopher Madonna stated at time of the incident the yellow Low Traction light came on the dash and then went off.

Section 3 INTERVIEW - VEHICLE HISTORY

Did the owner purchase the vehicle ☒ New or ☐ Used? Purchase Date: {06/22/2007

Source of information (name, address, phone number, & relationship if other than claimant):

{Driver, [REDACTED], Farmingdale, New York [REDACTED], Seventeen years old son of the owner.

Comments:

{Driver stated this was first time he has ever driven on wet leaves.

Note to the inspector: In questions 3-5 below, document only the information which relates to the incident/allegation.

Prior collision damage? (date, description, etc.) {None reported.

Repaired by: {NA

Describe **existing vehicle conditions** at the time of the incident(e.g. warning lights "On", engine miss, etc.):

{Driver stated at the time of the incident the yellow Low Traction light came on and then went off.

Repairs outside of warranty (what, when, by whom?): {None.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
BRAKE & ABS SYSTEMS**

<u>Customer's Name:</u>		<u>Inspection Date:</u>	{11/12/2008}
<u>Vehicle Brand:</u>	{Saturn	<u>Model:</u>	{2007/ION 2
<u>File #</u>	{71-677552472	<u>VIN:</u>	{1G8AJ55F67Z

Other **vehicle history** information (from person being interviewed or GM Warranty History)? **{GM Global Connect information reported, 09/30/08 RO# 0472741 LO-E7650 lock cylinder replaced 21,167 miles. stated he has all his maintenance service at Jiffy Lube.**

Last brake maintenance (date, description, by whom?): **{None reported.**

Section 4 VEHICLE INSPECTION

The vehicle inspection documents the physical evidence via color photographs and written observations. By recording your observations in the following section, you will be following a methodical inspection format. You will also be directing the GM representative's attention to the areas of the photos that you see as being significant to the allegation or customer concern.

Take color photographs of the following: (include overview and closeup photos of damaged areas)

A. Exterior:

Front	VIN
Right side	Left side
Rear	

Comments: **{Right lower frontal damage. Photos: 10, 34-36, 38-39 and 42-43.**

B. Brakes:

Front assemblies with calipers removed
Rear assemblies with drums/calipers removed

Comments: **{Brake components inspection. Photos 45-53. Brake static test. photos 68-70.**

C. Interior:

Instrument panel & odometer
List all driver electrical controls which are in the "On" position: **{Odometer photo # 16, Cluster photo # 71. No driver controls on at time of inspection.**

Comments:

D. Underhood:

Engine compartment	Brake lines and hoses
Master cylinder and brake fluid reservoir	ABS/TCS Modulator

Comments: **{Engine compartment photos-29-31. Master cylinder photo # 33. Brake lines and hoses photos-40-41.**

E. Underbody:

Scrapes or impact damage on the following:
Fuel tank
Tires/Wheels

Comments: **{Chassis photos- 34-41. _Damage radiator and related componets photos-35 & 42. Tires right rear damaged photos-66 &67. note right rear tire has 1 1/2" cut on the side wall noted in photo #66.**

F. General Observations (Take photographs if applicable):

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
BRAKE & ABS SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: {11/12/2008
 Vehicle Brand: {Saturn Model: {2007/ION 2
 File # {71-677552472 VIN: {1G8AJ55F67Z [REDACTED]

Anything on vehicle which is after-market: {After-market front floor mats noted in left front was improperly place at time of inspection. See photo # 11

Anything on vehicle which is a modification: {None found.

Other relevant information: {None

Section 5

BRAKES

Use the following table to identify what you did and what you found during the inspection of the brake system. Identify the tests and test results for the applicable items. Describe anything relevant to the allegation that is not in normal working condition, does not function properly or is a non production part. Record all diagnostic trouble codes found, the description of each current or history code and any other relevant data obtained using a scan tool.

	OBSERVATIONS/TEST RESULTS
Red brake warning light-note the operation of the light when the ignition key is turned "ON", also with park brake applied and released.	{When key is turned on the dash performs cycle self test all lights illuminate and then go off after five seconds. Parking brake light stays illuminate until the brake is released. Seat belt light is illuminated until the belts are connected. SIR light is not illuminate after cycle test.
Yellow ABS light-note the operation of the light when the ignition key is turned "ON"	{ABS light is not on after dash cycle test.
Brake fluid level and condition-comment on the level, color, contamination, and smell	{Master cylinder fluid is full and clean, no unusual odors present.
Boost/booster/master cylinder-with engine "off", deplete the booster and hold the brake pedal, start engine and note pedal behavior. Turn the engine "off" and note the number of pedal applies required to deplete the booster. If engine operation is not possible, check the booster for proper vacuum hose connection.	{Booster depleted pedal is down 2" from normal, after engine is restated the brake pedal returns to normal position and with full pressure on the pedal it drops 1/4" and holds firm, no concerns found in brake booster or brake system.
External leakage? Check all hydraulic lines, connections, wheel cylinders (if any), and ABS modulator connections.	{No brake fluid leaks found no evidence of past leaks noted.
Pedal travel, check per service manual. A pedal force gage is necessary for proper check of pedal travel.	{Pedal travel checked with full pressure applied the pedal travel downward is 1" to 3/4" and holds firm.
Front brakes-note condition of calipers, rotors as to whether they are grooved, corroded, leaking, etc.	{Front calipers show no signs of leaking or moisture around seals. Rotors have minimum grooving and are in good condition.
Rear brakes describe the condition of the rotors or drums (scored, smooth, corroded)	{Rear brake drums show signs of normal wear and no adverse condition was noted.
Pads and linings-measure and record lining thickness in inches or millimeters. Note condition.	{Front brake pads: Left front: inner pad 0.555" outer pad 0.566" rotor 0.952". Right front: inner pad 0.523" outer pad 0.541" rotor 0.946". Left rear: brake shoes primary 6.48" secondary 6.17" drum 9.045". Right rear: brake shoes primary 6.16" secondary 6.11" drum 9.048".

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
BRAKE & ABS SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: {11/12/2008
 Vehicle Brand: {Saturn Model: {2007/ION 2
 File # {71-677552472 VIN: {1G8AJ55F67Z [REDACTED]

	Brake rotors have minimum grooving and are lightly glazed. Rear drums are lightly glazed.
ABS/TCS/SES system-check for codes, current and history	{No DTC'S in ABS system, no history codes or current codes found.
Other(scan tool results, description of codes, etc.) {Tech II Used.	{No DTC'S found, all systems checked and photographed see photos numbers-54,59,60,61,62 and 63.

Other Comments: **{Was unable to road test due radiator damage, all tests were static tested.**

BRAKE SYSTEM PERFORMANCE WHILE STOPPING ON A DRY LEVEL ROAD:
 OBSERVATIONS: **{None.**

ABS/TCS SYSTEM PERFORMANCE ON A WET OR GRAVEL ROAD:
 OBSERVATIONS: **{None.**

If vehicle is not driveable, conduct a brake torque test if possible. Start the engine, place the transmission in Drive with the foot on the brake. Slowly apply throttle and note the results. Is the brake able to hold the vehicle stationary? If not, at what throttle position does the vehicle begin to move.

Conduct a parking brake test. Apply the park brake, start the engine, place the transmission in Drive and slowly apply the throttle and note the results. If the vehicle begins to move, note the throttle position that causes the vehicle to move.

Section 6 TIRES

1. TIRE IDENTIFICATION:

Use a tread depth gauge at four points around the circumference to determine the average tread depth. If the tire size is different than specified on the tire placard, check the ABS calibration and note the findings.

	TIRE BRAND	TIRE TYPE	TIRE SIZE	PRESSURE	AVE. TREAD DEPTH	DOT NUMBERS *
	(Goodyear)	(Eagle GA)	(P205/70R15)	(psi)	32nds of inch	
LF	{Goodyear	{Assurance	{P195/60R15	{22 PSI	{5/32	{M6V9 18DR
RF	{Goodyear	{Assurance	{P195/60R15	{26 PSI	{5/32	{M6V9 18DR
LR	{Goodyear	{Assurance	{P195/60R15	{24 PSI	{10/32	{M6V9 18DR
RR	{Goodyear	{Assurance	{P195/60R15	{24 PSI	{10/32	{M6V9 18DR

* Note: DOT numbers are found on the inside of the tire, adjacent to the rim.

Describe and photograph any damage to tires, such as scrapes, marks due to impact, cuts, tread separation, flat spots etc.

{Left rear tire outer side wall has 3/4" cut noted on photo number 65 and 66.

2. TIRE PLACARD DATA:

Record the following data: (located on driver's door edge or inside the decklid)

	SIZE	PRESSURE (psi)
TIRES	{P195/60R15	{30 PSI

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
BRAKE & ABS SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: {11/12/2008
 Vehicle Brand: {Saturn Model: {2007/ION 2
 File # {71-677552472 VIN: {1G8AJ55F67Z [REDACTED]

Section 7

WHEELS**WHEEL CONDITION:**

Note and photograph any damage to wheels and mountings, such as bent rims, impact marks, etc.

{Right front wheel cover has outer edge scrapes noted on photo # 67.

Section 8

SITE INSPECTION (If applicable)

Carefully consider the facts in the case and then document the basis of your decision concerning whether to inspect the site of the incident. General Motors prefers site inspections as noted on the assignment sheet. If an inspection of the site is done, it is important to move quickly so that valuable information is not lost.

{No site inspection performed.

Section 9

Comment Overflow Sheet

Please use this page if needed for additional comments from the inspection form. Please note the section and area the comments are continued from prior to each comment.

{No police report was obtained by owner, Police report number is Nassau County Police Department-7-2899, Police officer name: PO Ludewig.

Section 10

Other Report Information

Check here if there was evidence of a "Fire-Related" event.

According to NHTSA, "fire" means combustion or burning of material in or from a vehicle as evidenced by flame. The term also includes, but is not limited to, thermal events and fire-related phenomena such as smoke, sparks or smoldering, but does not include events and phenomena associated with a normally functioning vehicle, such as combustion of fuel within an engine or exhaust from an engine.

Attachments: (Check all that apply)

☒ Photographs ☒ Data Downloads ☒ Other Records



SATURN OF HEMPSTEAD
Garden Saturn Inc. DBA
44 Old Franklin St.
Hempstead, NY 11550
(516) 565-2700

visit our website
www.longislandsaturn.com

N.Y.S. M.V.B/S
Reg. No. 7087624

Labor rate \$98.00 per hour computed by clock hours and/or FLAT RATE MANUAL
All Parts Installed Are New Or Factory
Rebuilt Unless Specified Otherwise

Date	VIN	Mileage	Del-Date	Miles	In-Svc-Date	License #	Year	Make	Model
11/07/08	1G8AJ55F67Z	23129	00/00/00	0	00/00/00		07	SATURN	ION 2 SDN

Disclaimer of Warranties
The manufacturers warranty constitutes all of the warranties with respect to the sale of this item/items. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

Engine	Transmission	Color	SA #	SO #
L61 2.2LL4	4 SPD AUTO		21	223273
Home Phone	Work Phone	Ext	Tag #	Co #
			078	01
Today Phone	Ext	Stock #	Labor Rate	
			98.00	

PRINTED: 8:27:04 ATTENTION:

Doc Count	Payment Type	Promise Date	Promise Time
1	01	11/07/08	

Minimum diagnostic charge is \$98.00

Line #	Codes	Description
1		CUSTOMER STATES THE STEERING WHEEL LOCKED UP TRACTION LITE CAME ON AND BRAKE PEDAL WENT TO THE FLOOR /WENT INTO A DITCH/FRONT END DAMAGE

***** ESTIMATE *****

Sale Type	Hours	Labor	Parts	TOTAL
C				
I				

98	CAR WASH M5088	FREE - CAR WASH COUPON - FREE COURTESY CAR WASH
----	----------------	---

(Waiting for G/M Rep. as of 11/7/08)

These Repairs Are Covered By A Limited Warranty: Labor And Parts, 12 Months or 12,000 Miles, Whichever Occurs First

I hereby authorize the repair work herein set forth to be done along with necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express garagekeeper's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. I understand that pursuant to said express garagekeeper's lien, I have no right of possession to the above vehicle until the repairs thereto have been paid in full or until you and/or your employees have voluntarily released the vehicle to me.

A Storage Charge Of \$30.00 Per Day Will Be Charged 48 Hours After Notification That Work Has Been Completed.

x Unable to sign (TOW IN)

SA: Nicole Stakias	GMIN	ESTIMATE TOTAL:
HOURS	LABOR	NT ITEM
HAZDS	DISC	TAXES
	DEDCT	TOTAL



SJS TOWING & RECOVERY

Prompt and Courteous

606 Wantagh Ave.

Levittown, N.Y. 11756

(516) 779-8377

DATE 6/10/00	TIME 3:00	A.M. P.M.	REQUESTED BY CL
LOCATION OF VEHICLE Scappi			
NAME		PHONE	
ADDRESS		ZIP	
MILEAGE		SERVICE TIME	
FINISH		FINISH	
START		START	
TOTAL		TOTAL	
YEAR 97	MAKE / MODEL / COLOR Saturn	DRIVER	
STATE NY	VEHICLE NO. CZA 8012	VEHICLE ID NO. 160A155F67Z	
<input type="checkbox"/> SLING/HOIST TOW <input type="checkbox"/> WHEEL LIFT <input checked="" type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> START <input type="checkbox"/> LOCK OUT		<input type="checkbox"/> FLAT TIRE <input type="checkbox"/> OUT OF GAS <input type="checkbox"/> WRECK <input type="checkbox"/> RECOVERY	
SPECIAL EQUIPMENT <input type="checkbox"/> SINGLE LINE WINCHING <input type="checkbox"/> DUAL LINE WINCHING <input type="checkbox"/> SNATCH BLOCKS <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> DOLLY			
VEHICLE TOWED TO			
REMARKS 23129 Damage under front of vehicle Barbara		MILEAGE CHARGE	
		TOWING CHARGE	
		LABOR CHARGE	
		STORAGE CHARGE	
		TOTAL	
OPERATOR'S SIGNATURE			
AUTHORIZED SIGNATURE			

29068

Road Service

PRODUCT 613

F

☐ Update My Profile
☐ Logout



Nicole Stakias

November 12, 2008 10:44:16 AM EST

Global Warranty Management: Main > Interface With Customer > View Vehicle Summary

INTERFACE WITH
CUSTOMERANALYZE
WARRANTYMANAGEMENT
PLANNINGPREPARE PARTS
RETURN

USER OPTIONS

View Vehicle Summary

This screen allows GMVIS users to view the Summary of Vehicle Information, Field Actions, Service Information, Applicable Warranties, Transaction History, Service Contract(s) if applicable, Warranty Block, Branded Title information and OnStar and XM Radio information (if applicable).

Vehicle Information

VIN: 1G8AJ55F67Z

Model: ZAJ69-2007 ION.2 BASE SEDAN - AUTOMATIC

Service Contract: No

Branded Title: No

Warranty Block: No

PDI Status: Yes

Field Actions: 0 Open

REQUEST ANOTHER VIN

For this vehicle:

- View Vehicle Summary
 - Service Contract
 - Branded Title
 - Warranty Block
- View Vehicle Build
- View Vehicle Component Summary
- View Vehicle Transaction History Detail
- View Vehicle Delivery Information
- Investigate Major Assembly History

Required Field Actions

Open field actions are highlighted

Vehicle has no current record of required field actions.

Service Information

Vehicle has no current record of outstanding service information.

Applicable Warranties

Valid warranties are highlighted

Valid	Description	Start Date	Effective Odometer	End Date	End Odometer
	Saturn 72/100K Corrosion	06/22/2007	5 MI	06/22/2013	100,005 MI
	Saturn 36/36K Bumper to Bumper	06/22/2007	5 MI	06/22/2010	36,005 MI
	Saturn 15/150K PZEV Emission	06/22/2007	5 MI	06/22/2022	150,005 MI
	Saturn 36/50K Select State Emission	06/22/2007	5 MI	06/22/2010	50,005 MI
	Saturn 84/70K Saturn Component Emission	06/22/2007	5 MI	06/22/2014	70,005 MI
	Saturn 60/100K Powertrain	06/22/2007	5 MI	06/22/2012	100,005 MI
	Saturn 96/80M Emission select components	06/22/2007	5 MI	06/22/2015	80,005 MI

Warranty Block

Vehicle has no current record of warranty block.

Transaction History

View Details

Job Card Date	Job Card Number	Transaction Type	Transaction Adjustment	Labour Operation	Odometer Reading
09/30/2008	0472741	ZREG----Regular Vehicle Transaction		E7650 - Module, Ignition Lock Cylinder (Housing) - R&R Or Replace	21,167 MI
09/30/2008	0472741	ZREG----Regular Vehicle Transaction		E7200 - Ignition Lock Cylinder Replacement	21,167 MI
06/19/2007	0456492	ZSET----Service Event		M6015 -	13 MI
05/31/2007	0455858	ZSET----Service Event		X0009 -	1 MI
05/31/2007	0455858	ZSET----Service Event		M5145 -	1 MI

05/31/2007	0455858	ZSET----Service Event	M5130 -	1 MI
05/31/2007	0455858	ZSET----Service Event	M6015 -	1 MI
05/31/2007	0455858	ZPDI----Pre-Delivery Inspection	Z7000 - Pre-Delivery Inspection - Base Time	1 MI

Service Contract

Vehicle has no current record of service contracts.

Branded Title

Vehicle has no current record of branded titles.

Global Warranty Management: Site Map

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

GM 1G8AN12F65Z [REDACTED] GM





MFD BY SATURN CORPORATION

DATE	GVWR	GAWR FRT	GAWR RR
08/04	3683LB	1983LB	1700LB
	1671KG	0900KG	0771KG

THIS VEHICLE CONFORMS TO ALL APPLICABLE U.S. FEDERAL MOTOR VEHICLE SAFETY, BUMPER, AND THEFT PREVENTION STANDARDS IN EFFECT ON THE DATE OF MANUFACTURE SHOWN ABOVE.

1G8AN12F65Z

PASS CAR



SERVICE PARTS IDENTIFICATION**DO NOT REMOVE**

1G8AN12F65Z

607346

ZAU37

AK5	AR9	AU0	A31	BBC	B37	CF5	C60	C74
DG7	DL5	FE1	FE9	FY1	HAA	IPE	JM4	K34
K62	L61	MN5	MX0	NK5	NT7	NW7	PG1	QTU
RF7	UH8	US6	UX7	U1C	UK3	V73	52E	52I
6AB	7AB	74L	74U	8AF	9AF			

BSE/CLR COAT WA-U9260

52E



TIRE AND LOADING INFORMATION

SEATING CAPACITY TOTAL 4 FRONT 2 CENTER 0 REAR 2

The combined weight of occupants and cargo should never exceed 340 kg or 750 lbs.

ORIGINAL TIRE SIZE	COLD TIRE INFLATION PRESSURE	
P195/60R15	FRONT	210 kPa, 30 PSI
P195/60R15	REAR	210 kPa, 30 PSI
T115/70R14	SPARE	420 kPa, 60 PSI

**SEE OWNER'S
MANUAL FOR
ADDITIONAL
INFORMATION**















Vehicle Identification Number

1 G 8 A N 1 2 F 6 5 Z [REDACTED]

Done Cancel Clear

Veritronix
CDR
CAN DATA
LOGGER
SYSTEM



Crash Data Retrieval

Bosch Crash Data Retrieval Tool



Communications with vehicle interface are fine.

Block number: 01
Interface version: 58
Date: 10-16-07
Checksum: 1E00

Block number: 02
Interface version: 11
Date: 11-05-07
Checksum: 4D00

OK



BOSCH



Reading Data From Module

Pass 1

Pass 2

Pass 3



Solution Menu

Bosch Crash Data R...

88%





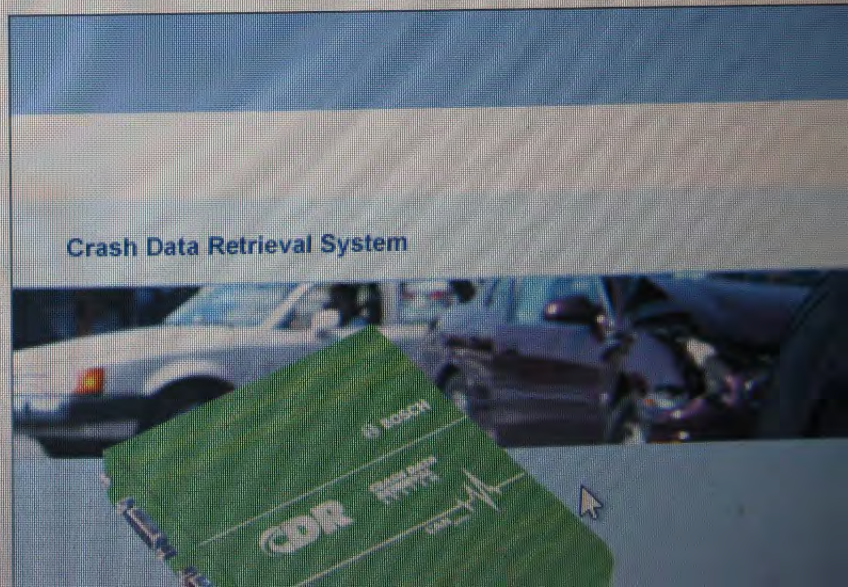
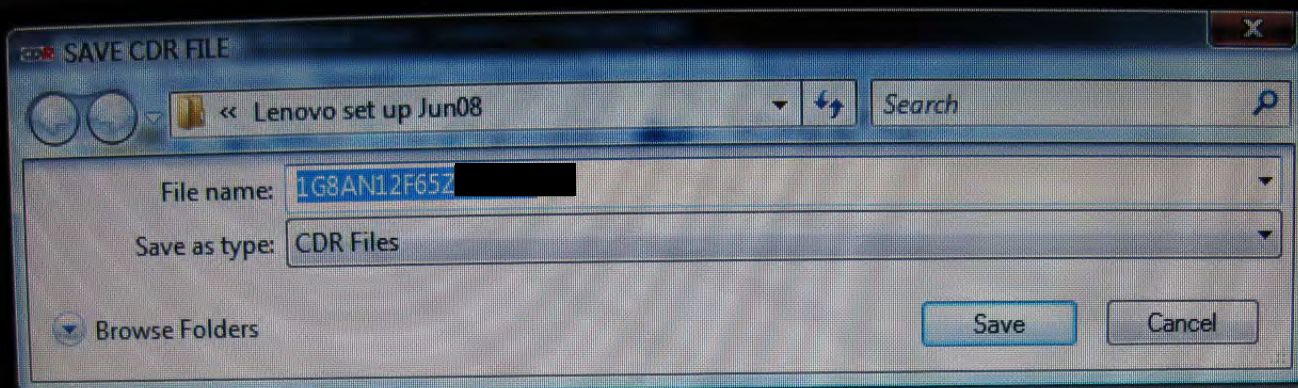
Data Recovered



Solution Menu

Bosch Crash Data R...

87%



SAVE REPORT

« Lenovo set up Jun08

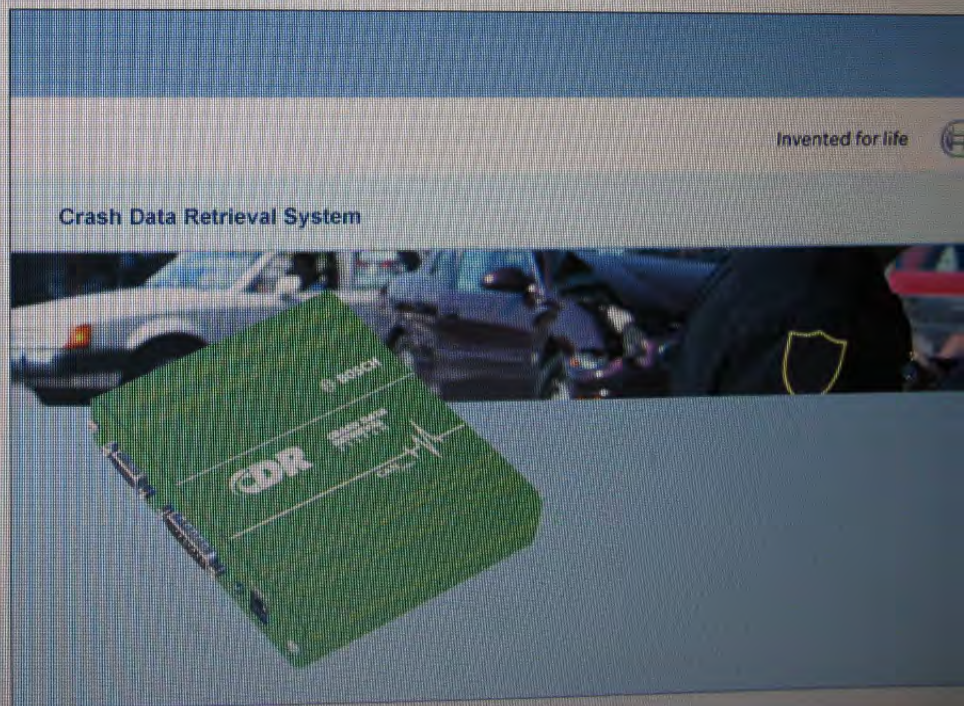
Search

File name: 1G8AN12F65Z

Save as type: PDF Files

Browse Folders

Save Cancel



CDR File Information

Vehicle Identification Number	1G8AN12F65Z [REDACTED]
Investigator	GARY E MAIN [REDACTED]
Case Number	71-690698791
Investigation Date	Wednesday, January 7 2009
Crash Date	Saturday, December 20 2008
Filename	1G8AN12F65Z [REDACTED].CDR
Saved on	Wednesday, January 7 2009 at 08:48:29 AM
Collected with CDR version	Crash Data Retrieval Tool 3.00
Reported with CDR version	Crash Data Retrieval Tool 3.00
EDR Device Type	airbag control module
Event(s) recovered	None

Data Limitations

SDM Recorded Crash Events:

There are two types of SDM recorded crash events. The first is the Non-Deployment Event. A Non-Deployment Event is an event severe enough to "wake up" the sensing algorithm but not severe enough to deploy the air bag(s). It contains Pre-Crash and Crash data. The SDM can store up to one Non-Deployment Event. This event can be overwritten by an event that causes a greater SDM recorded forward velocity change. This event will be cleared by the SDM after the ignition has been cycled a certain number of times.

The second type of SDM recorded crash event is the Deployment Event. It also contains Pre-Crash and Crash data. The SDM can store up to two different Deployment Events, if they occur within five seconds of one another. Deployment Events cannot be overwritten or cleared from the SDM. Once the SDM has deployed the air bag, the SDM must be replaced. The data in the Non-Deployment Event file will be locked after a Deployment Event, if the Non-Deployment Event occurred within 5 seconds before the Deployment Event unless a Deployment Level Event occurs within 5 seconds after the Deployment Event, then the Deployment Level Event will overwrite the Non-Deployment Event file.

SDM Data Limitations:

-SDM Recorded Vehicle Forward Velocity Change reflects the change in forward velocity that the sensing system experienced during the recorded portion of the event. SDM Recorded Vehicle Forward Velocity Change is the change in velocity during the recording time and is not the speed the vehicle was traveling before the event, and is also not the Barrier Equivalent Velocity. This data should be examined in conjunction with other available physical evidence from the vehicle and scene when assessing occupant or vehicle performance.

Electric Power Steering

F0: Diagnostic Trouble Codes (DTC)

F1: Data Display

F2: Snapshot

Diagnostic Trouble Codes (DTC)

F0: DTC Information

F1: Clear DTC Information

DTC Information

F0: Current Diagnostic Trouble Code(s)

F1: History Diagnostic Trouble Code(s)

Diagnostic Trouble Codes Current

No Diagnostic Trouble Codes.

DTC Information

F0: Current Diagnostic Trouble Code(s)

F1: History Diagnostic Trouble Code(s)

Diagnostic Trouble Codes History

C0475 Electric Steering Motor Circuit

Data List 1

Battery Voltage	12.0 Volts
Ignition Voltage	12.1 Volts
Vehicle Speed	0 mph
Motor Voltage +	5.9 Volts
Motor Voltage -	6.0 Volts
Steering Calibration	4

1 / 6

Battery Voltage

Select
Items

DTC

Quick
Snapshot

More

Data List 2

Steering Shaft Torque	0.07	ft-lbs
Actual Motor Current	0.06	amps
Desired Motor Current	0.00	amps
Overload Protection Inc	0	
Lowest Limiting Current	58	amps
9-11 Volt Battery Occur	0	
Ign. Cycles Since last	11	

1 / 7

Steering Shaft Torque

Select
Items

DTC

Quick
Snapshot

More

Class 2 DTC Check

Module(s)	DTC(s) Present
PCM/VCM	No
ABS/TCS	No
ESM/EPS/RWS	Yes
BCM/BFC/DIM/SBM/TBC	Yes
SIR	No
IPC	Yes

1 / 6

PCM/VCM



PWR STR

Diagnostic Trouble Codes

C0475 Electric Steering Motor Circuit

Data List 2

Snapshot Record

Standby

Steering Shaft Torque	0.11 ft-lbs
Actual Motor Current	0.06 amps
Desired Motor Current	0.00 amps
Overload Protection Inc	0
Lowest Limiting Current	58 amps
9-11 Volt Battery Occur	0
Ign. Cycles Since last	0

1 / 7

Steering Shaft Torque

Select
Items

DTC

Trigger

More

The GM logo is a blue square with the letters "GM" in white.

ASTRA

TECH 2

Data List 2

Snapshot Record

Steering Shaft Torque	0.11 ft-lbs
Actual Motor Current	0.06 amps
Desired Motor Current	0.00 amps
Overload Protection Inc	0
Lowest Limiting Current	58 amps
9-11 Volt Battery Occur	0
Ign. Cycles Since last	0

1 / 7

Steering Shaft Torque

Select
Items

DTC

Trigger

More



NO SOLICITATION
OF EMPLOYEES OR CUSTOMERS
ALLOWED ON THE PREMISES
AT ANY TIME















*Prior body repair
LR door edge*







P205/55R16

MAX

10007081















***Road condition day of incident
(photo by: Jasmine Quezada)***

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: 1/7/09
 Vehicle Brand: SATURN Model: 2005 ION 2
 File # 71-690698791 VIN: 1G8AN12F65Z [REDACTED]

Mileage at Inspection: 58,551

Inspection Location: SATURN OF RENTON
 555 SW GRADY WAY, RENTON, WA 98057

Inspector's phone number: 206-930-7813

Inspected By: GARY E MAIN

Section 1 INSPECTION SUMMARY

BRIEFLY Describe the customer's ALLEGATION below:

Power steering assist failed w/o prior warning causing vehicle to collide with another vehicle then go off street and hit sidewalk.

{

Following the inspection, summarize the facts and observations: (Additional cmts may be placed in section 9)

THERE WAS NO SIGNIFICANT BODY OR STRUCTURAL DAMAGE VISIBLE AT TIME OF INSPECTION. MINOR COSMETIC DAMAGE TO LOWER RIGHT FRONT FASCIA HAD ALREADY BEEN REPAIRED PRIOR TO INSPECTION. ALL OTHER PHYSICAL DAMAGE OBSERVED (RF WHEEL/TIRE, LR WHEEL & LR DOOR AREA) APPEARS TO BE PRE-INCIDENT AND IS CONSISTENT WITH DESCRIPTION PROVIDED BY CLAIMANT. ELECTRONIC POWER STEERING ASSIST INTERMITTENTLY FAILED TWICE DURING INSPECTION ROAD TESTS. FAILURE MODE ON EACH OF TWO INSPECTION ROAD TESTS (DETAILED IN ROAD TEST PORTION OF SECTION 6) WAS CONSISTENT WITH INCIDENT DESCRIPTION PROVIDED BY CLAIMANT. DTC SET DURING FAILURE REMAINS UNTIL NEXT KEY CYCLE THEN DISAPPEARS. RODENT NEST EXISTS ON TOP OF TRANSAXLE BUT NO RODENT (OR OTHER) DAMAGE TO SURROUNDING WIRING HARNESSSES WAS FOUND. VEHICLE OPERATION APPEARS NORMAL IN EVERY WAY EXCEPT DURING INTERMITTENT FAILURE OF POWER STEERING ASSIST AND OPERATION RETURNS TO NORMAL AT NEXT KEY CYCLE.

{

Section 2 INTERVIEW - INCIDENT DETAILS

Obtain all of the information for this section from the Driver/Claimant

Provide a complete description of the incident according to the DRIVER / CLAIMANT

Interview mode: ☐ By Telephone ☒ In Person

Incident Date and Time: 12/20/08 15:00HRS

Interview date: 1/7/09

Was a police/fire department report obtained? ☐ Yes ☒ No

Provide driver/claimant's description of incident. If there was a collision, describe all collision events; include description of other vehicles involved; describe all objects contacted and the sequence in which they were contacted. (Additional cmts may be placed in section 9)

Snowy day, started vehicle & warmed up approx 5 min before starting trip. Veh operating normally at beginning of trip. When entering rt hand turn about 2 min into drive, heard a single chime, the DIC displayed "steering" and the veh lost power steering assist, all happening at once. Suddenly very difficult to turn. Was unable to complete turn due to loss of steering assist. Lightly contacted vehicle in adjacent lane. Went off street and hit a sidewalk causing damage to front of car. Little if any damage to other vehicle. No injuries. Upon re-starting engine, power assist came back. Never happened before but has happened many times since. Intervals between occurrences vary but sequence of events seems to be consistent...i.e...chime, DIC message, immediate loss of steering assist. Loss of steering assist continues as long as in same key cycle. If turned off then immediately restarted, assist immediately returns to normal and DIC message has disappeared. May then go for a few minutes to a few days before the next occurrence. Does not seem to have any pattern. May happen when going straight or during turns. Does not seem to be influenced by speed, temperature, moisture or road surface.

{

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: 1/7/09
 Vehicle Brand: SATURN Model: 2005 ION 2
 File #: 71-690698791 VIN: 1G8AN12F65Z [REDACTED]

Driver/other occupant's physical description (include name, gender, height, weight, & disabilities):

[REDACTED] FEMALE, 5'-5", NO DISABILITIES

If there was a collision:

Describe extent of any injuries to the Driver: **NONE**

{

Describe where other occupants were seated & extent of any injuries: **NO OTHER OCCUPANTS**

{

{

What was the exact location of the incident. INTERSECTION OF DUVALL & 4TH STREETS, RENTON, WA
Driving conditions at the time of the incident:

Weather conditions & Visibility: **SNOW w/GOOD VIS** Approximate Temp (°F): **UNKNOWN**

Road Surface: ☐ Concrete ☒ Asphalt ☐ Gravel ☐ Crushed rock ☐ Dirt
 Road Condition: ☐ Dry ☒ Wet ☐ Icy ☐ Other: {
 Shoulder ☐ Curb ☒ ☐ Concrete ☒ Asphalt ☐ Gravel ☐ Crushed rock ☐ Dirt
 Shoulder/Curb Condition: ☐ Dry ☒ Wet ☐ Icy ☐ Other: {

Posted Speed Limit **35-40**

Any objects in the road? (rocks, scrap metal, pothole, speed bump, etc.) **NONE**

Length of Drive Prior to incident:

Total Time (hrs. & mins.): **2 MINUTES** Distance (miles): **LESS THAN 1 MILE**

Estimate of vehicle speed: **10** mph Source of est. **CLAIMANT/DRIVER**

Estimated vehicle speed at impact: **10** mph Source of est. **CLAIMANT/DRIVER**

(Do Not report speed information from the Vetronix data here)

If the driver/claimant description of the vehicle operation prior to and during the incident does not include the following information, please obtain it.

Steering	Normal <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Describe {
Suspension	Normal <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Describe {
Brakes	Normal <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Describe {
Engine	Normal <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Describe {
Electrical	Normal <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Describe OCCASIONAL ERRATIC OPERATION OF GAS

GUAGE & POWER WINDOWS A FEW DAYS IMMEDIATELY PRIOR TO INCIDENT BUT CLAIMANT DID NOT CONSIDER IT A MATTER FOR CONCERN AT THE TIME.

Were any warning lights illuminated or driver information center messages displayed? ☒ Yes ☐ No If "Yes", get the details and describe the event(s). **HEARD A SINGLE CHIME THEN DIC SHOWED "STEERING"**

Has the vehicle behavior noted during this incident ever been noted prior to this incident? ☐ Yes ☒ No If "Yes", get the details and describe the event(s).

Also, determine whether there were any warning lights illuminated, messages on driver information panel, unusual noises, smoke or steam observed. **{DIC CHIME & MESSAGE NOTED ABOVE. OTHERWISE, NOTHING UNUSUAL.**

Describe any evasive action: ☒ Turning ☒ Braking ☐ Accelerating ☐ Other: {

Describe cargo (in the vehicle interior, trunk and/or trailer (if any)): **NONE**

Estimated total weight of cargo: { Estimated weight of the trailer, if any. {

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: **1/7/09**
 Vehicle Brand: **SATURN** Model: **2005 ION 2**
 File #: **71-690698791** VIN: **1G8AN12F65Z** [REDACTED]

If a trailer was being towed, photograph the hitch structure, both on the trailer and towing vehicle. **NONE**

Did the vehicle leave the roadway?: ☒ Yes ☐ No Describe: **WENT OFF RT SIDE OF STREET.**
 Objects Impacted: **SIDEWALK**

How was the vehicle transported from the incident site to the present location? ☐ Tow Truck ☐ Flat Bed ☒ Other

Additional comments concerning the incident: **CLAIMANT EXCHANGED INFO W/OTHER DRIVER, REPORTED TO POLICE WHO ADVISED TO FILE ON-LINE ACCIDENT REPORT. CLAIMANT FILED ON-LINE REPORT.**

{
 {

Section 3 INTERVIEW - VEHICLE HISTORY

Source of information (name, address, phone number, & relationship), if other than claimant:

CLAIMANT

Comments: (Additional cmts may be placed in section 9)

{

Did the owner purchase the vehicle new? ☒ Yes ☐ No Date **AUG '05** Used? ☐ Yes ☐ No Date _____

VEHICLE MODIFICATIONS / ALTERATIONS

Are any vehicle modifications or alterations present, and has any after-market equipment been installed? (e.g., objects attached to the steering wheel or instrument panel, controls for disabled persons, shock absorbers, springs, modified body, electrical components, powertrain, wheels or tires, after-market seats, etc..) Describe:

NO MODIFICATIONS/ALTERATIONS.

{
 {

VEHICLE REPAIR / SERVICE HISTORY

Prior electrical system service? ☒ No ☐ Yes If yes, describe: {

{

Prior collision repair? ☐ No ☒ Yes If yes, describe: **{ PRIOR DAMAGE TO LR DOOR REPAIRED BY BROTHER WHO OWNS BODY SHOP IN LAS CRUCES, NM.**

{

Repaired by whom? (name, address, phone) **{AARON'S AUTO BODY, 575-571-1895, LAS CRUCES, NM**

{

Prior chassis system service, repair, or replacement? ☒ No ☐ Yes If yes, describe what was done:

{

Prior electrical system components serviced, repaired, or replaced by whom? (name, address, phone number)

{ **NONE**

Any other pertinent vehicle history information (from interview, GM warranty or dealership history files)? ☒ No ☐ Yes
 If yes, describe: {

{

Section 4 VEHICLE INSPECTION – VISUAL/PHOTO

THE VEHICLE VISUAL INSPECTION DOCUMENTS THE PHYSICAL EVIDENCE USING PHOTOS AND WRITTEN OBSERVATIONS. RECORD YOUR OBSERVATIONS IN THE APPROPRIATE SECTION.

PHOTOGRAPH THE EXTERIOR OF THE VEHICLE AS FOLLOWS: VIN PLATE, QUARTER VIEWS FROM LEFT FRONT, RIGHT REAR ARE REQUIRED, AND DOCUMENT FURTHER EXTERIOR DAMAGE WITH MANY PHOTOS.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	1/7/09
<u>Vehicle Brand:</u>	SATURN	<u>Model:</u>	2005 ION 2
<u>File #</u>	71-690698791	<u>VIN:</u>	1G8AN12F65Z [REDACTED]

DESCRIBE ANY DAMAGE TO THE VEHICLE BODY:

{ MINOR CRACK IN LOWER FRONT FASCIA ON RT SIDE HAD ALREADY BEEN REPAIRED BY CLAIMANT'S BROTHER PRIOR TO INSP. PHOTOS 7 & 8 SHOW AREA OF REPAIR. NO OTHER BODY DAMAGE DUE TO THIS INCIDENT. PRE-INCIDENT BODY REPAIR ON LR DOOR IS SHOWN IN PHOTOS 38 & 39.

{ **UNDERBODY / FRAME / CHASSIS AREA:** Describe any damage to the underside of the vehicle. Note the condition of the bumpers, frame, suspension, tires, wheels, brake and fuel lines & engine mount(s)/crossmember. Photograph and comment on any contact between vehicle components and the underbody. Photograph if damage is present.

{NO CHASSIS, FRAME OR SUSPENSION DAMAGE DUE TO THIS INCIDENT. (SEE PHOTOS: 31-34, 40, 43, 44, 46 & 47) TIRE & WHEEL DAMAGE SHOWN IN PHOTOS 35-37 & 41 ALREADY EXISTED, PER CLAIMANT STATEMENT.

CORNER ASSEMBLIES

Struts/shocks
Springs
Control arms

Ball joints
Steering knuckles
Axle assemblies

Tire/wheel assemblies

Comments: { _____ NO OTHER DAMAGE NOTED BEYOND THAT ALREADY NOTED ABOVE.

UNDERHOOD

Engine compartment
Brake fluid level and condition

Power steering lines, hoses, clamps and connections
Power steering fluid level and condition

Comments:

{ _____ NO UNDERHOOD DAMAGE DUE TO THIS INCIDENT. RODENT DEBRIS ON TOP OF TRANSAXLE.

GENERAL OBSERVATIONS

Photograph and comment on any aftermarket equipment found, vehicle modifications or items that are unusual or out of place.

Comments:

VETRONIX RESULTS: A SUCCESSFUL DOWNLOAD WAS OBTAINED VIA ALDL. (PHOTOS: 11-17) NO EVENTS WERE RECORDED. CDR & PDF FILES DOWNLOADED ARE INCLUDED WITH THIS REPORT.

Section 5

VEHICLE INSPECTION - PASSENGER COMPARTMENT

INTERIOR

Instrument panel
Controls
Overall view of seat position
Photo of options label-glove box/trunk

Odometer
Steering wheel and column
Driver and passenger seat back angle (inclinometer measurement)
Sunvisors and headliner

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	1/7/09
<u>Vehicle Brand:</u>	SATURN	<u>Model:</u>	2005 ION 2
<u>File #</u>	71-690698791	<u>VIN:</u>	1G8AN12F65Z [REDACTED]

Personal items/cargo

INTERIOR INSPECTION (Describe any damage and photograph)
THERE IS NO INTERIOR DAMAGE RELATED TO THIS INCIDENT.

{ _____

Section 6	STEERING, SUSPENSION, TIRE AND WHEEL SYSTEM INSPECTION
-----------	---

Use the following table to identify what you did and what you found during the inspection. Identify the tests and test results for the applicable items. Describe anything relevant to the allegation that is not in normal working condition, does not function properly or is a non production part. Take appropriate photographs.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: 1/7/09
Vehicle Brand: SATURN Model: 2005 ION 2
File # 71-690698791 VIN: 1G8AN12F65Z [REDACTED]

ITEM	OBSERVATIONS/TEST RESULTS
Steering system-Are all components in place and connected in a normal manner? Can the steering wheel be rotated lock to lock with appropriate movement of the front wheels. Is there any binding, sticking or uneven feel?	{STEERING COMPONENTS ARE CONNECTED AND APPEAR NORMAL. STEERING TURNS LOCK-TO-LOCK AS NORMAL. NO BINDING STICKING OR UNEVEN FEEL.
Steering linkage-Is the linkage free from cracks, bends, fractures, etc. Are there any scrapes, abrasions, signs of contact with any of the linkage?	THERE IS NO LINKAGE DAMAGE. NO SCRAPES, ABRASIONS OR EVIDENCE OF CONTACT WITH ANYTHING.
Gear/rack and pinion-Any sign of leakage, damage to boots on the rack, contact by foreign objects?	NO LEAKAGE. NO BOOT DAMAGE OR CONTACT BY FOREIGN OBJECTS.
Steering column, ignition switch, intermediate shaft. Does the column unlock with the ignition key "on"? Is the steering column properly fastened to the dash?	STEERING COLUMN LOCKS & UNLOCKS PROPERLY. STEERING COLUMN IS PROPERLY FASTENED TO DASH.
Steering pump, drive, hoses, connections, flow, pressure. If possible, start the engine and rotate the steering wheel lock to lock. Is power assist normal? If not, it may be necessary to check pressure and flow.	STEERING ASSIST IS ELECTRIC, NOT HYDRAULIC. ROTATED LOCK-TO-LOCK WITH NORMAL POWER ASSIST DURING TEST ON SHOP FLOOR AND DURING TEST DRIVE UNTIL POINT OF INTERMITTENT FAILURE.
PS fluid level and condition-Color, contamination, odor	N/A (ELECTRONIC POWER STEERING)
Steering knuckle-All attachments secure and proper?	STEERING KNUCKLE ATTACHMENTS ARE SECURE & PROPER.
Suspension components – LF Strut attachments, springs intact; control arms properly attached, deformed, broken, scraped, etc. Sway bars properly attached.	NO DAMAGE OR ABNORMALITIES ON LF SUSPENSION COMPONENTS. SWAY BAR IS PROPERLY ATTACHED.
Strut attachments, springs intact; control arms properly attached, deformed, broken, scraped, etc. RF	NO DAMAGE OR ABNORMALITIES ON RF SUSPENSION COMPONENTS.
Strut attachments, springs intact; control arms properly attached, deformed, broken, scraped, etc Rear sway bars,	NO DAMAGE OR ABNORMALITIES ON LR SUSPENSION COMPONENTS.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: 1/7/09
 Vehicle Brand: SATURN Model: 2005 ION 2
 File # 71-690698791 VIN: 1G8AN12F65Z [REDACTED]

trailing arms properly attached and undamaged. LR	SWAY BAR & TRAILING ARMS PROPERLY ATTACHED & UNDAMAGED.
Strut attachments, springs intact; control arms properly attached, deformed, broken, scraped, etc. RR	NO DAMAGE OR ABNORMALITIES ON RR SUSPENSION COMPONENTS.
Rear axle assembly-deformed, signs of impact, properly located, etc.	NO REAR AXLE DAMAGE OR ABNORMALITIES.
Deformation to the frame	NO FRAME DEFORMATION.
Describe and photograph evidence of axle/ suspension/ tire contact with frame, body or components	NO ABNORMAL CONTACT WITH FRAME OR BODY COMPONENTS.
Describe and photograph contact of the under- carriage with the road surface (road, shoulder, curb, or grass)	NO EVIDENCE OF RECENT UNDERCARRIAGE CONTACT WITH ANYTHING.
Stability Enhancement system/components-check for codes with Tech II	N/A
Engine (normal, other)-Obtain codes using a Tech II.	NO CURRENT OR HISTORY ENGINE DTCs
Electrical (normal, other)	NO CURRENT ELECTRICAL DTCs. HAS STEERING HISTORY DTC C0475: ELEC STEERING MOTOR CIRCUIT, BCM HISTORY DTC U1000: CLASS 2 DATA LINK & IPC HISTORY DTC U1000: CLASS 2 DATA LINK MALFUNCTION.
Warning lights/messages displayed? Describe and obtain codes using a Tech II	NO WARNING LIGHTS OR MESSAGES AND NO DTCs OTHER THAN MENTIONED ABOVE DURING IN-SHOP TESTING. (SEE ROAD TEST RESULTS BELOW)
Anything components missing?	NO MISSING COMPONENTS
Other	{ _____ _____

If the vehicle is driveable, conduct a road test to evaluate the concern expressed by the customer. Describe the results of the road test. If the concern is observed during the road test, it would be desirable to get a Tech II "snapshot".

COMPLAINT CONDITION WAS EXPERIENCED ONE TIME ON EACH OF TWO ROAD TESTS CONDUCTED WITH CLAIMANT DRIVING & INSPECTOR OPERATING TECH2. AT 22 MIN & 7 MILES INTO FIRST ROAD TEST, ON SLIGHT RIGHT HAND TURN, DIC CHIMED ONE TIME, DISPLAYED "PWR STR" AND P/S ASSIST WAS LOST, ALL SIMULTANEOUSLY. DTC C0475 (ELEC STEERING MOTOR CIRCUIT) WAS SET. A SNAP-SHOT (PHOTO 29) WAS OBTAINED. UPON TURNING ENGINE OFF AND IMMEDIATELY RESTARTING, P/S ASSIST RETURNED TO NORMAL, DIC MSG DISAPPEARED & CURRENT DTC DISAPPEARED. DROVE VEH BACK TO SHOP W/O INCIDENT. TECH2 THEN SHOWED NO CURRENT DTCs. ON 2ND ROAD TEST WITH CLAIMANT, ABOUT 1 HR LATER, WHILE GOING STRAIGHT AFTER DRIVING 15 MIN & 2 MILES IN CITY TRAFFIC, DIC AGAIN CHIMED ONE TIME, DISPLAYED "PWR STR" AND P/S ASSIST WAS LOST, ALL SIMULTANEOUSLY. DTC C0475 (ELEC STEERING MOTOR CIRCUIT) WAS SET AGAIN. A SNAP-SHOT (PHOTO 30) WAS OBTAINED. UPON TURNING ENGINE OFF AND IMMEDIATELY RESTARTING, P/S ASSIST RETURNED TO NORMAL, DIC MSG DISAPPEARED & CURRENT DTC DISAPPEARED. AGAIN DROVE VEH BACK TO SHOP W/O FURTHER INCIDENT. TECH2 AGAIN SHOWED NO CURRENT DTCs.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: 1/7/09
 Vehicle Brand: SATURN Model: 2005 ION 2
 File # 71-690698791 VIN: 1G8AN12F65Z [REDACTED]

If the vehicle is equipped with an ABS/Traction Control/Stability Enhancement System, use a Tech II to obtain any codes stored as current and/or history. Document via photos and include the code description. Follow the procedures in the service manual to determine the cause of each stored code which relates to the allegation. State which procedures were followed, record results of each test and state the root cause of each code. Consult with the CRM or Team Manager of the PAR group if this process leads to a disassembly of components. Follow the procedure in the General Guidelines for parts that need to be assembled for evaluation. **NO ABS CURRENT OR HISTORY DTCs EXIST.**

Inspect the system wiring, connections and components for damage. Note if the damage was the result of the incident.

TIRE AND WHEEL INSPECTION

1. IDENTIFICATION:

	TIRE BRAND (Goodyear)	TIRE TYPE (Eagle GA)	TIRE SIZE (P205/70R15)	PRESSURE (psi)	AVE. TREAD DEPTH 32nds of inch	DOT Numbers
LF	<u>GOODYEAR</u>	<u>EAGLE GT HR</u>	<u>P205/55 R16</u>	<u>30</u>	<u>4</u>	<u>4006</u>
RF	<u>GOODYEAR</u>	<u>EAGLE GT HR</u>	<u>P205/55 R16</u>	<u>29</u>	<u>6</u>	<u>3106</u>
LR	<u>FIRESTONE</u>	<u>FIREHAWK</u>	<u>P205/55 R16</u>	<u>30</u>	<u>2</u>	<u>4608</u>
RR	<u>FIRESTONE</u>	<u>FIREHAWK</u>	<u>P205/55 R16</u>	<u>30</u>	<u>6</u>	<u>4608</u>

Note: DOT numbers may be found on the inside of each tire adjacent to the rim.

Describe and photograph any damage to tires and wheels, such as scrapes, marks due to impact, cuts, tread separation, flat spots, bead separation, embedded grass/dirt, etc. Photographs should include inner and outer views of the damaged tire/wheel assemblies with chalk marks on each assembly to denote position on vehicle (RF, LF, RR and LR).

LF NO LF TIRE/WHEEL DAMAGE

RF RF WHEEL & TIRE GOUGED (SEE PHOTOS: 35-37) OWNER STATES THIS IT PRIOR DAMAGE

LR LR WHEEL BADLY GOUGED & TIRE VERY WORN. (PHOTOS 41, 42) PRIOR DAMAGE, PER OWNER.

RR RR WHEEL IS NOT DAMAGED. LR TIRE IS VERY WORN (PHOTO 45) SIMILAR TO RIGHT REAR.

2. TIRE PLACARD DATA:

Record the following data: (located on driver's door edge or inside the decklid)

	SIZE	PRESSURE (psi)	PRESSURE AT MAXIMUM LOAD(psi)
TIRES	<u>P195/60R15</u>	<u>30</u>	<u>NOT SPECIFIED</u>
SPARE TIRE	<u>T115/70R14</u>	<u>60</u>	<u>NOT SPECIFIED</u>

Section 7

SITE INSPECTION

SITE INSPECTION - PERFORM THE FOLLOWING IF ADDITIONAL INFORMATION MAY BE FOUND:

➡ Check the incident scene for tire marks, gouges in the pavement, debris, or any other marks.
 Measure location and photograph.

➡

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: 1/7/09
Vehicle Brand: SATURN Model: 2005 ION 2
File # 71-690698791 VIN: 1G8AN12F65Z [REDACTED]

Identify evidence of whether the vehicle left the road prior to, during, or after the incident. Document all locations, distances, stationary objects (guard rails, telephone poles, fences, buildings, etc), nearest posted speed limit signs in the direction of travel, etc...

- Identify evidence & photograph any object struck by the vehicle on or off the road prior to, during or after incident.
- Inspect roadway & shoulder surfaces in the area of the incident site for telltale signs of loss of control, excessive speed, severe braking, etc.

Photograph the scene and property if involved.

Comments:

NO SITE INSPECTION MADE. PHOTO 48, PROVIDED BY CLAIMANT, SHOWS SITE AREA ON DAY OF INCIDENT.
 { _____

Section 8 COMMENT OVERFLOW

Please use this page if needed for additional comments from the inspection form. Please note the section and area the comments are continued from prior to each comment.

SECTION 6: POTENTIAL FOR RODENT DAMAGE TO WIRING HARNESSSES WAS CONSIDERED AFTER DISCOVERY OF RODENT NEST ON TOP OF TRANSAXLE (PHOTO 10). SUBSEQUENT INSPECTION REVEALED NO SUCH DAMAGE.
 { _____

Section 9 OTHER REPORT INFORMATION

- ☐ **Check here if there was evidence of a "Fire-Related" event.**
 According to NHTSA, "fire" means combustion or burning of material in or from a vehicle as evidenced by flame. The term also includes, but is not limited to, thermal events and fire-related phenomena such as smoke, sparks or smoldering, but does not include events and phenomena associated with a normally functioning vehicle, such as combustion of fuel within an engine or exhaust from an engine.

Attachments: (Check all that apply)

☒ **Photographs** ☒ **Data Downloads** ☐ **Other Records**

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:		Inspection Date:	01/07/09
Vehicle Brand:	SATURN	Model:	2005 ION 2
File #	71-690698791	VIN:	1G8AN12F65Z

Inspector GARY E MAIN

Number of Rolls DIGITAL

Roll Number N/A

<u>Neg.#</u>	<u>Description</u>
0	
01.	<u>VIN tag</u>
02.	<u>Door VIN label</u>
03.	<u>SPID label</u>
04.	<u>Tire placard data</u>
05.	<u>Odometer</u>
06.	<u>Warning light check</u>
07.	<u>Repaired front fascia</u>
08.	<u>Repaired front fascia-close</u>
09.	<u>Underhood area</u>
10.	<u>Rodent debris on transaxle</u>
11.	<u>Vetronix set up</u>
12.	<u>Vetronix commo check-OK</u>
13.	<u>Vetronix downloading</u>
14.	<u>Vetronix download complete</u>
15.	<u>CDR file saved</u>
16.	<u>PDF file saved</u>
17.	<u>CDR event recovered-NONE</u>
18.	<u>Checking for Steering DTC's</u>
19.	<u>Checking for Steering DTC's</u>
20.	<u>Checking for CURRENT Steering DTC's</u>
21.	<u>NO CURRENT Steering DTC's</u>
22.	<u>Checking for HISTORY Steering DTC's</u>
23.	<u>HISTORY Steering DTC C0475</u>
24.	<u>Data List 1</u>
25.	<u>Data List 2</u>
26.	<u>Class 2 DTC check</u>
27.	<u>DIC at failure shows PWR STR</u>
28.	<u>DTC at failure C0475</u>
29.	<u>Data List 2 at failure 1</u>
30.	<u>Data List 2 at failure 2</u>
31.	<u>LF corner-NO damage</u>
32.	<u>LF suspension-NO damage</u>
33.	<u>RF corner-NO body damage</u>
34.	<u>RF suspension-NO damage</u>
35.	<u>RF wheel rim damage at 5 oclock</u>
36.	<u>RF tire sidewall gouge</u>
37.	<u>RF tire tread damage</u>
38.	<u>LR door edge-prior body repair</u>
39.	<u>LR door edge-prior repair-close</u>
40.	<u>LR corner NO fresh body damage</u>
41.	<u>LR wheel-prior damage</u>
42.	<u>LR tire wear</u>
43.	<u>LR suspension-NO damage</u>
44.	<u>RR corner-NO damage</u>
45.	<u>RR tire wear</u>
46.	<u>RR suspension-NO damage</u>

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	01/07/09
<u>Vehicle Brand:</u>	SATURN	<u>Model:</u>	2005 ION 2
<u>File #</u>	71-690698791	<u>VIN:</u>	1G8AN12F65Z [REDACTED]

47. Undercarriage-NO current damage
48. Road condition

CDR File Information

Vehicle Identification Number	1G8AN12F65Z [REDACTED]
Investigator	GARY E MAIN
Case Number	71-690698791
Investigation Date	Wednesday, January 7 2009
Crash Date	Saturday, December 20 2008
Filename	1G8AN12F65Z [REDACTED].CDR
Saved on	Wednesday, January 7 2009 at 08:48:29 AM
Collected with CDR version	Crash Data Retrieval Tool 3.00
Reported with CDR version	Crash Data Retrieval Tool 3.00
EDR Device Type	airbag control module
Event(s) recovered	None

Data Limitations

SDM Recorded Crash Events:

There are two types of SDM recorded crash events. The first is the Non-Deployment Event. A Non-Deployment Event is an event severe enough to "wake up" the sensing algorithm but not severe enough to deploy the air bag(s). It contains Pre-Crash and Crash data. The SDM can store up to one Non-Deployment Event. This event can be overwritten by an event that has a greater SDM recorded forward velocity change. This event will be cleared by the SDM after the ignition has been cycled 250 times.

The second type of SDM recorded crash event is the Deployment Event. It also contains Pre-Crash and Crash data. The SDM can store up to two different Deployment Events, if they occur within five seconds of one another. Deployment Events cannot be overwritten or cleared from the SDM. Once the SDM has deployed the air bag, the SDM must be replaced.

The data in the Non-Deployment Event file will be locked after a Deployment Event, if the Non-Deployment Event occurred within 5 seconds before the Deployment Event unless a Deployment Level Event occurs within 5 seconds after the Deployment Event, then the Deployment Level Event will overwrite the Non-Deployment Event file.

SDM Data Limitations:

-SDM Recorded Vehicle Forward Velocity Change reflects the change in forward velocity that the sensing system experienced during the recorded portion of the event. SDM Recorded Vehicle Forward Velocity Change is the change in velocity during the recording time and is not the speed the vehicle was traveling before the event, and is also not the Barrier Equivalent Velocity. This data should be examined in conjunction with other available physical evidence from the vehicle and scene when assessing occupant or vehicle forward velocity change. For Deployment Events and Deployment Level Events, the SDM will record 100 milliseconds of data after deployment criteria is met and up to 50 milliseconds before deployment criteria is met. For Non-Deployment Events, the SDM will record the first 150 milliseconds of data after algorithm enable.

-Event Recording Complete will indicate if data from the recorded event has been fully written to the SDM memory or if it has been interrupted and not fully written.

-SDM Recorded Vehicle Speed accuracy can be affected if the vehicle has had the tire size or the final drive axle ratio changed from the factory build specifications.

-Brake Switch Circuit Status indicates the status of the brake switch circuit.

-Pre-Crash Electronic Data Validity Check Status indicates "Data Invalid" if the SDM receive an invalid message from the module sending the pre-crash data.

-Driver's Belt Switch Circuit Status indicates the status of the driver's seat belt switch circuit. If the vehicle's electrical system is compromised during a crash, the state of the Driver's Belt Switch Circuit may be reported other than the actual state.

-The Time between Non-Deployment and Deployment Events is displayed in seconds. If the time between the two events is greater than five seconds, "N/A" is displayed in place of the time.

-If power to the SDM is lost during a crash event, all or part of the crash record may not be recorded.

SDM Data Source:

All SDM recorded data is measured, calculated, and stored internally, except for the following:

-Vehicle Speed, Engine Speed, and Percent Throttle data are transmitted once a second by the Powertrain Control Module (PCM), via the vehicle's communication network, to the SDM.

-Brake Switch Circuit Status data is transmitted once a second by either the ABS module or the PCM, via the vehicle's communication network, to the SDM. Depending on vehicle option content, the Brake Switch Circuit Status data may not be available.

-The SDM may obtain Belt Switch Circuit Status data a number of different ways, depending on the vehicle architecture. Some switches are wired directly to the SDM, while others may obtain the data from various vehicle control modules, via the vehicle's communication network.

Hexadecimal Data

All of the data that the vehicle manufacturer has requested to be retrieved is shown in the hexadecimal data section of the CDR report. It may contain data that is not converted by the CDR program.

```
$01 A0 2C 00 00 00 00
$02 A7 9F 00 00 00 00
$03 41 53 34 32 32 34
$04 4B 30 34 5A 4B 32
$05 02 41 00 00 00 00
$06 22 73 15 63 00 00
$10 FC 57 F0 00 00 00
$11 99 00 00 00 00 87
$12 00 00 00 00 00 00
$13 02 00 00 00 00 00
$14 F3 04 ED 00 50 00
$18 87 87 88 1A FF 00
$1C 38 32 41 FA FA FA
$1D FA 38 32 41 FA FA
$1E FA FA 00 00 00 00
$1F 00 01 00 00 00 00
$20 FF FF FF FF FF 00
$21 FF FF FF FF FF FF
$22 FF FF FF FF 00 00
$23 FF FF FF FF FF FF
$24 FF FF FF FF FF FF
$25 FF FF FF FF 00 00
$26 FF FF FF FF FF FF
$27 FF FF FF FF FF 00
$28 FF FF FF FF FF FF
$29 FF FF FF FF FF 00
$2A FF FF FF FF 00 00
$2B FF FF FF FF FF FF
$2C FF FF FF FF FF FF
$2D FF FF FF FF 00 00
$2E FF FF FF 00 00 00
$30 FF FF FF FF FF 00
$31 FF FF FF FF FF FF
$32 FF FF FF FF 00 00
$33 FF FF FF FF FF FF
$34 FF FF FF FF FF FF
$35 FF FF FF FF FF FF
$36 FF FF FF FF FF FF
$37 FF FF FF FF FF FF
$38 FF FF FF FF FF 00
$39 FF FF FF FF FF FF
$3A FF FF FF FF FF 00
$3B FF FF FF FF 00 00
$3C FF FF FF FF FF FF
$3D FF FF FF FF 00 00
$3E FF FF FF 00 00 00
$40 FF FF FF FF FF 00
$41 FF FF FF FF FF FF
$42 FF FF FF FF 00 00
$43 FF FF FF 00 00 00
$44 FF 00 00 00 00 00
$50 FF FF FF FF FF FF
$51 FF FF 00 00 00 00
$60 FF FF FF FF FF FF
$61 FF 00 00 00 00 00
```


Comments

CLAIMANT: [REDACTED]
INSPECTION AT SATURN OF RENTON

EAA Inspection Request

Date: 1/5/2008

TO: EAA

EAA/SPX Field Coordinator

Phone: 586-582-5835

Fax: 586-582-5840

Email: eaafc@servicesolutions.spx.com

From: Patrick Cunningham

PAR Customer Relations **Specialist**

Email: charles_cunningham@gmexpert.com

Phone: 866-790-5600 ext.31395

or 866-790-5700 ext.

Fax: 866-393-8077

Mailing Address:

GM PAR Investigations

7401 E. Ben White

Building 3

Austin, TX 78741

Vehicle Information

VIN#: 1G8AN12F65Z

Year/Make: 2005 Saturn

Model: Ion 2

Contact's Name: Fred

Contact's Number: 425-277-5856

Vehicle Location: Saturn of Renton

555 SW Grady Way

Renton, WA 98057

If located at a Salvage/Auction Yard:

Ins. Adj. Name:

Phone #:

Claim or Salvage ID #:

Claimant Information

PAR File #: 71-690698791

Claimant Name:

Claimant Home #:

Claimant Work #:

Claimant Cell #:

Address:

Renton, WA

Required Actions:

☒ Advise PAR CRS via voicemail/email of inspection date.

☐ Repair Estimate Required

☒ Review All PAR File information

☒ Contact PAR CRS After Inspection

Please Use Form(s):

<input type="checkbox"/> Accelerator/Throttle Control	<input type="checkbox"/> Restraint-SIR/Seatbelts	<input type="checkbox"/> Seats
<input type="checkbox"/> Brake/ABS/TCS/VSES	<input type="checkbox"/> Side Impact	<input type="checkbox"/> Power Sliding Door
<input checked="" type="checkbox"/> Steering/Suspension/Tires/Wheels	<input type="checkbox"/> Inadvertent Deployment	<input type="checkbox"/> OnStar
<input type="checkbox"/> Engine Exhaust/Odor	<input type="checkbox"/> Transmission/Transaxle	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> Engine Stalling	<input type="checkbox"/> Thermal Events	

Special Instructions:

Interview Owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Vetronix Requested	<input type="checkbox"/> Obtain Fire/Police Report
<input type="checkbox"/> <u>Other (define)</u>		

Investigations can only be rushed if e-mailed by one of the following:

☐ **RUSH** (Name of Team Manager or Ops Mgr Approving the Rush): _____

EAA Internal Use Only

To: SA:	Date E-Mailed to SA: _____
From: EAA Field Coordinator	Due Date: _____

EAA SA Use Only

Case Acceptance/Investigation: <input type="checkbox"/> YES <input type="checkbox"/> NO
Please acknowledge acceptance of this case promptly by phone, fax or email.
Date Report Uploaded to EAA FTP SITE: _____





MFD BY GENERAL MOTORS CORP

DATE
09/05

GVWR
1931 KG
4256 LB

GAWR FRT
1025 KG
2259 LB

GAWR RR
906 KG
1997 LB

THIS VEHICLE CONFORMS TO ALL APPLICABLE U.S. FEDERAL MOTOR
VEHICLE SAFETY, BUMPER, AND THEFT PREVENTION STANDARDS IN
EFFECT ON THE DATE OF MANUFACTURE SHOWN ABOVE.

1G2ZF55B364 [REDACTED]

TYPE: PASS CAR













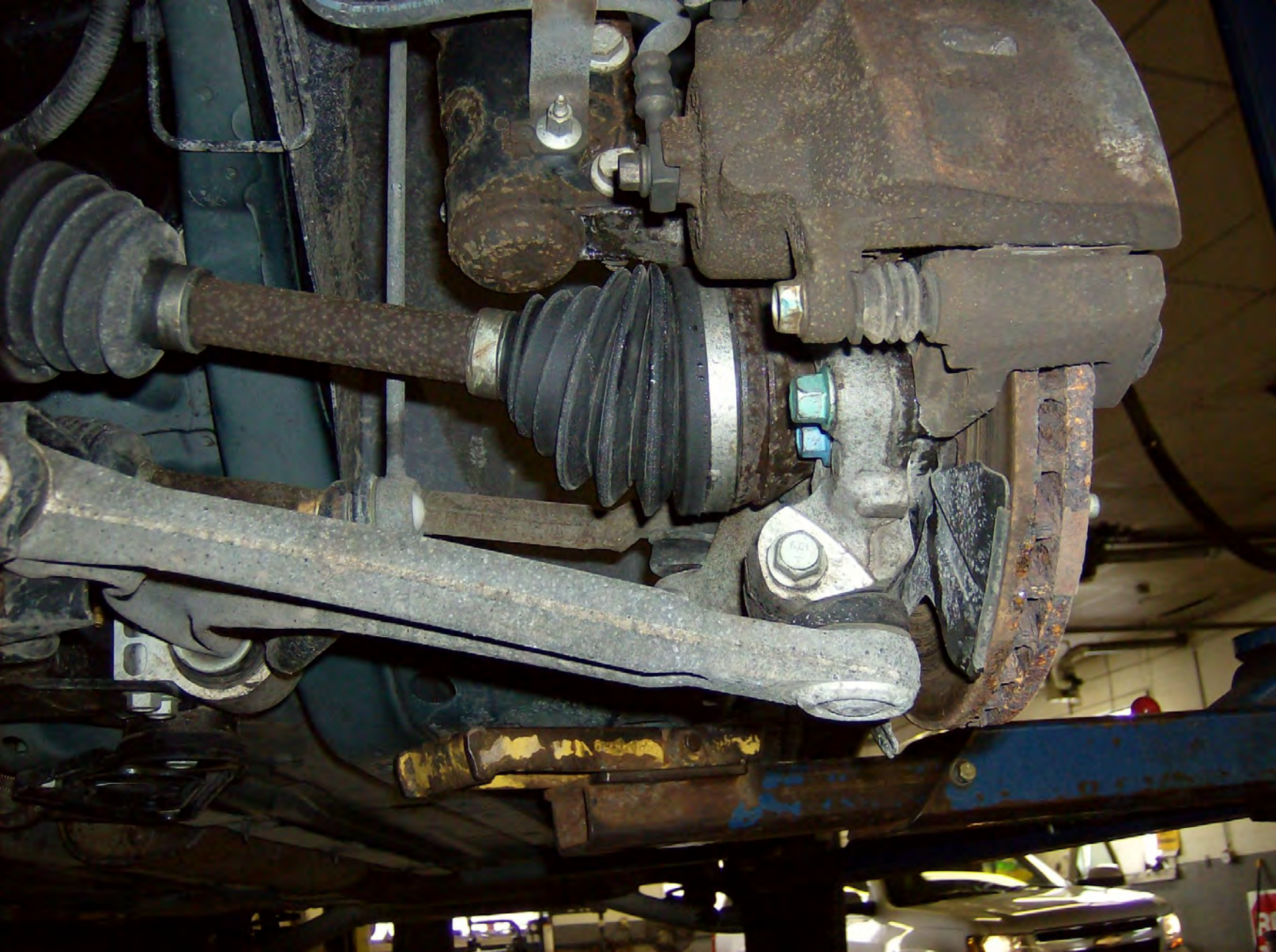


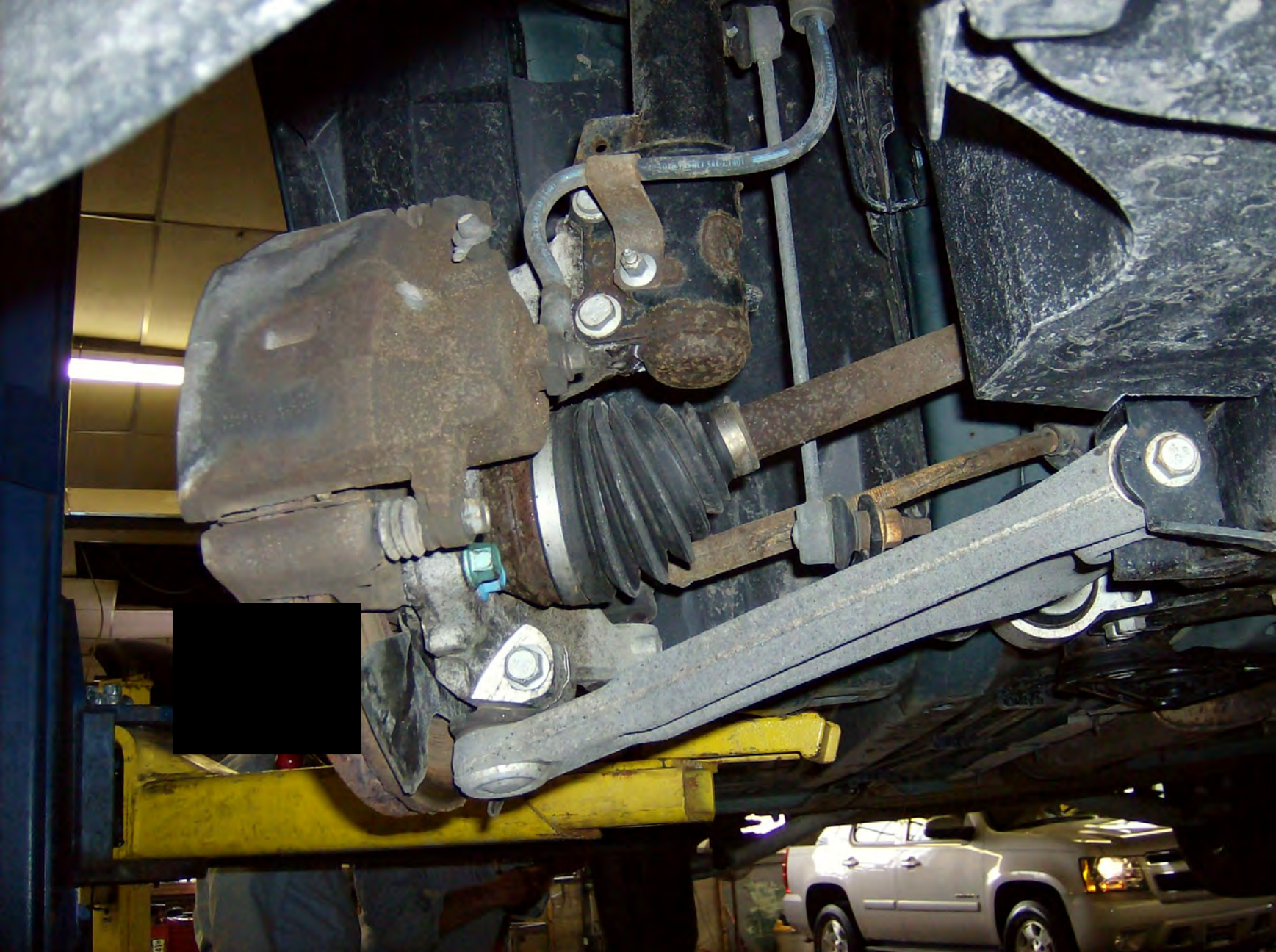






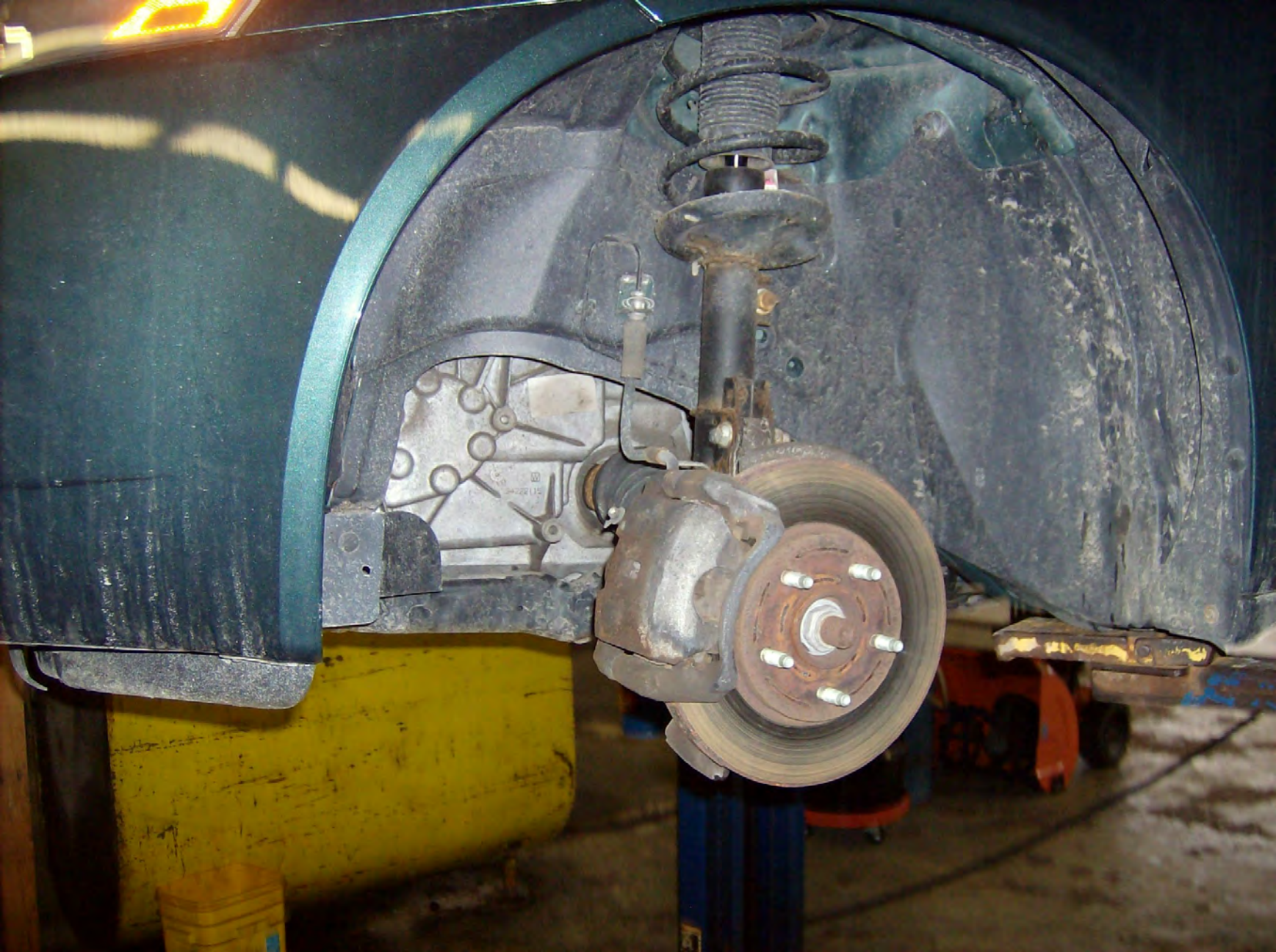


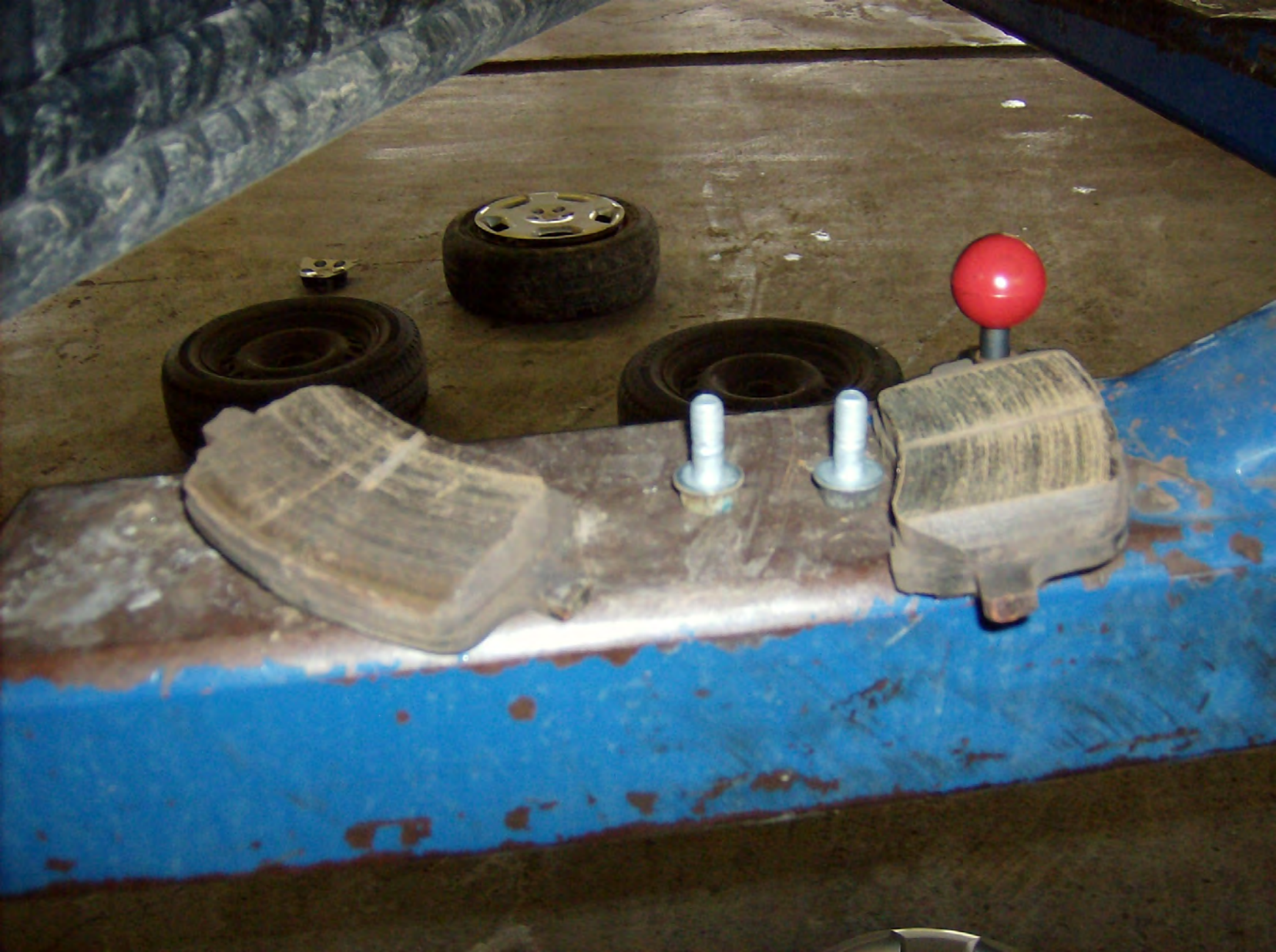




























CAUTION: Do not touch the engine or its components when the engine is hot. The engine and its components can be very hot and cause burns. Wait until the engine is cool before touching it.

CAUTION: Do not touch the engine or its components when the engine is hot. The engine and its components can be very hot and cause burns. Wait until the engine is cool before touching it.

CATALYST
EQUUS 1.8
EQUUS 1.8
EQUUS 1.8





Bosch Crash Data Retrieval Tool - [Vehicle Identification]

File Edit Run Help Special

Vehicle Identification Number

1	G	2	Z	F	5	5	B	3	6	4	
---	---	---	---	---	---	---	---	---	---	---	--

Done Cancel Clear

Interface OK

1:36 PM

Boechi Crash Data Retrieval Tool - [Case Information]

File Edit Run Help Special

User [REDACTED]

Case Number 71-695648615

EDR Data Imaging Date 2/2/2009

Crash Date 1/18/2009

Done Cancel Clear

EDR STATUS

Boechi Crash Data R...

Interface OK

1:30 PM





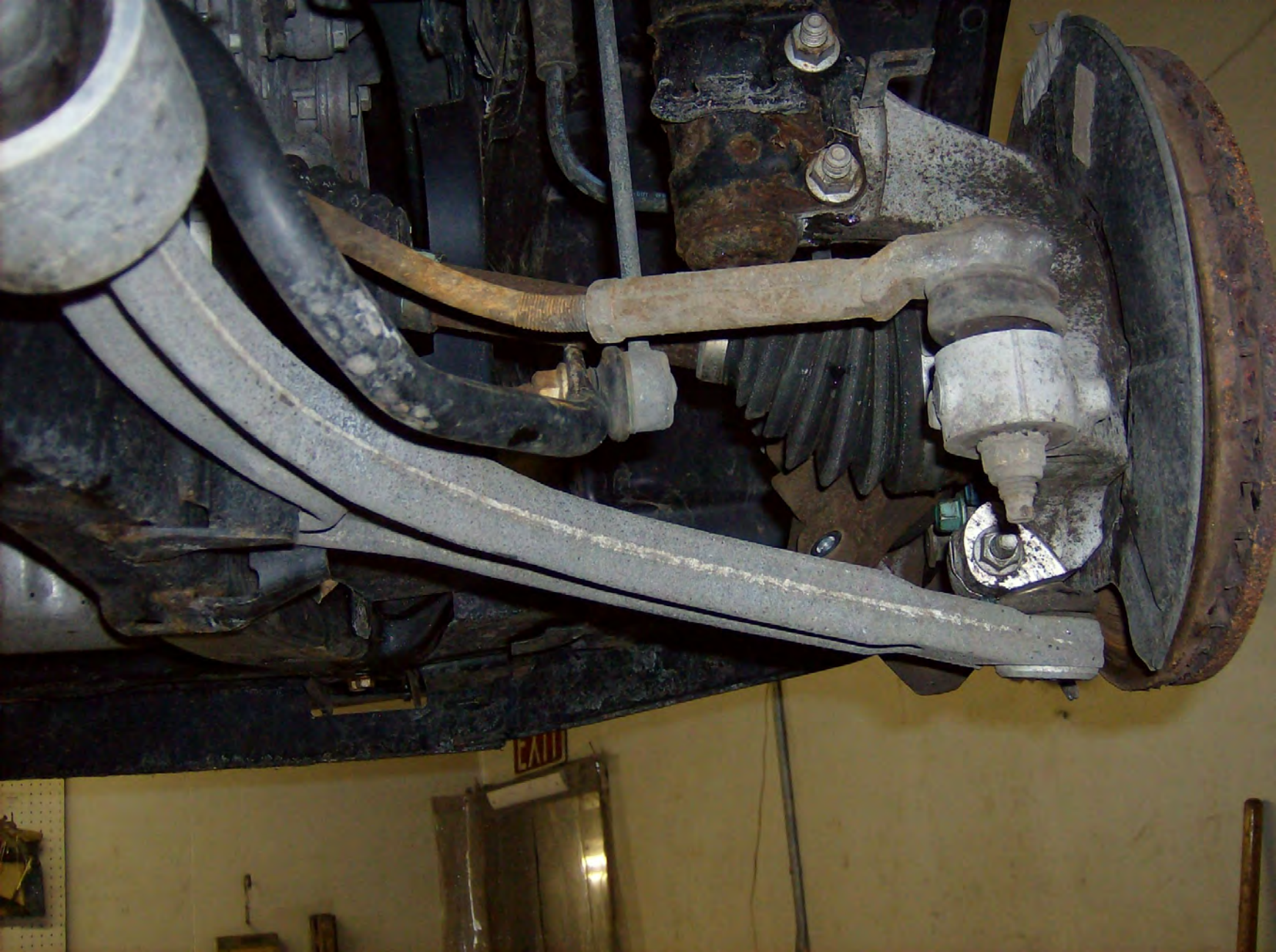


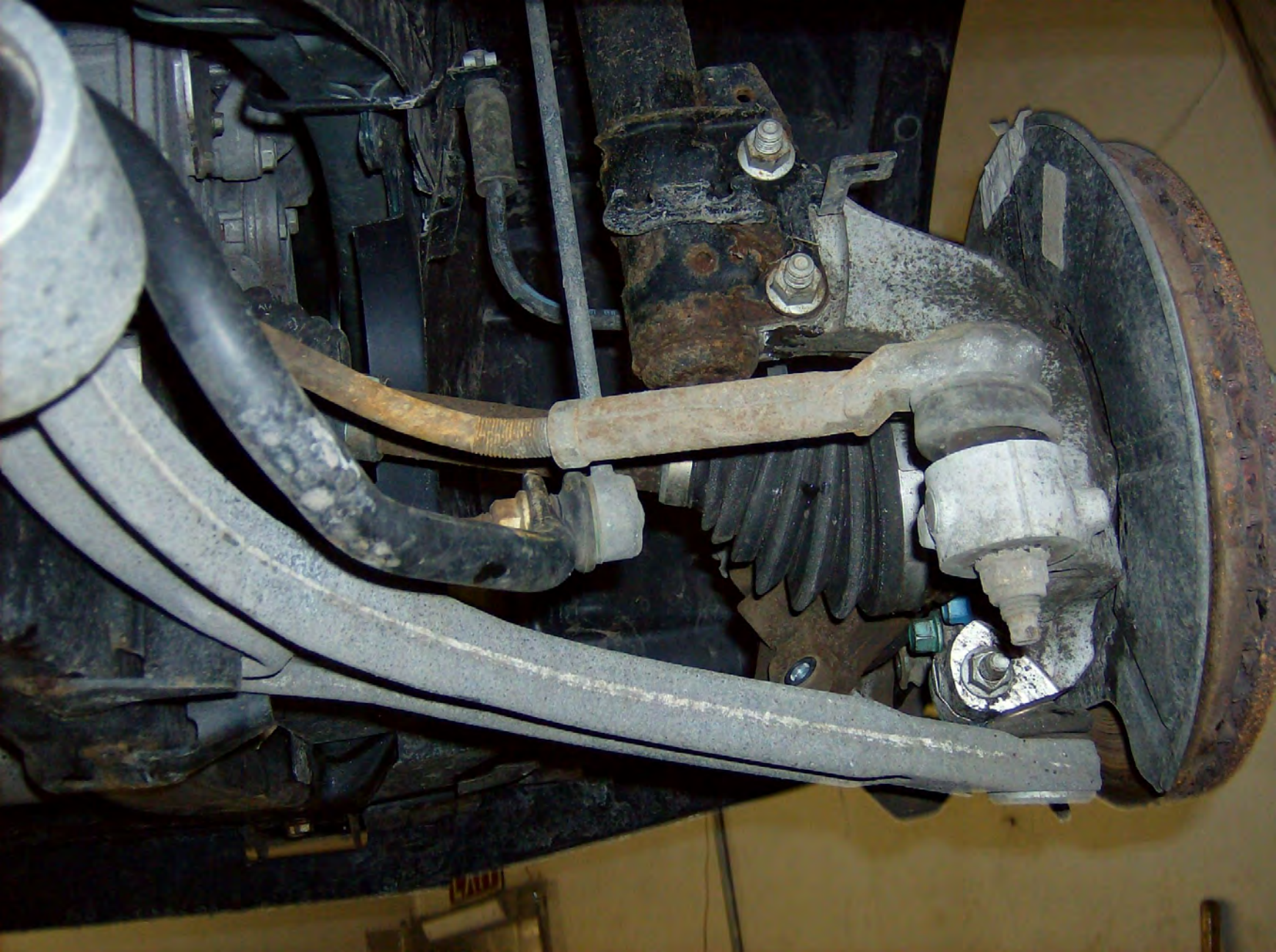
















FLUSH EYES WITH WATER
GET MEDICAL HELP FAST

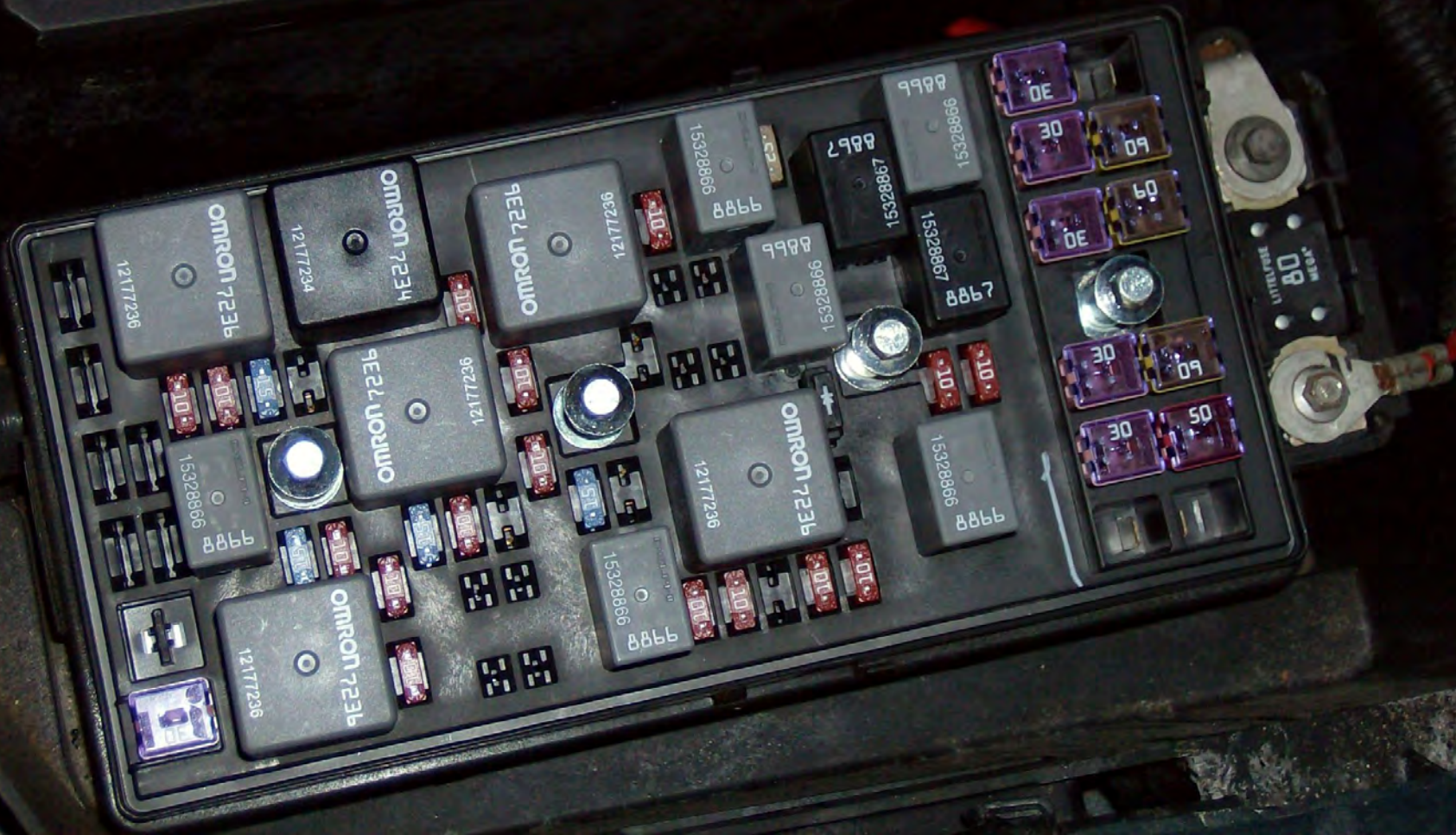
KEEP OUT OF REACH OF CHILDREN.
DO NOT TIP. DO NOT OPEN BATTERY.

UN MEDECIN
TENIR HORS DE LA PORTÉE DES ENFANTS. NE
PAS INCLINER. NE PAS OUVRIR LA BATTERIE.

ACDelco®

MAINTENANCE-FREE BATTERY
BATTERIE SANS ENTRETIEN

190047901











TIRE AND LOADING INFORMATION

SEATING CAPACITY TOTAL 5 FRONT 2 REAR 3

The combined weight of occupants and cargo should never exceed 404 kg or 891 lbs.

TIRE	ORIGINAL SIZE	COLD TIRE PRESSURE
FRONT	P215/60R16	210 kPa, 30 PSI
REAR	P215/60R16	210 kPa, 30 PSI
SPARE	T125/70D16	420 kPa, 60 PSI

SEE OWNER'S MANUAL FOR ADDITIONAL INFORMATION

1622F526-06





MECHANIC'S NAME & NUMBER		PARTS COST	LABOR COST	TOTAL PARTS & LABOR
ON	CAUSE: Rec tires P215/60R16	89.95 ea	14.95	204.24
OFF	10% 959 5769 Needs RF wheel	99.34		
ON	15858368 1 Steering Gear Bent - Wall 1.3	285.09	113.35	398.34
OFF	9596526 1 Hub Cap. E01A	47.24		47.24
	15944090 Right outer tie Rod E02A 6	57.46	51.60	109.06
	Alignment E0			79.95
ON	CAUSE:			838.83 + tax
OFF	3 times	89.95 ea	44.85	314.70
ON	CORRECTION: 2		209.80	1153.53
OFF				
ON	CAUSE:			
OFF				
ON	CORRECTION: 3			
OFF				
ON	CAUSE:			
OFF				
ON	CORRECTION: 4			
OFF				
CUSTOMER CALLED BY: [REDACTED] <i>Call me back</i> TIME: 3:21 PM DATE: 1-20-09 CONTACTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		▼ TOTAL PARTS ▼	▼ TOTAL LABOR ▼	▼ SUB TOTAL ▼
CUSTOMER CALLED BY: _____ TIME: _____ DATE: _____ CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
CUSTOMER CALLED BY: _____ TIME: _____ DATE: _____ CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		TAX ►		
		TOTAL ESTIMATE ►		

COMMENTS:

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date:

2/2/2009

Vehicle Brand:

Pontiac

Model:

2006 G6

File #:

71-695648615

VIN:

1G2ZF55B36

[REDACTED]

Inspector EDWARD J LAPOSTA

Number of Rolls DIGITAL

Roll Number DIGITAL

<u>Neg.#</u>	<u>Description</u>
0	<u>0 VIN PLATE</u>
1.	<u>1 VIN LABEL</u>
2.	<u>2 ODOMETER</u>
3.	<u>3 FRONT EXTERIOR</u>
4.	<u>4 LF EXTERIOR</u>
5.	<u>5 L EXTERIOR</u>
6.	<u>6 LR EXTERIOR</u>
7.	<u>7 REAR EXTERIOR</u>
8.	<u>8 RR EXTERIOR</u>
9.	<u>9 R EXTERIOR</u>
10.	<u>10 RF EXTERIOR</u>
11.	<u>11 LEFT FRONT INTERIOR</u>
12.	<u>12 RIGHT FRONT INTERIOR</u>
13.	<u>13 LEFT REAR INTERIOR</u>
14.	<u>14 RIGHT REAR INTERIOR</u>
15.	<u>15 WINDSHIELD</u>
16.	<u>16 DASH-RIGHT</u>
17.	<u>17 STEERING WHEEL</u>
18.	<u>18 ACCELERATOR AND BRAKE PEDALS</u>
19.	<u>19 UNDER CARRIAGE-FRONT</u>
20.	<u>20 SUSPENSION-LEFT FRONT</u>
21.	<u>21 SUSPENSION-RIGHT FRONT</u>
22.	<u>22 SUSPENSION-LEFT REAR</u>
23.	<u>23 SUSPENSION-RIGHT REAR</u>
24.	<u>24 BRAKE CALIPER AND ROTOR-LEFT FRONT</u>
25.	<u>25 BRAKE PADS-LEFT FRONT</u>
26.	<u>26 BRAKE CALIPER AND ROTOR-RIGHT FRONT</u>
27.	<u>27 BRAKE PADS-RIGHT FRONT</u>
28.	<u>28 BRAKE CALIPER AND ROTOR-LEFT REAR</u>
29.	<u>29 BRAKEPADS-LEFT REAR</u>
30.	<u>30 BRAKE CALIPER AND ROTOR-RIGHT REAR</u>
31.	<u>31 BRAKE PADS-RIGHT REAR</u>
32.	<u>32 ENGINE-FRONT</u>
33.	<u>33 ENGINE-LEFT</u>

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	2/2/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	2006 G6
<u>File #:</u>	71-695648615	<u>VIN:</u>	1G2ZF55B364

34 ENGINE-RIGHT
35 VETRONIX CDR
36 VETRONIX CDR
37 SPARE TIRE INSTALLED-RIGHT FRONT
38 RIGHT FRONT TIRE AND WHEEL DAMAGE
39 RIGHT FRONT TIRE AND WHEEL DAMAGE
40 RIGHT FRONT TIRE TREAD WORN
41 BRAKE MASTER CYLINDER
42 BRAKE MASTER CYLINDER CAP
43 RIGHT STEERING TIE ROD-BENT
44 RIGHT STEERING TIE ROD-BENT
45 STEERING RACK
46 STEERING RACK
47 FUSE PANEL-ENGINE COMPARTMENT
48 RIGHT REAR WHEEL AND HUBCAP DAMAGED
49 RIGHT FRONT HUBCAP
50 LEFT REAR WHEEL DAMAGE-INSIDE RIM
51 TIRE AND LOADING LABEL

CDR File Information

User Entered VIN	1G2ZF55B364 [REDACTED]
User	EDWARD LAPO
Case Number	71-695648615
EDR Data Imaging Date	Monday, February 2 2009
Crash Date	Sunday, January 18 2009
Filename	1G2ZF55B364 [REDACTED].CDR
Saved on	Monday, February 2 2009 at 01:39:33 PM
Collected with CDR version	Crash Data Retrieval Tool 3.1
Reported with CDR version	Crash Data Retrieval Tool 3.1
EDR Device Type	airbag control module
Event(s) recovered	None

IMPORTANT NOTICE: Robert Bosch LLC recommends that the latest production release of Crash Data Retrieval software be utilized when viewing, printing or exporting any retrieved data from within the CDR program. This ensures that the retrieved data has been translated using the most recent information including but not limited to that which was provided by the manufacturers of the vehicles supported in this product.

Data Limitations

Recorded Crash Events:

There are two types of recorded crash events. The first is the Non-Deployment Event. A Non-Deployment Event records data but does not deploy the air bag(s). The minimum SDM Recorded Vehicle Velocity Change, that is needed to record a Non-Deployment Event, is five MPH. A Non-Deployment Event contains Pre-Crash and Crash data. The SDM can store up to one Non-Deployment Event. This event can be overwritten by an event that has a greater SDM recorded vehicle velocity change. This event will be cleared by the SDM, after approximately 250 ignition cycles. This event can be overwritten by a second Deployment Event, referred to as Deployment Event #2, if the Non-Deployment Event is not locked. The data in the Non-Deployment Event file will be locked, if the Non-Deployment Event occurred within five seconds of a Deployment Event. A locked Non Deployment Event cannot be overwritten or cleared by the SDM.

The second type of SDM recorded crash event is the Deployment Event. It also contains Pre-Crash and Crash data. The SDM can store up to two different Deployment Events. If a second Deployment Event occurs any time after the Deployment Event, the Deployment Event #2 will overwrite any non-locked Non-Deployment Event. Deployment Events cannot be overwritten or cleared by the SDM. Once the SDM has deployed an air bag, the SDM must be replaced.

Data:

-SDM Recorded Vehicle Velocity Change reflects the change in velocity that the sensing system experienced during the recorded portion of the event. SDM Recorded Vehicle Velocity Change is the change in velocity during the recording time and is not the speed the vehicle was traveling before the event, and is also not the Barrier Equivalent Velocity. For Deployment Events, the SDM will record 220 milliseconds of data after deployment criteria is met and up to 70 milliseconds before deployment criteria is met. For Non-Deployment Events, the SDM can record up to the first 300 milliseconds of data after algorithm enable. Velocity Change data is displayed in SAE sign convention.

-Maximum Recorded Vehicle Velocity Change is the maximum square root value of the sum of the squares for the vehicle's combined "X" and "Y" axis change in velocity.

-Event Recording Complete will indicate if data from the recorded event has been fully written to the SDM memory or if it has been interrupted and not fully written.

-SDM Recorded Vehicle Speed accuracy can be affected by various factors, including but not limited to the following:

- significant changes in the tire's rolling radius
- final drive axle ratio changes
- wheel lockup and wheel slip

-Brake Switch Circuit Status indicates the open/closed state of the brake switch circuit.

-Pre-Crash data is recorded asynchronously.

-Pre-Crash Electronic Data Validity Check Status indicates "Data Invalid" if:

- the SDM receives a message with an "invalid" flag from the module sending the pre-crash data
- no data is received from the module sending the pre-crash data
- no module is present to send the pre-crash data

-Driver's and Passenger's Belt Switch Circuit Status indicates the status of the seat belt switch circuit, except: The Passenger Belt Switch Circuit Status for 2005 vehicles is available only on the Cadillac STS. The Passenger Belt Switch Circuit Status for 2006 Chevrolet Cobalt Sport Coupe (AP) model vehicles, with the option package that includes Recaro brand seats (RPO ALV), always reports a default value of "Buckled," because there is no passenger belt switch with the Recaro seat option.

-The Time Between Non-Deployment to Deployment Events is displayed in seconds. If the time between the two events is greater than five seconds, "N/A" is displayed in place of the time. If the value is negative, then the Deployment Event occurred first. If the value is positive, then the Non-Deployment Event occurred first.

-If power to the SDM is lost during a crash event, all or part of the crash record may not be recorded.

-The ignition cycle counter relies upon the transitions through OFF->RUN->CRANK power-modding messages, on the GMLAN communication bus, to increment the counter. Applying and removing of battery power to the module will not increment the ignition counter.

-Steering Wheel Angle data is displayed as a positive value when the steering wheel is turned to the right and a negative value

when the steering wheel is turned to the left, except for Cadillac STS model vehicles with StabiliTrak 3.0 systems (RPO JL7). For Cadillac STS model vehicles with StabiliTrak 3.0 systems (RPO JL7), when the steering wheel is turned to the right, a negative value will be displayed and when the steering wheel is turned to the left, a positive value will be displayed. The Steering Wheel Angle data is reported in 16 degree increments.

Data Source:

All SDM recorded data is measured, calculated, and stored internally, except for the following:

- Vehicle Status Data (Pre-Crash) is transmitted to the SDM, by various vehicle control modules, via the vehicle's communication network.
- The Belt Switch Circuit is wired directly to the SDM.

Hexadecimal Data

Data that the vehicle manufacturer has specified for data retrieval is shown in the hexadecimal data section of the CDR report. The hexadecimal data section of the CDR report may contain data that is not translated by the CDR program. The control module contains additional data that is not retrievable by the CDR system.

```
$01 00 00 00 00 43 00 00
$02 30 00 00 00 00 00 00
$03 02 00 00 00 00 00 00
$04 02 00 00 00 00 00 00
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$07 00 00 00 00 00 00 00
$08 32 1D 00 00 00 00 00
$09 00 73 5A 00 00 00 00
$0A 00 00 00 00 00 00 00
$0B 00 00 05 0F 00 00 00
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$0D FF BC C0 00 00 00 00
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$0F A2 00 00 00 00 00 00
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$1D 00 00 00 00 00 00 00
$1E 4F 4F 00 4F 00 01 00
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$43 00 00 8E 80
$44 C6 00 00 FC 80 C0
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$B0 58
$B1 FD FE 00
$B2 FF FF FF FF FF
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$B7 50 AA 01 0F 02
$B8 54 41 68 06 15
$C1 30 46 30 32
$CA 30 46 30 32
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$CC 00 F0 B6 78
$D1 00 00
$DB 00 00
$DC 00 00
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Disclaimer of Liability

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**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

<u>Customer's Name:</u>	██████████	<u>Inspection Date:</u>	2/2/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	2006 G6
<u>File #:</u>	71-695648615	<u>VIN:</u>	1G2ZF55B3641 ██████████

Mileage at Inspection: 23736

Inspection Location: Wright Pontiac of Carnegie
419 E Main
Carnegie, PA 15106-2052
Phone: 412-276-2900

Inspector's phone number: 740-632-0875

Inspected By: EDWARD J LAPOSTA

Section 1	INSPECTION SUMMARY
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BRIEFLY Describe the customer's ALLEGATION below:

Driver/Owner ██████████ alleges she was going around a left curve down a small hill. She could not turn the steering wheel fast enough and the vehicle went off the right side of the road and the right front wheel and tire hit a concrete curb along the road.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

<u>Customer's Name:</u> [REDACTED] <u>Vehicle Brand:</u> Pontiac <u>File #:</u> 71-695648615	<u>Inspection Date:</u> 2/2/2009 <u>Model:</u> 2006 G6 <u>VIN:</u> 1G2ZF55B364 [REDACTED]
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Following the inspection, summarize the facts and observations: (Additional cmts may be placed in section 9)

The vehicle is not drivable. The dealer provided a warranty repair order for replacement of the steering column on 2/21/2008 and a copy is attached.

The right front wheel is bent in 2 inches at the outer tire mounting rim 8 inches around the rim, the hubcap is broken off and tire tread is worn down to the wear bar at 3/32 inch (photos 38 thru 40 and 49). The left rear wheel is bent in ½ inch at the inner tire mounting rim and the tread is worn down to the wear bar at 3/32 inch (photo 50). The right rear wheel is bent in ¼ inch at the outer tire mounting rim, the hub cap is scraped at the tire mounting rim and the tire is worn down to the wear bar at 3/32 inch (photo 48). All four tires are worn down to the wear bar at 3/32 inch tread left. The right tie rod is bent 2 inches at the center of the rod (photos 43 and 44).

There is no visible damage to the rest of the exterior of the vehicle. There is no visible damage to the windshield, front or rear side glass or rear glass. There is no visible damage to the frame or engine mounts/crossmembers. The brake pedal is firm and positive and stops the vehicle with light to moderate pressure. This vehicle has no current record of outstanding campaigns. Vetronix CDR data was downloaded and is attached. Repair estimate for \$838.83 is attached.

There is no visible damage to the engine compartment or rest of the under carriage of the vehicle. All steering components are in place and connected. The steering wheel rotates lock to lock smoothly and with moderate effort and appropriate movement of front wheels. There is no binding, sticking or uneven feel. There are no visible scrapes, abrasions or signs of contact with the rest of the linkage. There are no visible leaks at steering rack and pinion. There is no visible damage to the boots on the steering rack or contact by foreign objects. The steering column, ignition switch and intermediate shaft are tight and there are no loose connections. The steering column unlocks with ignition key correctly. All steering column fasteners are clean and tight. The power steering assist assembly and connections are clean and tight. All attachments to the struts and suspension are secure and proper. There is no visible damage to the frame, suspension, brake and fuel lines and engine mounts/crossmembers.

The accelerator pedal, cruise control system and wiring are properly routed and work easily and return at rest. The service brake system on the vehicle holds the vehicle while racing engine in gear. All brake lines are properly routed and there are no leaks in the system. The master cylinder is operational with no leakage and is full of fluid. Brake fluid is full and shows no sign of contamination. Brake pedal feel is firm and positive and does not leak down while holding constant pressure with engine running or off. The power brake booster functions and only light pressure is needed to hold vehicle in drive. The brake pedal operates easily and is not bound or sticking. The pedal returns to normal position at rest. No ABS warning lights are on with engine running and no active or stored codes are in ABS system. The park brake system was tested with transmission in forward and reverse and the park brake held vehicle in all gears. All park brake cables and controls are operational and the cables are adjusted and routed correctly. The front and rear wheels were removed to inspect brakes and pad lining is as follows: RF 10/32 LF 10/32 RR 9/32 LR 9/32. Brake pads are clean and tight, no visible damage to lining.

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**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: 2/2/2009
 Vehicle Brand: Pontiac Model: 2006 G6
 File #: 71-695648615 VIN: 1G2ZF55B364 [REDACTED]

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Section 2 INTERVIEW - INCIDENT DETAILS

Obtain all of the information for this section from the Driver/Claimant

Provide a complete description of the incident according to the DRIVER / CLAIMANT

Interview mode: ☒ By Telephone ☐ In Person

Incident Date and Time: 1/18/2009 10:30 AM

Interview date: 1/24/2009

Was a police/fire department report obtained? ☐ Yes ☒ No

Provide driver/claimant's description of incident. If there was a collision, describe all collision events; include description of other vehicles involved; describe all objects contacted and the sequence in which they were contacted. (Additional cmts may be placed in section 9)

Driver/Owner [REDACTED] alleges the following: I was going around a left curve down a small hill. I could not turn the steering wheel fast enough and the vehicle went off the right side of the road. The right front wheel and tire hit a concrete curb along the road. The weather was clear and dry and the temperature was about 32 degrees. Right seat passenger [REDACTED] and I were wearing our seat belts. I was traveling on High River Road for 20 minutes and 6 miles at 15 MPH. I slowed down to go around a sharp left curve and I could not turn the steering wheel fast enough to keep the vehicle on the road. The vehicle went off the right side of the road and the right front wheel hit the concrete curb along the right side of the road. I got out of the vehicle and checked the damage and called AAA to tow the vehicle to Steve's Foreign Car Repair, McKees Rocks, PA. My son [REDACTED] and I were not injured in the accident.

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Driver/other occupant's physical description (include name, gender, height, weight, & disabilities):

Driver [REDACTED] female, age 25, 5'3", no disabilities. Right front seat passenger [REDACTED] age 7, 4', 55 lbs, no disabilities.

If there was a collision:

Describe extent of any injuries to the Driver: Driver [REDACTED] was not injured in the accident.

{

Describe where other occupants were seated & extent of any injuries: Right front seat passenger [REDACTED] was not injured in the accident.

{
 {

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

<u>Customer's Name:</u>	██████████	<u>Inspection Date:</u>	2/2/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	2006 G6
<u>File #:</u>	71-695648615	<u>VIN:</u>	1G2ZF55B364 ██████████

What was the exact location of the incident? High River Blvd, Bellevue, PA

Driving conditions at the time of the incident:

Weather conditions & Visibility: **Clear and Dry** Approximate Temp (°F): **32**

Road Surface: ☐ Concrete ☒ Asphalt ☐ Gravel ☐ Crushed rock ☐ Dirt
 Road Condition: ☒ Dry ☐ Wet ☐ Icy ☐ Other: { _____ }
 Shoulder ☒ Curb ☐: ☐ Concrete ☒ Asphalt ☐ Gravel ☐ Crushed rock ☐ Dirt
 Shoulder/Curb Condition: ☒ Dry ☐ Wet ☐ Icy ☐ Other: { _____ }
 Posted Speed Limit **35**
 Any objects in the road? (rocks, scrap metal, pothole, speed bump, etc.) **No objects in the road.**

Length of Drive Prior to incident:

Total Time (hrs. & mins.): **10 minutes** Distance (miles): **3 miles**
 Estimate of vehicle speed **15** mph Source of est. **Driver**
 Estimated vehicle speed at impact: **15** mph Source of est. **Driver**
(Do Not report speed information from the Vetronix data here)

If the driver/claimant description of the vehicle operation prior to and during the incident does not include the following information, please obtain it.

Steering	Normal <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Describe
Suspension	Normal <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Describe
Brakes	Normal <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Describe { _____ }
Engine	Normal <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Describe { _____ }
Electrical	Normal <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Describe { _____ }

Were any warning lights illuminated or driver information center messages displayed? ☐ Yes ☒ No If "Yes", get the details and describe the event(s).

Has the vehicle behavior noted during this incident ever been noted prior to this incident? ☐ Yes ☒ No If "Yes", get the details and describe the event(s).

Also, determine whether there were any warning lights illuminated, messages on driver information panel, unusual noises, smoke or steam observed. **No warning lights illuminated, no messages on driver information panel, no unusual noises, smoke or steam observed.**

Describe any evasive action: ☒ Turning ☐ Braking ☐ Accelerating ☐ Other: { _____ }

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: 2/2/2009
 Vehicle Brand: Pontiac Model: 2006 G6
 File #: 71-695648615 VIN: 1G2ZF55B364 [REDACTED]

Describe cargo (in the vehicle interior, trunk and/or trailer (if any)): **None**

Estimated total weight of cargo: { } Estimated weight of the trailer, if any. { }

If a trailer was being towed, photograph the hitch structure, both on the trailer and towing vehicle.

Did the vehicle leave the roadway?: ☒ Yes ☐ No Describe: **Driver/Owner [REDACTED] alleges she was going around a left curve down a small hill. She could not turn the steering wheel fast enough and the vehicle went off the right side of the road and the right front wheel and tire hit a concrete curb along the road.**

How was the vehicle transported from the incident site to the present location? Tow Truck ☒ Flat Bed ☐ Other:

Additional comments concerning the incident: **None**

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Section 3 INTERVIEW - VEHICLE HISTORY

Source of information (name, address, phone number, & relationship), if other than claimant:

Driver/Owner [REDACTED] McKees Rocks, PA [REDACTED] Phone: [REDACTED] Cell: [REDACTED]

Comments: (Additional cmts may be placed in section 9)

None

Did the owner purchase the vehicle new? ☐ Yes ☒ No Date Used? ☒ Yes ☐ No Date: 3/17/2007

VEHICLE MODIFICATIONS / ALTERATIONS

Are any vehicle modifications or alterations present, and has any after-market equipment been installed? (e.g., objects attached to the steering wheel or instrument panel, controls for disabled persons, shock absorbers, springs, modified body, electrical components, powertrain, wheels or tires, after-market seats, etc..) Describe:

There are no visible modifications/alterations or after-market equipment installed on the vehicle.

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{ }

VEHICLE REPAIR / SERVICE HISTORY

Prior electrical system service? ☒ No ☐ Yes If yes, describe: { }

{ }
Prior collision repair? ☒ No ☐ Yes If yes, describe: { }

{ }
Repaired by whom? (name, address, phone) { }

{ }
Prior chassis system service, repair, or replacement? ☒ No ☐ Yes If yes, describe what was done:

{ }
Prior electrical system components serviced, repaired, or replaced by whom? (name, address, phone number)

{ }
Any other pertinent vehicle history information (from interview, GM warranty or dealership history files)? ☒ No ☐ Yes

If yes, describe: { }
{ }

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

<p><u>Customer's Name:</u> [REDACTED]</p> <p><u>Vehicle Brand:</u> Pontiac</p> <p><u>File #:</u> 71-695648615</p>	<p><u>Inspection Date:</u> 2/2/2009</p> <p><u>Model:</u> 2006 G6</p> <p><u>VIN:</u> 1G2ZF55B364 [REDACTED]</p>
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Section 4

VEHICLE INSPECTION – VISUAL/PHOTO

THE VEHICLE VISUAL INSPECTION DOCUMENTS THE PHYSICAL EVIDENCE USING PHOTOS AND WRITTEN OBSERVATIONS. RECORD YOUR OBSERVATIONS IN THE APPROPRIATE SECTION.
PHOTOGRAPH THE EXTERIOR OF THE VEHICLE AS FOLLOWS: VIN PLATE, QUARTER VIEWS FROM LEFT FRONT, RIGHT REAR ARE REQUIRED, AND DOCUMENT FURTHER EXTERIOR DAMAGE WITH MANY PHOTOS.

DESCRIBE ANY DAMAGE TO THE VEHICLE BODY:

There is no visible damage to the vehicle body. There is no visible damage to the windshield, front or rear side glass or rear glass.

UNDERBODY / FRAME / CHASSIS AREA: Describe any damage to the underside of the vehicle. Note the condition of the bumpers, frame, suspension, tires, wheels, brake and fuel lines & engine mount(s)/crossmember. Photograph and comment on any contact between vehicle components and the underbody. Photograph if damage is present.

The right front wheel is bent in 2 inches at the outer tire mounting rim 8 inches around the rim, the hubcap is broken off and tire tread is worn down to the wear bar at 3/32 inch (photos 38 thru 40 and 49). The left rear wheel is bent in ½ inch at the inner tire mounting rim and the tread is worn down to the wear bar at 3/32 inch (photo 50). The right rear wheel is bent in ¼ inch at the outer tire mounting rim, the hub cap is scraped at the tire mounting rim and the tire is worn down to the wear bar at 3/32 inch (photo 48). All four tires are worn down to the wear bar at 3/32 inch tread left. The right tie rod is bent 2 inches at the center of the rod (photos 43 and 44).

There is no visible damage to the engine compartment or the under carriage of the vehicle. All steering components are in place and connected. There are no visible scrapes, abrasions or signs of contact with the steering linkage. There are no visible leaks at steering rack and pinion. There is no visible damage to the boots on the steering rack or contact by foreign objects. The steering column, ignition switch and intermediate shaft are tight and there are no loose connections. All steering column fasteners are clean and tight. The power steering assist assembly and connections are clean and tight. All attachments to the struts and suspension are secure and proper. There is no visible damage to the frame, suspension, brake and fuel lines and engine mounts/crossmembers.

All brake lines are properly routed and there are no leaks in the system. The master cylinder is operational with no leakage and is full of fluid. Brake fluid is full and shows no sign of contamination. Brake pedal feel is firm and positive and does not leak down while holding constant pressure with engine running or off. The power brake booster functions and only light pressure is needed to hold vehicle in drive. The brake pedal operates easily and is not bound or sticking. The pedal returns to normal position at rest. No ABS warning lights are on with engine running and no active or stored codes are in ABS system. The park brake system was tested with transmission in

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

<u>Customer's Name:</u> [REDACTED] <u>Vehicle Brand:</u> Pontiac <u>File #:</u> 71-695648615	<u>Inspection Date:</u> 2/2/2009 <u>Model:</u> 2006 G6 <u>VIN:</u> 1G2ZF55B364 [REDACTED]
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forward and reverse and the park brake held vehicle in all gears. All park brake cables and controls are operational and the cables are adjusted and routed correctly.

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CORNER ASSEMBLIES

Struts/shocks	Ball joints	Tire/wheel assemblies
Springs	Steering knuckles	
Control arms	Axle assemblies	

Comments: **There is no visible damage to the struts/shocks, springs, control arms, ball joints, steering knuckles or axle assemblies. The right front wheel is bent in 2 inches at the outer tire mounting rim 8 inches around the rim, the hubcap is broken off and tire tread is worn down to the wear bar at 3/32 inch (photos 38 thru 40 and 49). The left rear wheel is bent in ½ inch at the inner tire mounting rim and the tread is worn down to the wear bar at 3/32 inch (photo 50). The right rear wheel is bent in ¼ inch at the outer tire mounting rim, the hub cap is scraped at the tire mounting rim and the tire is worn down to the wear bar at 3/32 inch (photo 48). All four tires are worn down to the wear bar at 3/32 inch tread left. The right tie rod is bent 2 inches at the center of the rod (photos 43 and 44).**

{

UNDERHOOD

Engine compartment	Power steering lines, hoses, clamps and connections
Brake fluid level and condition	Power steering fluid level and condition

Comments:

No visible damage in the engine compartment. Brake fluid is full and shows no sign of contamination. The power steering assist system is intact and operational, mounting and clamps are clean and tight.

{

GENERAL OBSERVATIONS

Photograph and comment on any aftermarket equipment found, vehicle modifications or items that are unusual or out of place.

Comments:

No visible aftermarket equipment or vehicle modifications.

{

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

<u>Customer's Name:</u>		<u>Inspection Date:</u>	2/2/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	2006 G6
<u>File #:</u>	71-695648615	<u>VIN:</u>	1G2ZF55B364 

Section 5

VEHICLE INSPECTION - PASSENGER COMPARTMENT**INTERIOR**

Instrument panel	Odometer
Controls	Steering wheel and column
Overall view of seat position	Driver and passenger seat back angle (inclinometer measurement)
Photo of options label-glove box/trunk	Sunvisors and headliner
Personal items/cargo	

INTERIOR INSPECTION (Describe any damage and photograph)

There is no visible damage to interior. The odometer and instrument panel controls are operational. There is no visible damage to the steering wheel and column.

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Section 6

STEERING, SUSPENSION, TIRE AND WHEEL SYSTEM INSPECTION

Use the following table to identify what you did and what you found during the inspection. Identify the tests and test results for the applicable items. Describe anything relevant to the allegation that is not in normal working condition, does not function properly or is a non production part. Take appropriate photographs.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

<u>Customer's Name:</u>		<u>Inspection Date:</u>	2/2/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	2006 G6
<u>File #:</u>	71-695648615	<u>VIN:</u>	1G2ZF55B364 

ITEM	OBSERVATIONS/TEST RESULTS
Steering system-Are all components in place and connected in a normal manner? Can the steering wheel be rotated lock to lock with appropriate movement of the front wheels. Is there any binding, sticking or uneven feel?	All steering system components are in place and connected. The steering wheel rotates lock to lock smoothly and with moderate effort and appropriate movement of front wheels.
Steering linkage-Is the linkage free from cracks, bends, fractures, etc. Are there any scrapes, abrasions, signs of contact with any of the linkage?	The right tie rod is bent 2 inches at the center of the rod (photos 43 and 44). All steering linkage is tight and no loose connections. No visible scrapes, abrasions or signs of contact with any other linkage.
Gear/rack and pinion-Any sign of leakage, damage to boots on the rack, contact by foreign objects?	No visible leaks at steering rack and pinion. No visible damage to boots on rack or contact by foreign objects.
Steering column, ignition switch, intermediate shaft. Does the column unlock with the ignition key "on"? Is the steering column properly fastened to the dash?	Steering column, ignition switch and intermediate shaft tight and no loose connections. Column unlocks with ignition key correctly. Steering column fasteners clean and tight.
Steering pump, drive, hoses, connections, flow, pressure. If possible, start the engine and rotate the steering wheel lock to lock. Is power assist normal? If not, it may be necessary to check pressure and flow.	This vehicle has electronic power steering assist. Steering wheel rotates lock to lock smoothly and with moderate effort.
PS fluid level and condition-Color, contamination, odor	This vehicle has electronic power steering assist.
Steering knuckle-All attachments secure and proper?	All attachments to steering knuckles are secure and proper.
Suspension components – LF Strut attachments, springs intact; control arms properly attached, deformed, broken, scraped, etc. Sway bars properly attached.	LF strut attachments, springs and control arms intact and properly attached, no scrapes or deformities.
Strut attachments, springs intact; control arms properly attached, deformed, broken, scraped, etc. RF	RF strut attachments, springs and control arms intact and properly attached, no scrapes or deformities.
Strut attachments, springs intact; control arms properly attached, deformed, broken,	LF strut attachments, springs and control arms intact and properly attached, no scrapes or deformities.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

<u>Customer's Name:</u> [REDACTED] <u>Vehicle Brand:</u> Pontiac <u>File #:</u> 71-695648615	<u>Inspection Date:</u> 2/2/2009 <u>Model:</u> 2006 G6 <u>VIN:</u> 1G2ZF55B364 [REDACTED]
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scraped, etc Rear sway bars, trailing arms properly attached and undamaged. LR	
Strut attachments, springs intact; control arms properly attached, deformed, broken, scraped, etc. RR	RR attachments, springs, control arms and rear sway bars intact and properly attached, no scrapes or deformities.
Rear axle assembly-deformed, signs of impact, properly located, etc.	No signs of impact to rear axle assembly. Rear axle properly located.
Deformation to the frame	No visible deformation of frame.
Describe and photograph evidence of axle/ suspension/ tire contact with frame, body or components	No visible evidence of axle/suspension or tire contact with the frame.
Describe and photograph contact of the under- carriage with the road surface (road, shoulder, curb, or grass)	No visible evidence of contact of the under carriage with the road surface, road shoulder, curb or grass.
Stability Enhancement system/components-check for codes with Tech II	Not available.
Engine (normal, other)-Obtain codes using a Tech II.	No engine or drive train active or stored Tech II codes.
Electrical (normal, other)	No electrical Tech II codes.
Warning lights/messages displayed? Describe and obtain codes using a Tech II	No warning lights/messages displayed or Tech II codes.
Anything components missing?	No visible components missing.
Other	None

If the vehicle is drivable, conduct a road test to evaluate the concern expressed by the customer. Describe the results of the road test. If the concern is observed during the road test, it would be desirable to get a Tech II "snapshot".

The vehicle is not drivable. The steering wheel was turned fully to the left and right and the power steering system was firm and responsive. The brake pedal is firm and positive. The Park brake system was tested with transmission in Drive and Reverse and the Park brake held at wide open throttle in all gears. All Park brake cables and controls are operational and the cables are adjusted and routed correctly.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

<u>Customer's Name:</u> [REDACTED] <u>Vehicle Brand:</u> Pontiac <u>File #:</u> 71-695648615	<u>Inspection Date:</u> 2/2/2009 <u>Model:</u> 2006 G6 <u>VIN:</u> 1G2ZF55B364 [REDACTED]
--	--

The safety belt emergency locking system was tested for the driver and passenger belts. The driver and passenger belts were rapidly pulled from their retractors and each belt locked and held tension. On release of tension, each belt retracted into the retractor cover smoothly and quickly. The driver and passenger seat belt buckles latched easily and firmly and released easily. The seat belt webbing was not stressed or stretched and there were no visible witness marks on the belt webbing.

{

If the vehicle is equipped with an ABS/Traction Control/Stability Enhancement System, use a Tech II to obtain any codes stored as current and/or history. Document via photos and include the code description. Follow the procedures in the service manual to determine the cause of each stored code which relates to the allegation. State which procedures were followed, record results of each test and state the root cause of each code. Consult with the CRM or Team Manager of the PAR group if this process leads to a disassembly of components. Follow the procedure in the General Guidelines for parts that need to be assembled for evaluation. **No current or history DTC's in ABS module.**

Inspect the system wiring, connections and components for damage. Note if the damage was the result of the incident. **No visible damage to ABS system wiring, connections or components.**

TIRE AND WHEEL INSPECTION

1. IDENTIFICATION:

	TIRE BRAND	TIRE TYPE	TIRE SIZE	PRESSURE	AVE. TREAD DEPTH	DOT Numbers
	<u>(Goodyear)</u>	<u>(Eagle GA)</u>	<u>(P205/70R15)</u>	<u>(psi)</u>	<u>32nds of inch</u>	
LF	Uniroyal	Tiger Paw	P215/60R16	<u>30</u>	<u>3/32</u>	APX8BESU3405
RF	<u>Spare tire</u>		<u>T125/70D16</u>	<u>60</u>	<u>8/32</u>	
LR	Uniroyal	Tiger Paw	P215/60R16	<u>29</u>	<u>3/32</u>	APX8BESU3405
RR	Uniroyal	Tiger Paw	P215/60R16	<u>30</u>	<u>3/32</u>	APX8BESU3405

Note: DOT numbers may be found on the inside of each tire adjacent to the rim.

Describe and photograph any damage to tires and wheels, such as scrapes, marks due to impact, cuts, tread separation, flat spots, bead separation, embedded grass/dirt, etc. Photographs should include inner and outer views of the damaged tire/wheel assemblies with chalk marks on each assembly to denote position on vehicle (RF, LF, RR and LR).

LF **No visible damage to LF wheel or tire.**

RF **Right front wheel is bent in 2 inches at outer tire mounting rim 8 inches around the rim, the hubcap is broken off and tire tread is worn down to wear bar at 3/32 inch (photos 38 thru 40 and 49).**

LR **Left rear wheel is bent in 1/2 inch at inner tire mounting rim and tread is worn down to wear bar at 3/32 inch (photo 50).**

RR **Right rear wheel is bent in 1/4 inch at outer tire mounting rim, the hub cap is scraped at tire mounting rim and tire is worn down to wear bar at 3/32 inch (photo 48).**

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

<u>Customer's Name:</u>	██████████	<u>Inspection Date:</u>	2/2/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	2006 G6
<u>File #:</u>	71-695648615	<u>VIN:</u>	1G2ZF55B364 ██████████

2. TIRE PLACARD DATA:

Record the following data: (located on driver's door edge or inside the decklid)

	<u>SIZE</u>	<u>PRESSURE (psi)</u>	<u>PRESSURE AT MAXIMUM LOAD(psi)</u>
TIRES	P215/60R16	30	35
SPARE TIRE	T125/70D16	60	60

Section 7 SITE INSPECTION

SITE INSPECTION - PERFORM THE FOLLOWING IF ADDITIONAL INFORMATION MAY BE FOUND:

- Check the incident scene for tire marks, gouges in the pavement, debris, or any other marks. Measure location and photograph.
- Identify evidence of whether the vehicle left the road prior to, during, or after the incident. Document all locations, distances, stationary objects (guard rails, telephone poles, fences, buildings, etc), nearest posted speed limit signs in the direction of travel, etc...
- Identify evidence & photograph any object struck by the vehicle on or off the road prior to, during or after incident.
- Inspect roadway & shoulder surfaces in the area of the incident site for telltale signs of loss of control, excessive speed, severe braking, etc.

Photograph the scene and property if involved.

Comments:

Site not available.

{
{
{
{

Section 8 COMMENT OVERFLOW

Please use this page if needed for additional comments from the inspection form. Please note the section and area the comments are continued from prior to each comment.

{
{
{

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	2/2/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	2006 G6
<u>File #:</u>	71-695648615	<u>VIN:</u>	1G2ZF55B364 [REDACTED]

Section 9

OTHER REPORT INFORMATION

☐ **Check here if there was evidence of a "Fire-Related" event.**

According to NHTSA, "fire" means combustion or burning of material in or from a vehicle as evidenced by flame. The term also includes, but is not limited to, thermal events and fire-related phenomena such as smoke, sparks or smoldering, but does not include events and phenomena associated with a normally functioning vehicle, such as combustion of fuel within an engine or exhaust from an engine.

Attachments: (Check all that apply)

☒ **Photographs** ☒ **Data Downloads** ☒ **Other Records**





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

January 18, 2011

[REDACTED]
[REDACTED]
Saint Charles, IL [REDACTED]

Service Request: 71-586346357
Customer Relationship Specialist: Jim Goldberg

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Pontiac G6. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Pontiac, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the steering column that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$100.00.

At Pontiac, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Pontiac Customer Assistance Center at 1-800-762-2737 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Pontiac Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit www.mygmlink.com. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

North American Operations

General Motors Corporation
Disbursements (2613)
PO Box 62530
Phoenix, AZ 85082-2530

GM

CHECK No. [REDACTED]

50-937
213DATE
02/04/08

*****100 DOLLARS

***00 CENTS

AMOUNT
*****100.00PAY
TO THE
ORDER
OF

SAINT CHARLES IL [REDACTED]

North American Operations
General Motors Corporation
Disbursement AccountSIGNATURE
The Chase Manhattan Bank, N.A.
Syracuse, New York

AUDIT

VENDOR
DUNS NO. BB 000000599

1

VENDOR NAME [REDACTED]

North American Operations

General Motors Corporation
Disbursements (2613)
PO Box 62530
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT
DATE 02/04/08

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
1G2ZG528554 [REDACTED]	02/01/08 71-586346357.1-9VM660	VM 1-9VM660	00.0000	100.00	.00	100.00
ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR REIMBURSEMENT OR QUESTIONS CALL 800-462-8762				M3		
TOTAL				100.00	.00	100.00

January 18, 2011

[REDACTED]
[REDACTED]
Saint Charles, IL [REDACTED]

Service Request: 71-586346357
Customer Relationship Specialist: Maynard Williams

Dear [REDACTED]

Enclosed is the GM Product Loss of Power Steering Assist Customer Reimbursement Claim Form. Please complete the form in its entirety and return it to the address listed on the bottom of the form. We will be happy to review your request for reimbursement on the **steering column assembly** that you had repaired once we have received this completed form.

If you have any future questions, please feel free to contact our Pontiac Customer Assistance Center at 1-800-204-0261 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Managers will be happy to assist you.

Sincerely,

Pontiac Customer Assistance Center

GENERAL MOTORS PRODUCT CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this Special Coverage 07126 Bulletin Loss of Power Steering Assist condition corrected before **December 3, 2007** you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized General Motors dealer.

Your claim will be acted upon within 60 days of receipt.

If your claim is:

- Approved, you will receive a check from General Motors,
- Denied, you will receive a letter from General Motors with the reason(s) for the denial, or
- Incomplete, you will receive a letter from General Motors identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have questions about this reimbursement procedure, please call the toll-free telephone number provided at the bottom of the form. If you need assistance with any other concern, please contact the appropriate Customer Assistance Center at the telephone number listed below:

Division	Number	Deaf, Hearing Impaired or Speech Impaired *
Buick	1-800-521-7300	1-800-832-8425
Cadillac	1-800-458-8006	1-800-833-2622
Chevrolet	1-800-222-1020	1-800-833-2438
GMC	1-800-462-8782	1-800-462-8583
Pontiac	1-800-762-2737	1-800-833-7668
Oldsmobile	1-800-442-6537	1-800-833-6537
Hummer	1-866-486-6376	
Virgin Islands	1-800-496-9994	
GMICT	1-800-862-4389	
Puerto Rico – English	1-800-496-9992	
Puerto Rico – Español	1-800-496-9993	

* Utilizes Telecommunication Devices for the Deaf/Text Telephones (TDD/TTY)

GENERAL MOTORS
PRODUCT SPECIAL COVERAGE 07126 BULLETIN LOSS OF POWER STEERING
ASSIST CUSTOMER REIMBURSEMENT CLAIM FORM

THIS SECTION TO BE COMPLETED BY CLAIMANT

Date Claim Submitted: _____

Vehicle Identification Number (VIN): _____

Mileage at Time of Repair: _____ Date of Repair: _____

Claimant Name (please print): _____

Street Address or PO Box Number: _____

City: _____ State: _____ ZIP Code _____

Daytime Telephone Number (include Area Code): _____

Evening Telephone Number (include Area Code): _____

Amount of Reimbursement Requested: \$ _____

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS CLAIM FORM

Original or clear copy of all receipts, invoices and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.
(copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this recall.

Claimant's Signature: _____

Please mail this claim form and the required documents to:

General Motors Corporation
P.O. Box 33170
Detroit, MI 48232-5170

All recall reimbursement questions should be directed to the following number:

1-800-204-0261

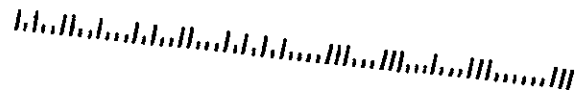
St. Charles IL,

JAN 09 2008



General Motors Corporation
P.O. Box 33170
Detroit, MI 48232-5170

482325170 6050





Customer Assistance Center
Pontiac
PO Box 33172
Detroit, MI 48232-5172

GENERAL MOTORS
PRODUCT SPECIAL COVERAGE 07126 BULLETIN LOSS OF POWER STEERING
ASSIST CUSTOMER REIMBURSEMENT CLAIM FORM

THIS SECTION TO BE COMPLETED BY CLAIMANT

Date Claim Submitted: 1-5-08
Vehicle Identification Number (VIN): 1G2ZG528554 [REDACTED]
Mileage at Time of Repair: 48,196 Date of Repair: 10-9-07
Claimant Name (please print): [REDACTED]
Street Address or PO Box Number: [REDACTED]
City: St. Charles State: IL ZIP Code: [REDACTED]
Daytime Telephone Number (include Area Code): [REDACTED]
Evening Telephone Number (include Area Code): [REDACTED]
Amount of Reimbursement Requested: \$ 100.00

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS CLAIM FORM

Original or clear copy of all receipts, invoices and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.
(copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this recall.

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

General Motors Corporation
P.O. Box 33170
Detroit, MI 48232-5170

All recall reimbursement questions should be directed to the following number: 1-800-4-A-M-O-T-O-RS

NAPLETON'S
NAPLETONS SCHAUMBURG PONT
100 W GOLF RD
SCHAUMBURG, IL 60195

Sale

ID: 74839012
10/10/07
Batch #: 730

Ref #: 0006
14:06:22

Napleton's SCHAUMBURG Pontiac • GMC

GMC

N. Golf Rd. Schaumburg, IL 60195 • Phone: (847) 884-1300

VISA
5437

Appr Code: 753027

Invoice#: 443820

Total:

\$ 100.00

ADVISOR MARK	TAG NO. 012 634	INVOICE DATE 10/09/07	INVOICE NO. PNC5443820
LABOR RATE	MILEAGE 48,196	COLOR BLK/	STOCK NO. 77434A
YEAR / MAKE / MODEL 05/PONTIAC/G-6/G6		DELIVERY DATE 10/29/04	DELIVERY MILES
VEHICLE I.D. NO. 1 G 2 Z G 5 2 8 5 5 4		SELLING DEALER NO.	PRODUCTION DATE
F. T. E. NO.		P. O. NO.	R.O. DATE 10/09/07
COMMENTS			MO: 48197

Customer Copy
THANK YOU!

ICAL TECH(S):411
BURNING LAMP ON -- REPORT.
ION SENSOR FAILURE.
NECESSARY TO REPLACE COLUMN ASSY
REPLACED STRG COLUMN, CLEARED CODE AND REMONITORED

PARTS-----QTY-----FP-NUMBER-----DESCRIPTION-----UNIT PRICE-----	WARRANTY
1 15926870 COLUMN 6.518	0.00

TOTAL - PARTS

MISC-----CODE-----DESCRIPTION-----CONTROL NO-----	WARRANTY
WD GM WARRANTY DEDUCTIBLE	100.00

TOTAL - MISC

100.00

JOB# 1 TOTALS-----

MISC

100.00

JOB# 1 JOURNAL PREFIX PNC5 JOB# 1 TOTAL

100.00

ESTIMATE
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF \$100.00 (+TAX)

COMMENTS
CUSTOMER PAYS \$100.00 --- DEL DATE OK, MILEAGE.

TOTALS-----

* YOUR BUSINESS IS APPRECIATED!
* PLEASE LET US KNOW HOW WE CAN
* SERVE YOU BETTER

TOTAL LABOR....	0.00
TOTAL PARTS....	0.00
TOTAL SUBLET...	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	100.00
TOTAL MISC DISC	0.00
TOTAL TAX.....	0.00

TOTAL INVOICE \$ 100.00

NEW PARTS AND SERVICE DEPARTMENT HOURS
MONDAY:THRU THURSDAY: 7:30 AM TO 7:00 PM
FRIDAY: 7:30 AM TO 6:00 PM
SATURDAY: 8:00 AM TO 2:00 PM
****FOR SERVICE PLEASE CALL FOR AN APPOINTMENT****

CUSTOMER SIGNATURE

COPY

ALL PARTS AND LABOR ARE
WARRANTED FOR 12 MONTHS
OR 12,000 MILES, WHICHEVER
OCCURS FIRST. PLEASE SEE
YOUR SERVICE ADVISOR FOR
EXEMPTIONS.

Thank You.
We really
appreciate your
business!

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

CDR File Information

User Entered VIN	1G2ZH558664 [REDACTED]
User	Gary L. Double
Case Number	71-700561396
EDR Data Imaging Date	Monday, March 9 2009
Crash Date	Sunday, March 1 2009
Filename	1G2ZH558664 [REDACTED].CDR
Saved on	Monday, March 9 2009 at 12:39:59 PM
Collected with CDR version	Crash Data Retrieval Tool 3.1
Reported with CDR version	Crash Data Retrieval Tool 3.1
EDR Device Type	airbag control module
Event(s) recovered	Non-Deployment

IMPORTANT NOTICE: Robert Bosch LLC recommends that the latest production release of Crash Data Retrieval software be utilized when viewing, printing or exporting any retrieved data from within the CDR program. This ensures that the retrieved data has been translated using the most recent information including but not limited to that which was provided by the manufacturers of the vehicles supported in this product.

Data Limitations

Recorded Crash Events:

There are two types of recorded crash events. The first is the Non-Deployment Event. A Non-Deployment Event records data but does not deploy the air bag(s). The minimum SDM Recorded Vehicle Velocity Change, that is needed to record a Non-Deployment Event, is five MPH. A Non-Deployment Event contains Pre-Crash and Crash data. The SDM can store up to one Non-Deployment Event. This event can be overwritten by an event that has a greater SDM recorded vehicle velocity change. This event will be cleared by the SDM, after approximately 250 ignition cycles. This event can be overwritten by a second Deployment Event, referred to as Deployment Event #2, if the Non-Deployment Event is not locked. The data in the Non-Deployment Event file will be locked, if the Non-Deployment Event occurred within five seconds of a Deployment Event. A locked Non Deployment Event cannot be overwritten or cleared by the SDM.

The second type of SDM recorded crash event is the Deployment Event. It also contains Pre-Crash and Crash data. The SDM can store up to two different Deployment Events. If a second Deployment Event occurs any time after the Deployment Event, the Deployment Event #2 will overwrite any non-locked Non-Deployment Event. Deployment Events cannot be overwritten or cleared by the SDM. Once the SDM has deployed an air bag, the SDM must be replaced.

Data:

-SDM Recorded Vehicle Velocity Change reflects the change in velocity that the sensing system experienced during the recorded portion of the event. SDM Recorded Vehicle Velocity Change is the change in velocity during the recording time and is not the speed the vehicle was traveling before the event, and is also not the Barrier Equivalent Velocity. For Deployment Events, the SDM will record 220 milliseconds of data after deployment criteria is met and up to 70 milliseconds before deployment criteria is met. For Non-Deployment Events, the SDM can record up to the first 300 milliseconds of data after algorithm enable. Velocity Change data is displayed in SAE sign convention.

-Maximum Recorded Vehicle Velocity Change is the maximum square root value of the sum of the squares for the vehicle's combined "X" and "Y" axis change in velocity.

-Event Recording Complete will indicate if data from the recorded event has been fully written to the SDM memory or if it has been interrupted and not fully written.

-SDM Recorded Vehicle Speed accuracy can be affected by various factors, including but not limited to the following:

- significant changes in the tire's rolling radius
- final drive axle ratio changes
- wheel lockup and wheel slip

-Brake Switch Circuit Status indicates the open/closed state of the brake switch circuit.

-Pre-Crash data is recorded asynchronously.

-Pre-Crash Electronic Data Validity Check Status indicates "Data Invalid" if:

- the SDM receives a message with an "invalid" flag from the module sending the pre-crash data
- no data is received from the module sending the pre-crash data
- no module is present to send the pre-crash data

-Driver's and Passenger's Belt Switch Circuit Status indicates the status of the seat belt switch circuit, except: The Passenger Belt Switch Circuit Status for 2005 vehicles is available only on the Cadillac STS. The Passenger Belt Switch Circuit Status for 2006 Chevrolet Cobalt Sport Coupe (AP) model vehicles, with the option package that includes Recaro brand seats (RPO ALV), always reports a default value of "Buckled," because there is no passenger belt switch with the Recaro seat option.

- The Time Between Non-Deployment to Deployment Events is displayed in seconds. If the time between the two events is greater than five seconds, "N/A" is displayed in place of the time. If the value is negative, then the Deployment Event occurred first. If the value is positive, then the Non-Deployment Event occurred first.
- If power to the SDM is lost during a crash event, all or part of the crash record may not be recorded.
- The ignition cycle counter relies upon the transitions through OFF->RUN->CRANK power-moding messages, on the GMLAN communication bus, to increment the counter. Applying and removing of battery power to the module will not increment the ignition counter.
- Steering Wheel Angle data is displayed as a positive value when the steering wheel is turned to the right and a negative value when the steering wheel is turned to the left, except for Cadillac STS model vehicles with StabiliTrak 3.0 systems (RPO JL7). For Cadillac STS model vehicles with StabiliTrak 3.0 systems (RPO JL7), when the steering wheel is turned to the right, a negative value will be displayed and when the steering wheel is turned to the left, a positive value will be displayed. The Steering Wheel Angle data is reported in 16 degree increments.

Data Source:

All SDM recorded data is measured, calculated, and stored internally, except for the following:

- Vehicle Status Data (Pre-Crash) is transmitted to the SDM, by various vehicle control modules, via the vehicle's communication network.
- The Belt Switch Circuit is wired directly to the SDM.

Multiple Event Data

Associated Events Not Recorded	0
An Event(s) Preceded the Recorded Event(s)	No
An Event(s) was in Between the Recorded Event(s)	No
An Event(s) Followed the Recorded Event(s)	No
The Event(s) Not Recorded was a Deployment Event(s)	No
The Event(s) Not Recorded was a Non-Deployment Event(s)	No

System Status At AE

Vehicle Identification Number	**2ZH558*6*271288
Low Tire Pressure Warning Lamp (If Equipped)	OFF
Vehicle Power Mode Status	Run
Remote Start Status (If Equipped)	Inactive
Run/Crank Ignition Switch Logic Level	Active
Brake System Warning Lamp (If Equipped)	OFF

System Status At 1 second

Transmission Range (If Equipped)	Shift in Progress
Transmission Selector Position (If Equipped)	Drive
Traction Control System Active (If Equipped)	No
Service Engine Soon (Non-Emission Related) Lamp	OFF
Service Vehicle Soon Lamp	OFF
Outside Air Temperature (degrees F) (If Equipped)	45
Left Front Door Status (If Equipped)	Closed
Right Front Door Status (If Equipped)	Closed
Left Rear Door Status (If Equipped)	Unused
Right Rear Door Status (If Equipped)	Unused
Rear Door(s) Status (If Equipped)	Closed

Pre-crash data

Parameter	-2 sec	-1 sec
Reduced Engine Power Mode	OFF	OFF
Cruise Control Active (If Equipped)	No	No
Cruise Control Resume Switch Active (If Equipped)	No	No
Cruise Control Set Switch Active (If Equipped)	No	No

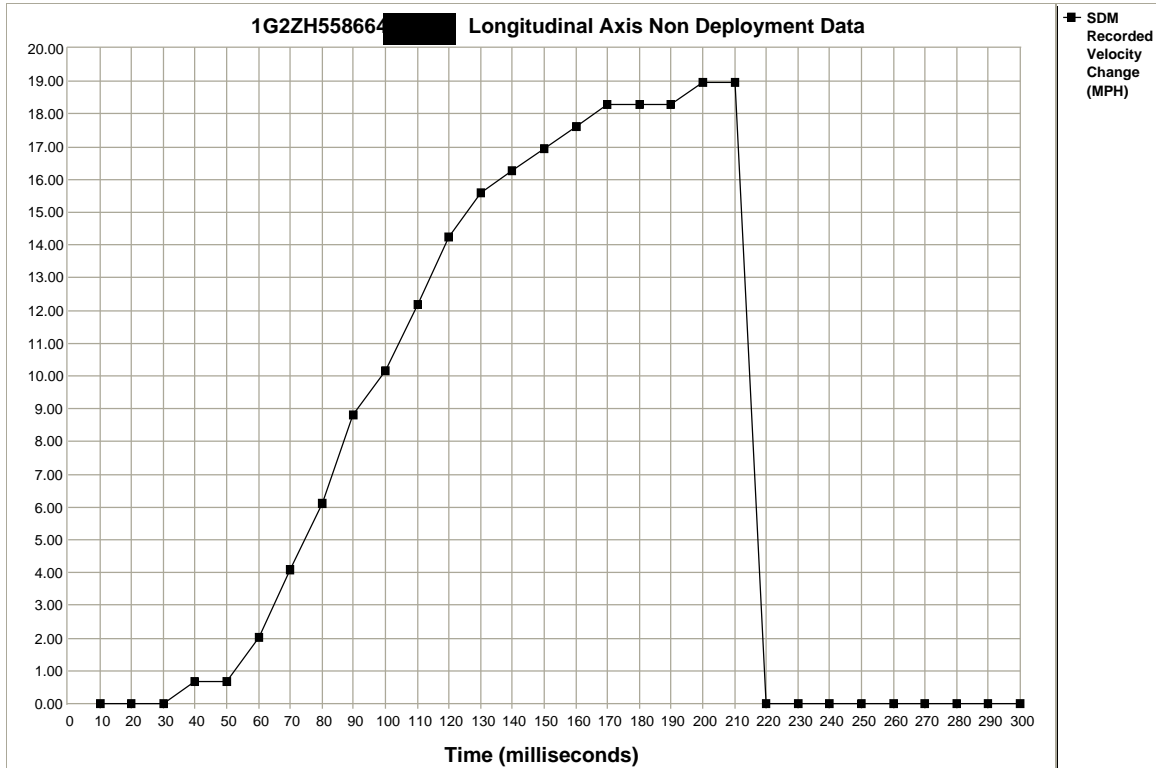
Pre-Crash Data

Parameter	-5 sec	-4 sec	-3 sec	-2 sec	-1 sec
Vehicle Speed (MPH)	61	58	55	39	5
Engine Speed (RPM)	1792	1728	1600	1088	576
Percent Throttle	7	0	0	0	0
Brake Switch Circuit Status	OFF	OFF	OFF	OFF	OFF
Accelerator Pedal Position (percent)	15	0	0	0	0
Antilock Brake System Active (If Equipped)	No	No	No	Yes	Yes

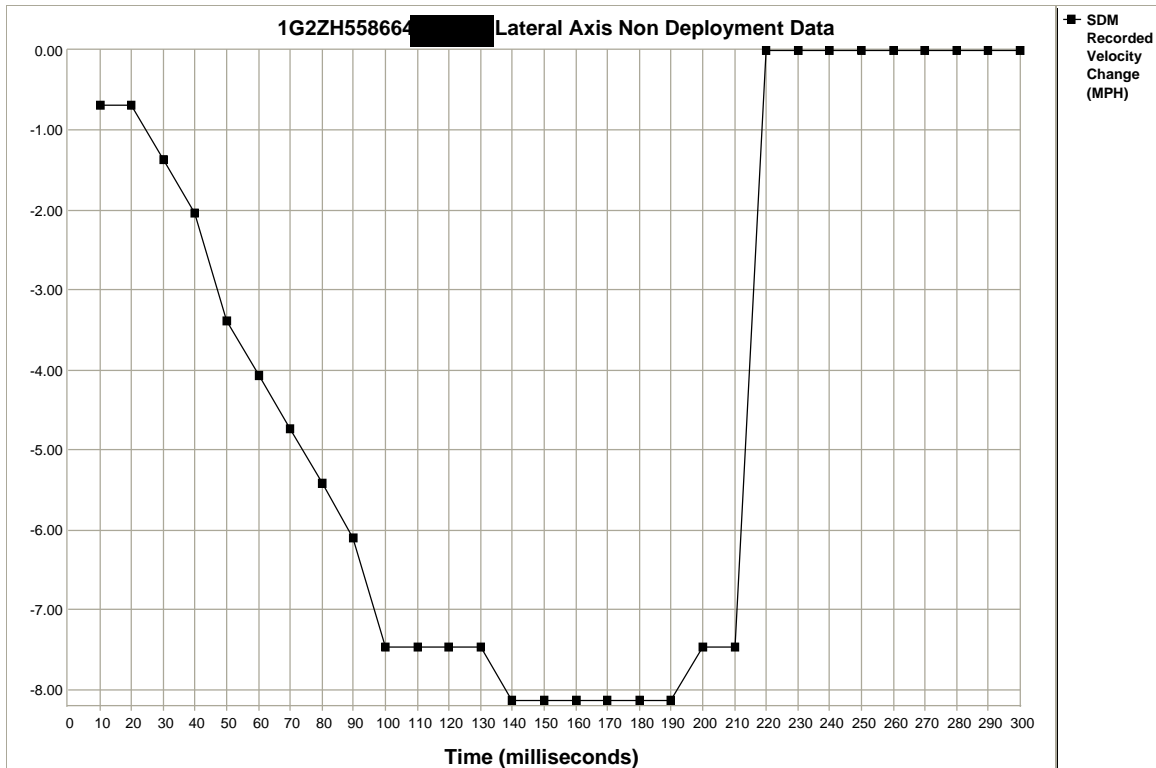
Parameter	-5 sec	-4 sec	-3 sec	-2 sec	-1 sec
Lateral Acceleration (feet/s ²)(If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid
Yaw Rate (degrees per second) (If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid
Steering Wheel Angle (degrees) (If Equipped)	0	32	-128	192	224
Vehicle Dynamics Control Active (If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid

System Status At Non-Deployment

Ignition Cycles At Investigation	7900
SIR Warning Lamp Status	OFF
SIR Warning Lamp ON/OFF Time (seconds)	655200
Number of Ignition Cycles SIR Warning Lamp was ON/OFF Continuously	1056
Ignition Cycles At Event	7898
Ignition Cycles Since DTCs Were Last Cleared	254
Driver's Belt Switch Circuit Status	UNBUCKLED
Passenger's Belt Switch Circuit Status	UNBUCKLED
Automatic Passenger SIR Suppression System Validity Status	Valid
Automatic Passenger SIR Suppression System Status	Air Bag Suppressed
Diagnostic Trouble Codes at Event, fault number: 1	N/A
Diagnostic Trouble Codes at Event, fault number: 2	N/A
Diagnostic Trouble Codes at Event, fault number: 3	N/A
Diagnostic Trouble Codes at Event, fault number: 4	N/A
Diagnostic Trouble Codes at Event, fault number: 5	N/A
Diagnostic Trouble Codes at Event, fault number: 6	N/A
Maximum SDM Recorded Velocity Change (MPH)	20.65
Algorithm Enable to Maximum SDM Recorded Velocity Change (msec)	200
Driver First Stage Deployment Loop Commanded	No
Driver Second Stage Deployment Loop Commanded	No
Driver Side Deployment Loop Commanded	No
Driver Pretensioner Deployment Loop Commanded	No
Driver (Initiator 1) Roof Rail/Head Curtain Loop Commanded	No
Driver (Initiator 2) Roof Rail/Head Curtain Loop Commanded	No
Driver Knee Deployment Loop Commanded	No
Passenger First Stage Deployment Loop Commanded	No
Passenger Second Stage Deployment Loop Commanded	No
Passenger Side Deployment Loop Commanded	No
Passenger Pretensioner Deployment Loop Commanded	No
Passenger (Initiator 1) Roof Rail/Head Curtain Loop Commanded	No
Passenger (Initiator 2) Roof Rail/Head Curtain Loop Commanded	No
Passenger Knee Deployment Loop Commanded	No
Driver Anchor Pretensioner Deployment Loop Commanded (If Equipped)	No
Second Row Left Pretensioner Deployment Loop Commanded	No
Third Row Left Roof Rail/Head Curtain Loop Commanded	No
Passenger Anchor Pretensioner Deployment Loop Commanded (If Equipped)	No
Second Row Right Pretensioner Deployment Loop Commanded	No
Third Row Right Roof Rail/Head Curtain Loop Commanded	No
Second Row Center Pretensioner Deployment Loop Commanded	No
Crash Record Locked	No
Vehicle Event Data (Pre-Crash) Associated With This Event	Yes
Deployment Event Recorded in the Non-Deployment Record	No
Event Recording Complete	Yes



Time (milliseconds)	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
SDM Longitudinal Axis Recorded Velocity Change (MPH)	0.00	0.00	0.00	0.68	0.68	2.03	4.07	6.10	8.81	10.17	12.20	14.23	15.59	16.27	16.95
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
SDM Longitudinal Axis Recorded Velocity Change (MPH)	17.62	18.30	18.30	18.30	18.98	18.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



Time (milliseconds)	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
SDM Lateral Axis Recorded Velocity Change (MPH)	-0.68	-0.68	-1.36	-2.03	-3.39	-4.07	-4.74	-5.42	-6.10	-7.46	-7.46	-7.46	-7.46	-8.13	-8.13
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
SDM Lateral Axis Recorded Velocity Change (MPH)	-8.13	-8.13	-8.13	-8.13	-7.46	-7.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Hexadecimal Data

Data that the vehicle manufacturer has specified for data retrieval is shown in the hexadecimal data section of the CDR report. The hexadecimal data section of the CDR report may contain data that is not translated by the CDR program. The control module contains additional data that is not retrievable by the CDR system.

```
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$02 30 00 00 00 00 00 00
$03 02 00 00 00 00 00 00
$04 02 00 00 00 00 00 00
$05 00 00 00 00 00 00 00
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$07 00 20 00 00 00 00 00
$08 00 FF 00 00 00 00 00
$09 00 7C 7B 00 00 00 00
$0A 00 00 00 00 00 00 00
$0B 00 00 01 0F 01 00 00
$0C 80 00 80 00 00 00 00
$0D 02 3D C0 00 00 00 00
$0E 00 00 00 00 00 00 00
$0F BA 00 00 00 00 00 00
$10 47 32 5A 48 35 35 38
$11 36 36 34 32 37 31 32
$12 38 38 00 00 00 00 00
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$21 FF FF 00 00 50 00 00
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$40 00 00
$41 3F 00 00 06 00 1A
$42 D0 E4
$43 00 00 8E 80
$44 C6 00 00 FC 80 C0
$45 07 01 07 01 05 01
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$47 0A 64 04 04 04 05 0A 06 04 0A 00 00 FA 00 00 FF 04 64
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$B1 FD FE 00
$B2 FF FF FF FF FF
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$B7 50 AA 01 0F 02
$B8 54 41 68 06 15
$C1 30 46 30 32
$CA 30 46 30 32
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$CC 00 F0 B6 78
$D1 00 00
$DB 00 00
$DC 00 00
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Disclaimer of Liability

The users of the CDR product and reviewers of the CDR reports and exported data shall ensure that data and information supplied is applicable to the vehicle, vehicle's system(s) and the vehicle ECU. Robert Bosch LLC and all its directors, officers, employees and members shall not be liable for damages arising out of or related to incorrect, incomplete or misinterpreted software and/or data. Robert Bosch LLC expressly excludes all liability for incidental, consequential, special or punitive damages arising from or related to the CDR data, CDR software or use thereof.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

Inspector Gary L. Double

Number of Rolls _____

Roll Number

<u>Neg.#</u>	<u>Description</u>
--------------	--------------------

1.	<u>Frt View</u>
----	-----------------

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

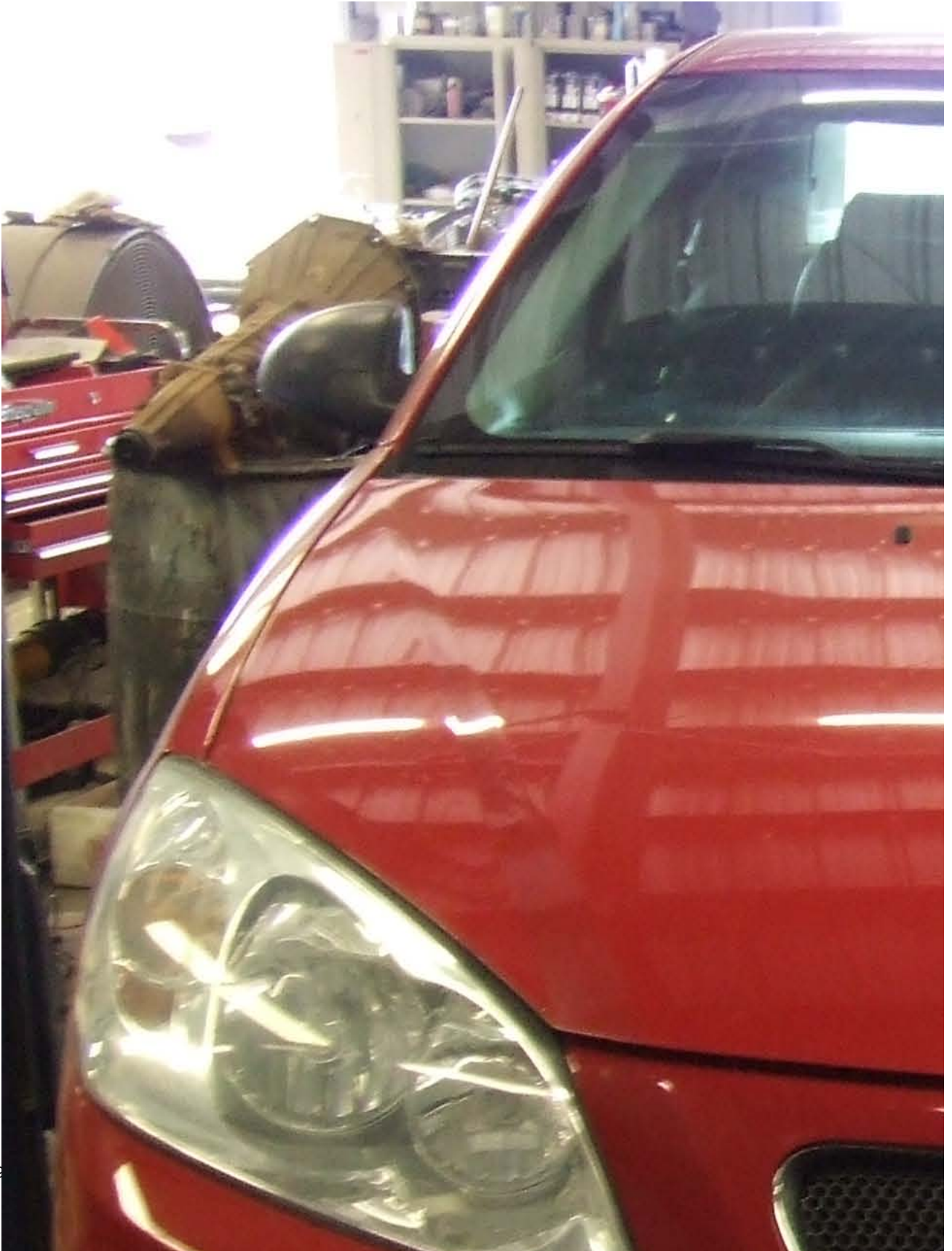
G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

2. PS Frt to Rear

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name: [REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand: Pontiac

Model: G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

3. PS Frt View

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

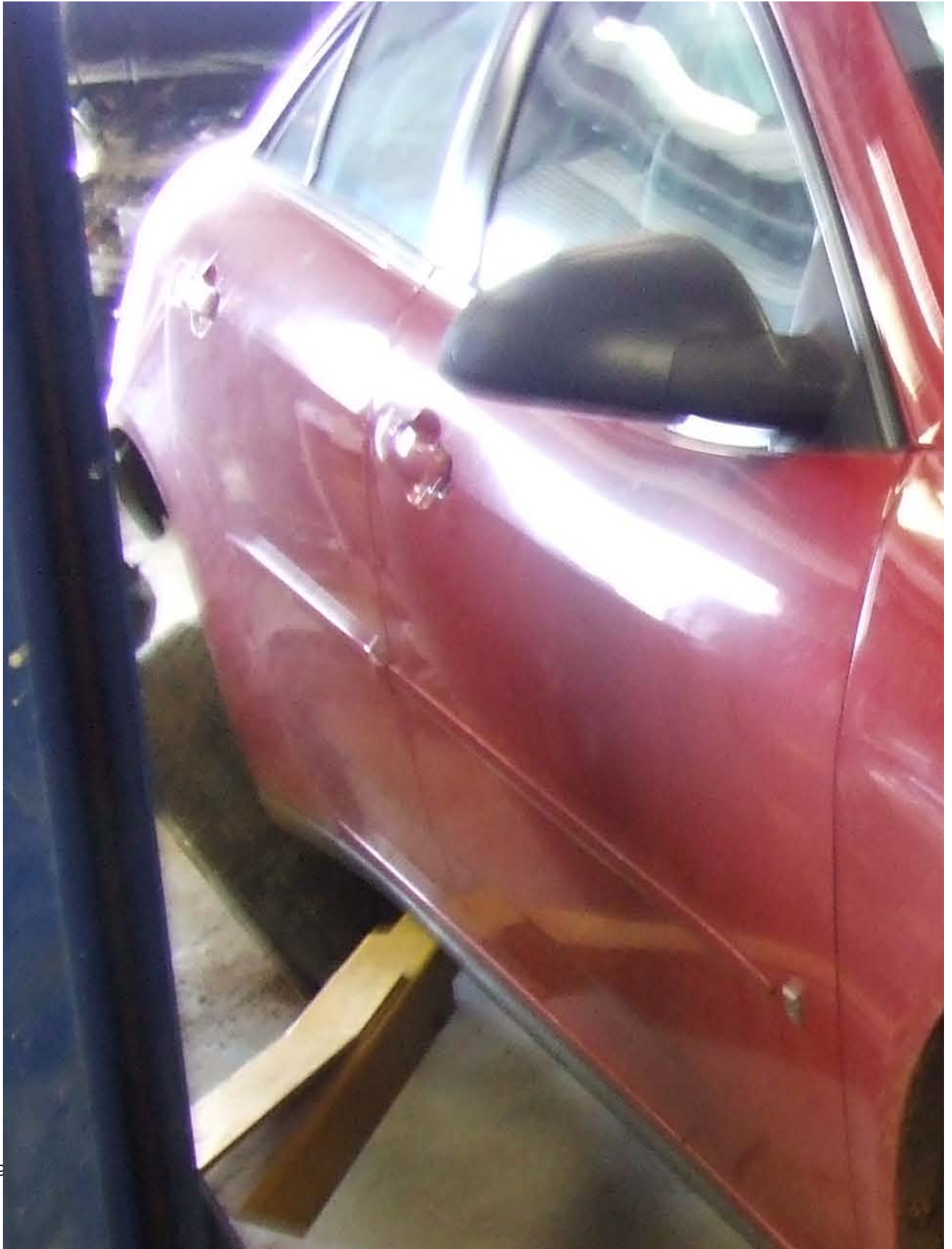
G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

4. PS Rear View

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

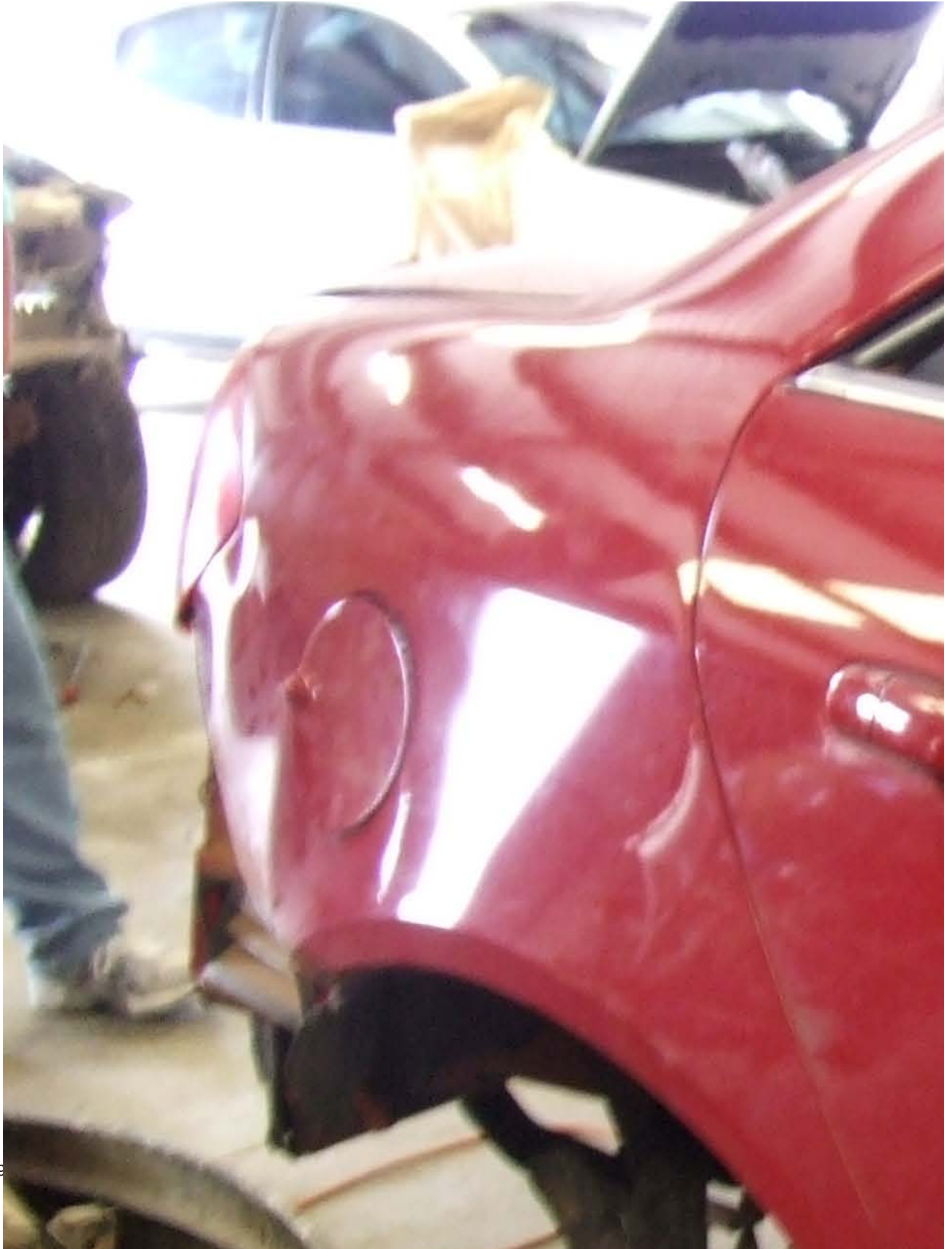
G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

5. PS Rear to Frt

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

6. Rear View

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

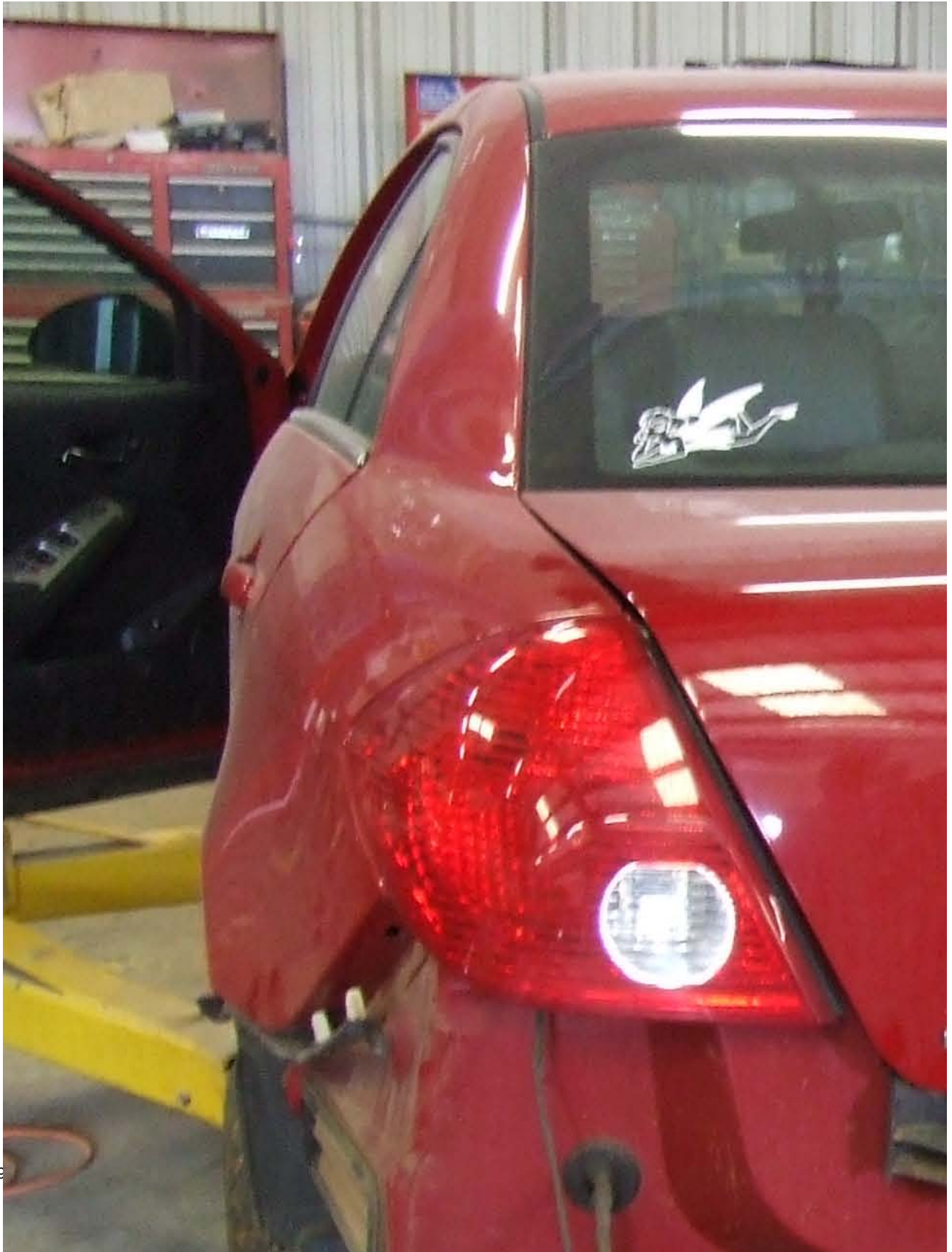
G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

7. DS Rear to Frt

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name: [REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand: Pontiac

Model: G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

8. DS Rear

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

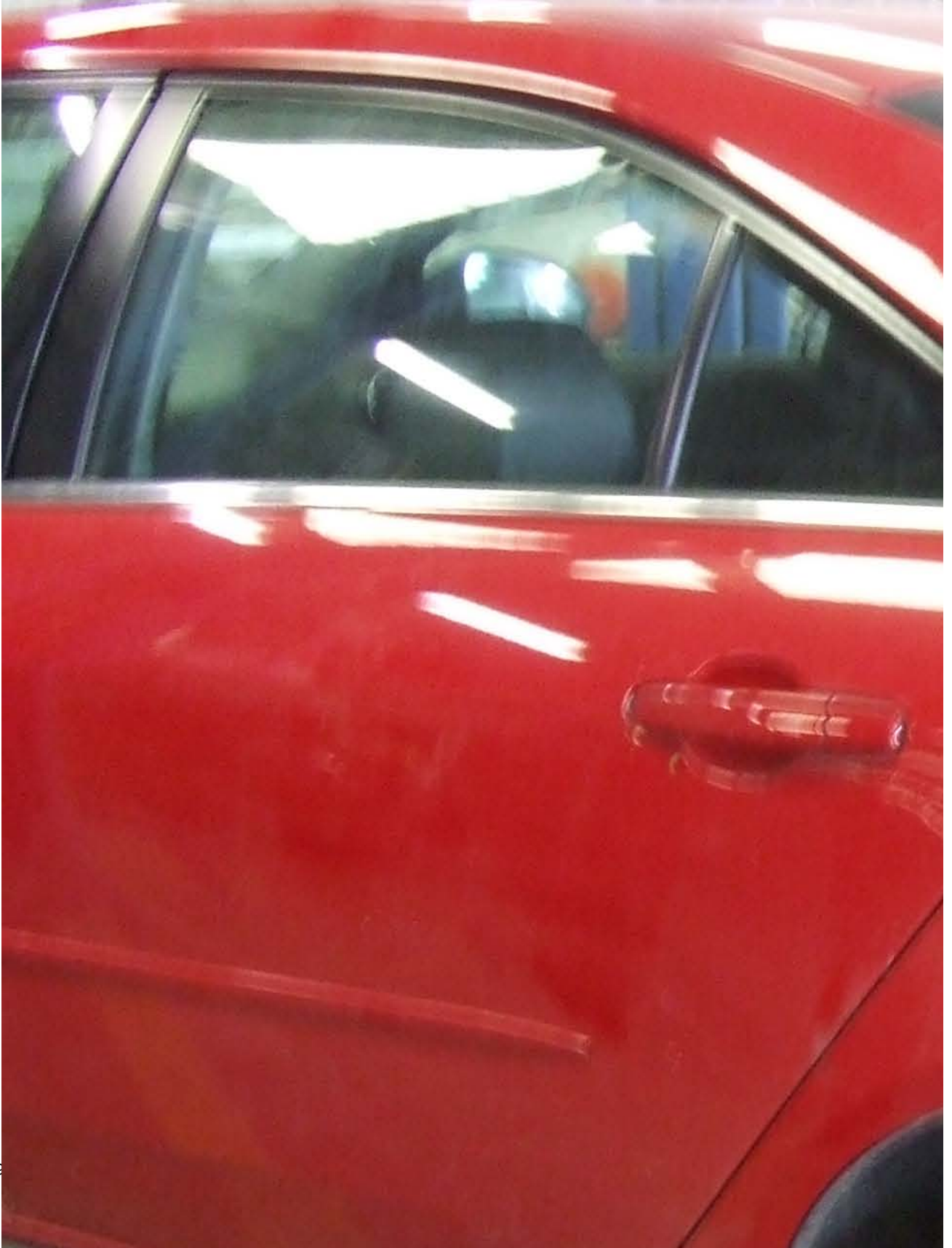
G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

9. DS Frt

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

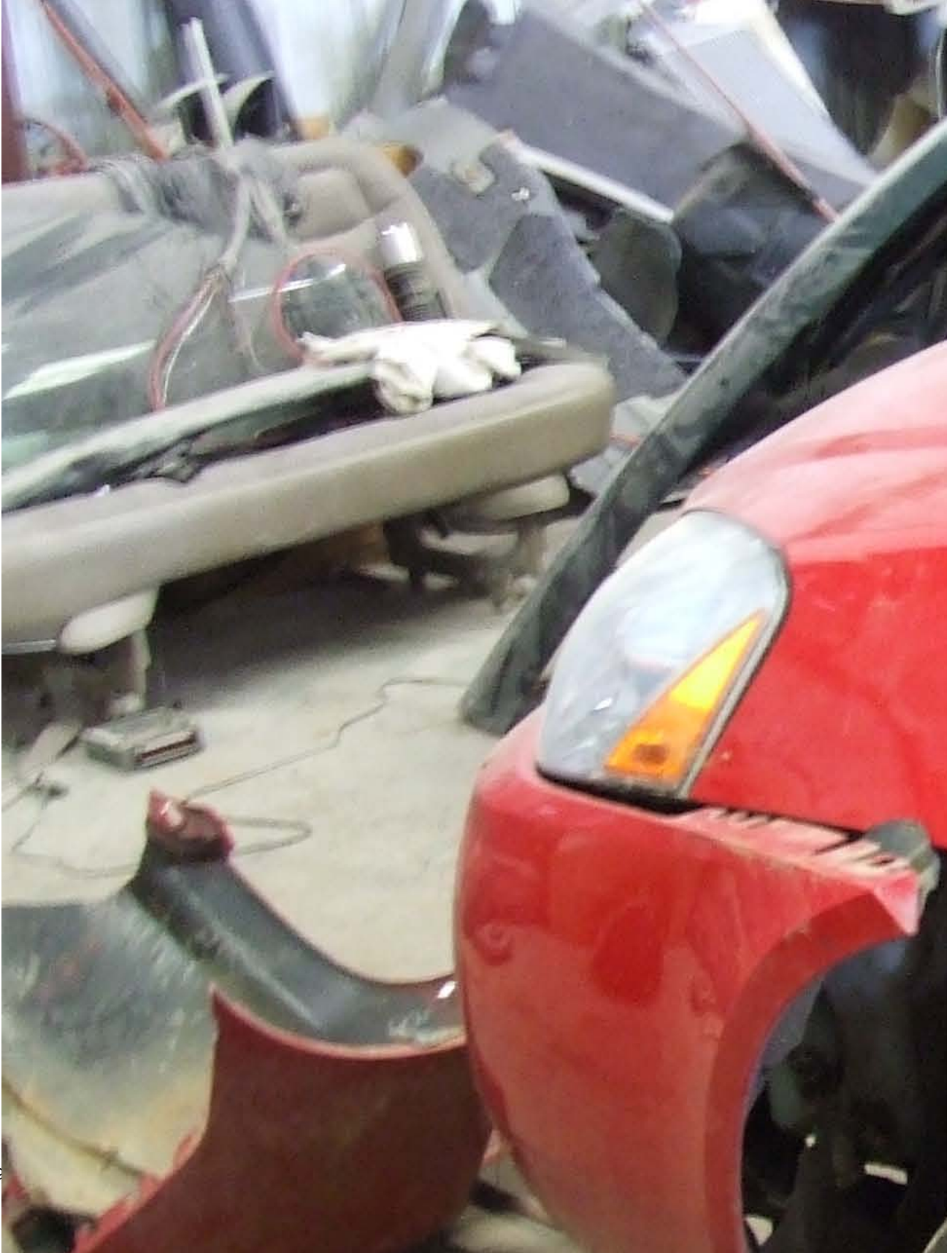
G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH55866 [REDACTED]

10. DS Frt Fascia

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name: [REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand: Pontiac

Model: G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

11. Hole in Frt Fascia

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

12. Scuff on PS Frt Fascia

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

13. Damaged Air Dam

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

14. Damage at LH Rear Quarter

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name: [REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand: Pontiac

Model: G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

15. Gap at LH Quarter to Decklid
16. Gap at RH Quarter to Decklid

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

17. Damage to Fuel Cap

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

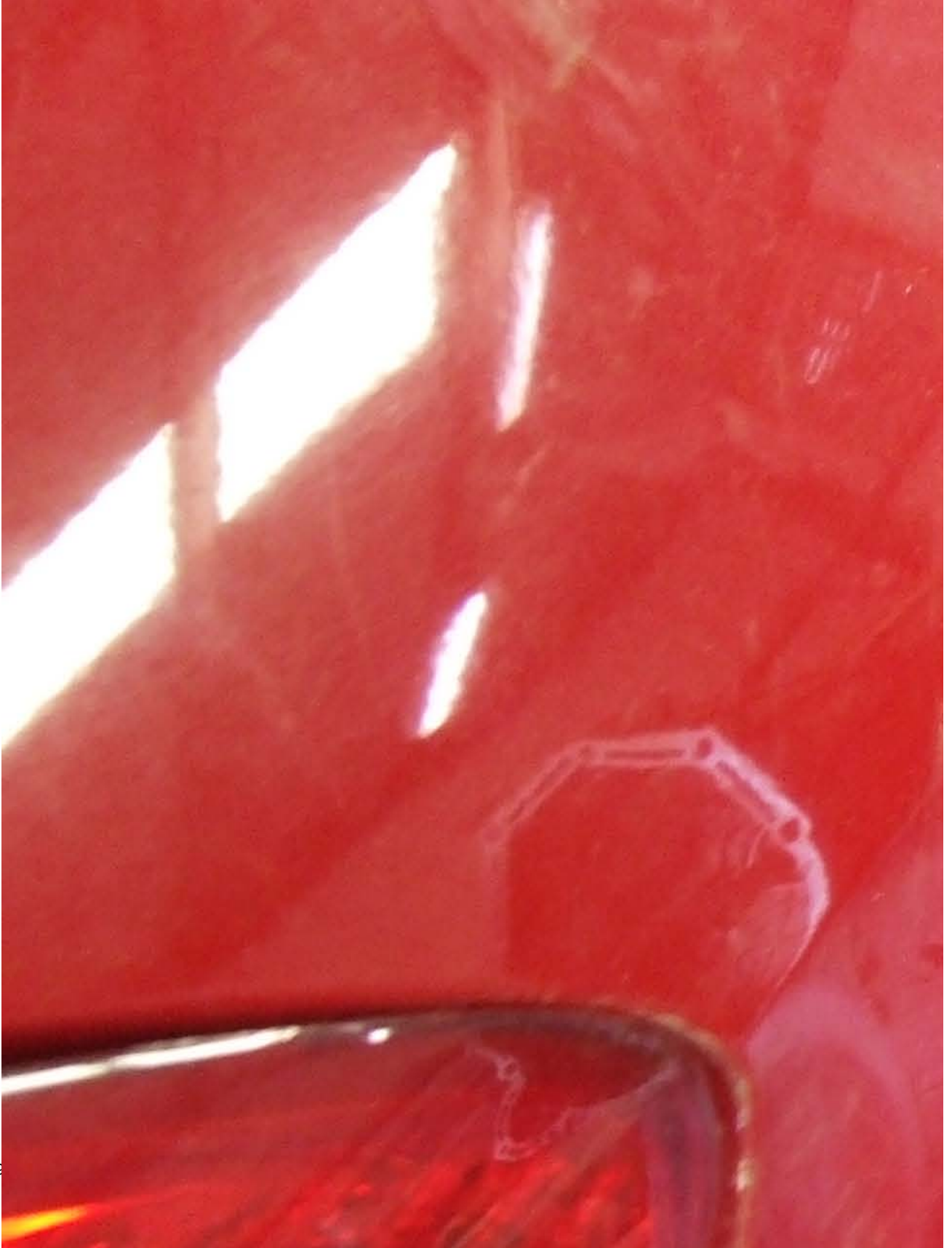
G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

18. Rear Fascia

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

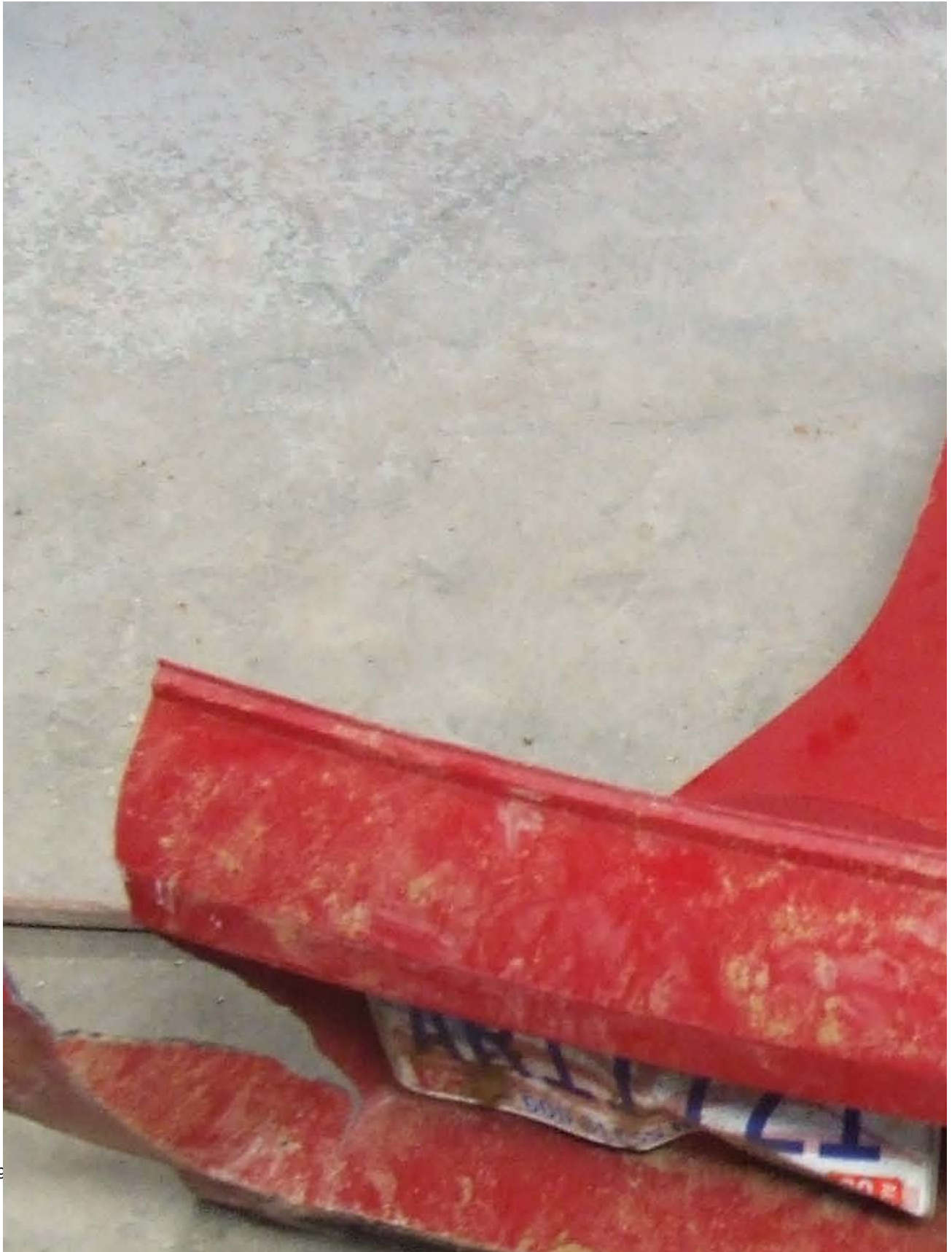
G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

19. Decklid Gap

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

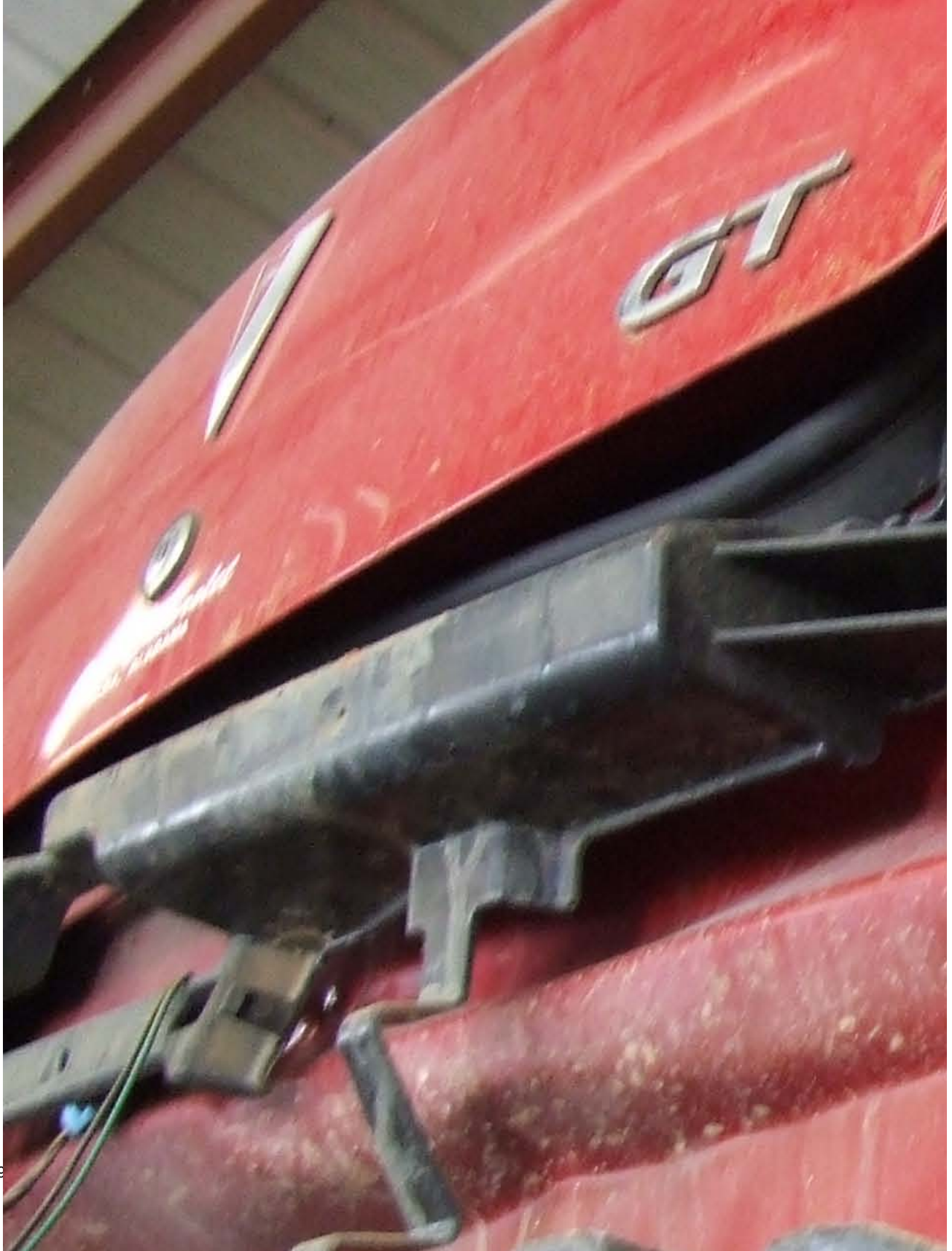
G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

20. Broken RH RR Suspension

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name: [REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

21. Worn RH RR Tire

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

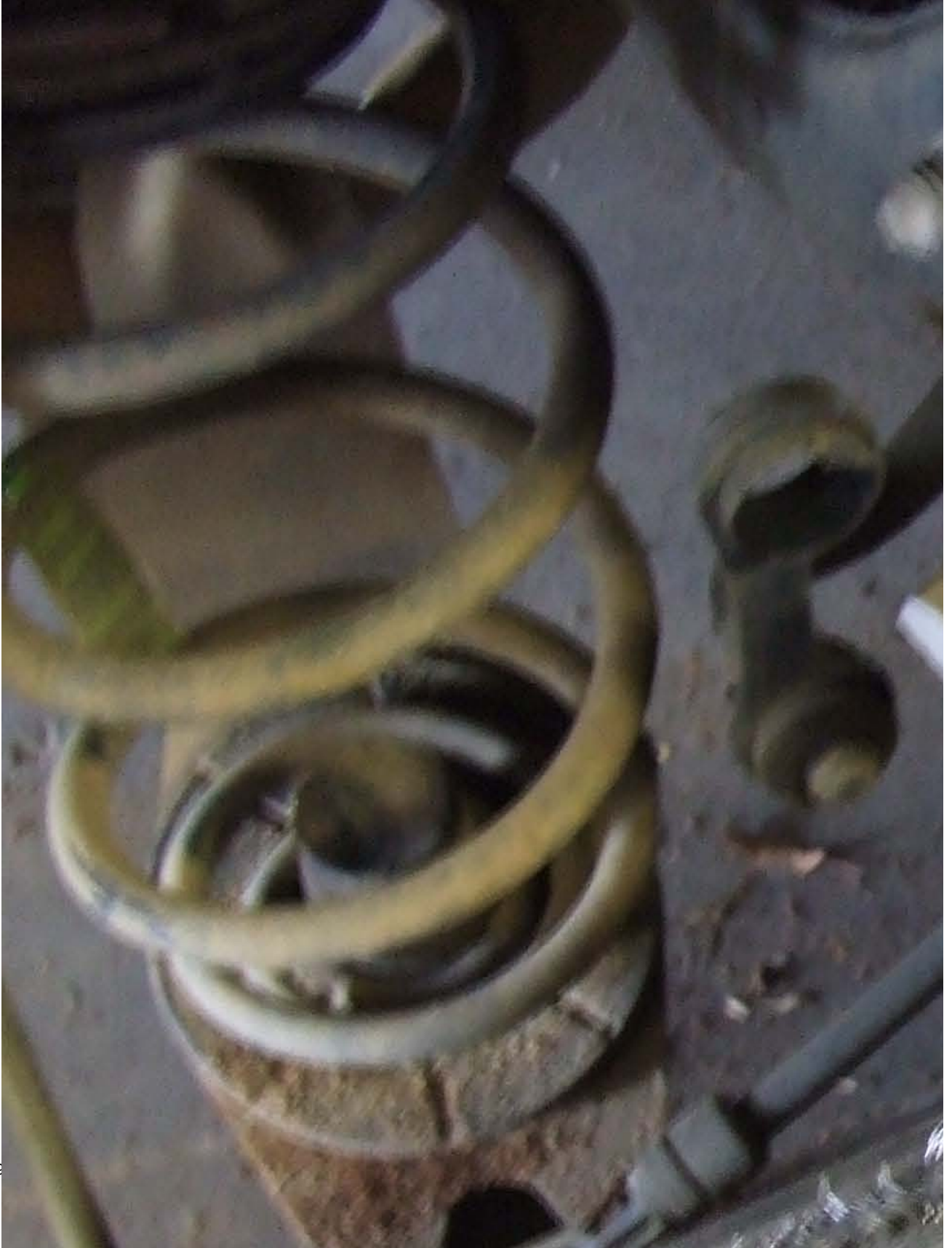
G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

22. DS RR Tire

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

23. DS Frt Tire

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

24. Vehicle Identification Label

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

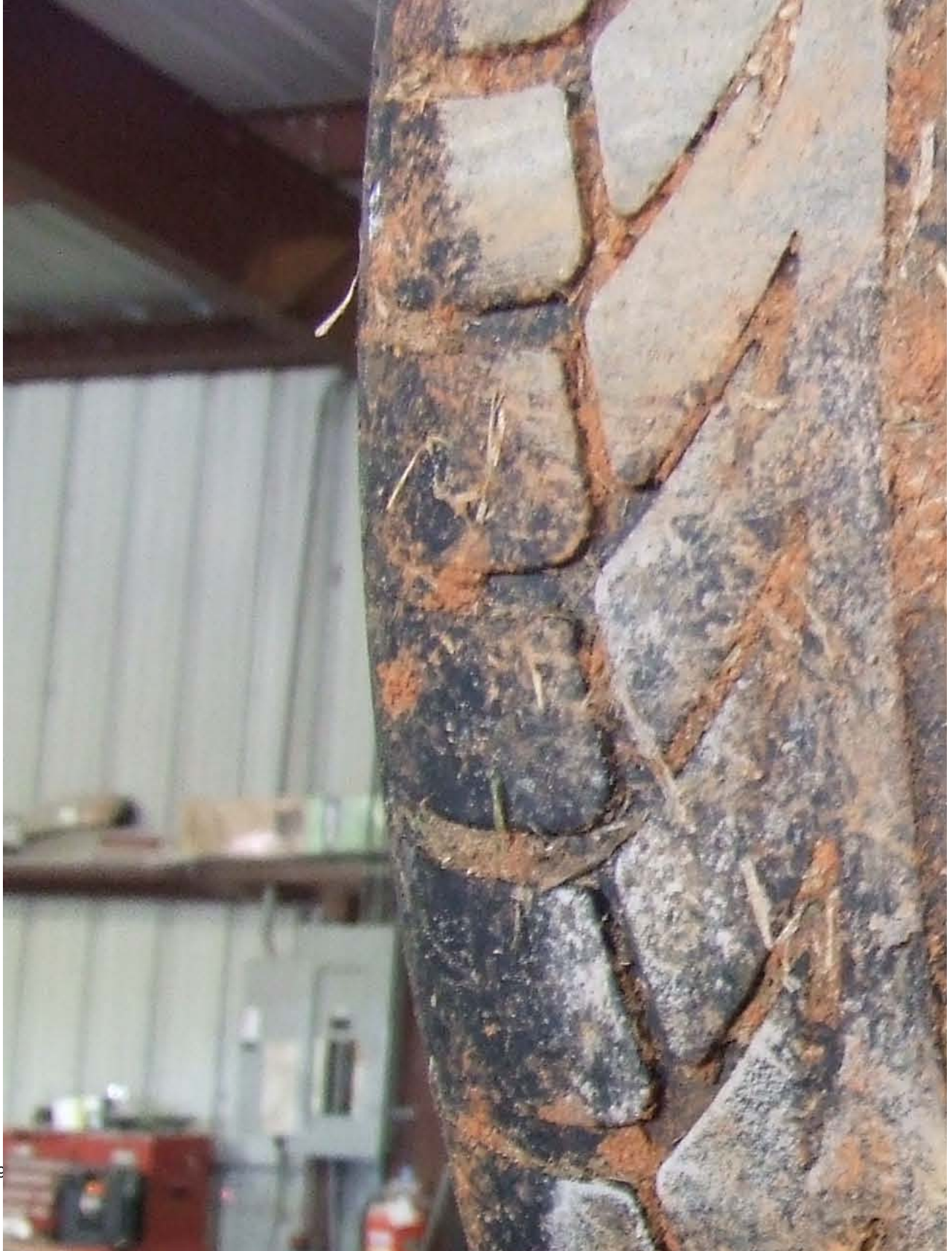
G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

25. Broken Windshield

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

26. DS Engine Compartment

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

27, PS Engine Compartment

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

G6

File #

71-700561396

VIN:

1G2ZH558664

[REDACTED]



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name: [REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand: Pontiac

Model: G6

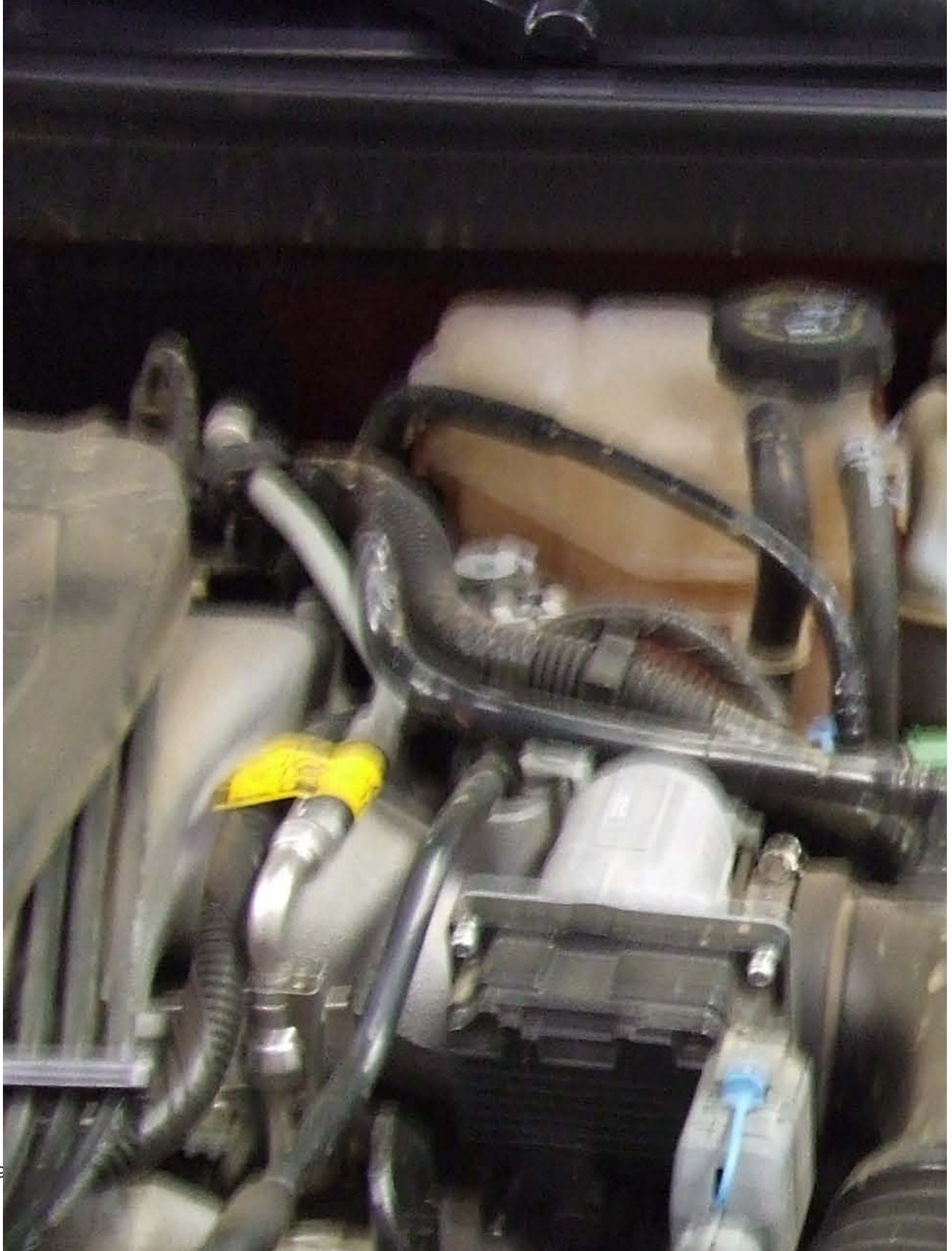
File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]

28.



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

Customer's Name:

[REDACTED]

Inspection Date: 03/09/2009

Vehicle Brand:

Pontiac

Model:

G6

File #

71-700561396

VIN:

1G2ZH558664 [REDACTED]

29.



**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

- 30. _____
- 31. _____
- 32. _____
- 33. _____
- 34. _____
- 35. _____
- 36. _____
- 37. _____

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
FIELD PHOTOGRAPHIC NOTES**

<u>Customer's Name:</u>		<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

Inspector Gary L. Double

Number of Rolls _____

Roll Number

<u>Neg.#</u>	<u>Description</u>
1.	<u>Frt View</u>
2.	<u>PS Frt to Rear</u>
3.	<u>PS Frt View</u>
4.	<u>PS Rear View</u>
5.	<u>PS Rear to Frt</u>
6.	<u>Rear View</u>
7.	<u>DS Rear to Frt</u>
8.	<u>DS Rear</u>
9.	<u>DS Frt</u>
10.	<u>DS Frt Fascia</u>
11.	<u>Hole in Frt Fascia</u>
12.	<u>Scuff on PS Frt Fascia</u>
13.	<u>Damaged Air Dam</u>
14.	<u>Damage at LH Rear Quarter</u>
15.	<u>Gap at LH Quarter to Decklid</u>
16.	<u>Gap at RH Quarter to Decklid</u>
17.	<u>Damage to Fuel Cap</u>
18.	<u>Rear Fascia</u>
19.	<u>Decklid Gap</u>
20.	<u>Broken RH RR Suspension</u>
21.	<u>Worn RH RR Tire</u>
22.	<u>DS RR Tire</u>
23.	<u>DS Frt Tire</u>
24.	<u>Vehicle Identification Label</u>
25.	<u>Broken Windshield</u>
26.	<u>DS Engine Compartment</u>
27,	<u>PS Engine Compartment</u>
28.	_____
29.	_____
30.	_____
31.	_____
32.	_____
33.	_____
34.	_____
35.	_____
36.	_____
37.	_____

EAA Inspection Request

Date: 3/5/09

TO: EAA

EAA/SPX Field Coordinator

Phone: 586-582-5835

Fax: 586-582-5840

Email: eaafc@servicesolutions.spx.com

From: Crystal Morales

PAR Customer Relations **Specialist**

Email: crystal_morales@gmexpert.com

Phone: 866-790-5700 ext.41326

Fax: 866-660-2734

Mailing Address:

GM PAR Investigations

7401 E. Ben White

Building 3

Austin, TX 78741

Vehicle Information

VIN#: 1G2ZH558664

Year/Make: 2006 Pontiac

Model: G6

Contact's Name: Kenneth Senn

Contact's Number: (334) 347-2266

Vehicle Location: Action Enterprise Llc

301 Plaza Dr

Enterprise, AL 36330-3369

If located at a Salvage/Auction Yard:

Ins. Adj. Name:

Phone #:

Claim or Salvage ID #:

Claimant Information

PAR File #: 71-700561396

Claimant Name:

Claimant Home #:

Claimant Work #:

Claimant Cell #:

Address:

Enterprise, AL

Required Actions:

- ☒ Advise PAR CRS via voicemail/email of inspection date.
- ☒ Repair Estimate Required
- ☒ Review All PAR File information
- ☒ Contact PAR CRS After Inspection

Please Use Form(s):

<input type="checkbox"/> Accelerator/Throttle Control	<input type="checkbox"/> Restraint-SIR/Seatbelts	<input type="checkbox"/> Seats
<input type="checkbox"/> Brake/ABS/TCS/VSES	<input type="checkbox"/> Side Impact	<input type="checkbox"/> Power Sliding Door
<input checked="" type="checkbox"/> Steering/Suspension/Tires/Wheels	<input type="checkbox"/> Inadvertent Deployment	<input type="checkbox"/> OnStar
<input type="checkbox"/> Engine Exhaust/Odor	<input type="checkbox"/> Transmission/Transaxle	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> Engine Stalling	<input type="checkbox"/> Thermal Events	

Special Instructions:

Interview Owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Vetronix Requested	<input checked="" type="checkbox"/> Obtain Fire/Police Report
<input type="checkbox"/> <u>Other (define)</u>		

Investigations can only be rushed if e-mailed by one of the following:

☐ **RUSH** (Name of Team Manager or Ops Mgr Approving the Rush): _____

EAA Internal Use Only

To: SA:	Date E-Mailed to SA: _____
From: EAA Field Coordinator	Due Date: _____

EAA SA Use Only

Case Acceptance/Investigation: <input type="checkbox"/> YES <input type="checkbox"/> NO
Please acknowledge acceptance of this case promptly by phone, fax or email.
Date Report Uploaded to EAA FTP SITE: _____

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: 03/09/2009
 Vehicle Brand: Pontiac Model: G6
 File # 71-700561396 VIN: 1G2ZH558664 [REDACTED]

Mileage at Inspection: 67279

Inspection Location: 1408 Geneva Hwy
Enterprise, AL 36331

Inspector's phone number: 770-402-8325

Inspected By: Gary L. Double

Section 1 INSPECTION SUMMARY

BRIEFLY Describe the customer's ALLEGATION below:

Customer stated they swerved to miss a deer in the road and steering locked up and they lost control.

{

Following the inspection, summarize the facts and observations: (Additional cmts may be placed in section 9)

Vehicle had to be inspected at Batten's Paint & Body, in Enterprise, AL. At time of inspection the right rear wheel was broken away from suspension. Vehicle had damage to the front fascia, air dam, both rear quarter, rear bumper and rear suspension. Right rear tire was worn to the point that the steel belts were showing. The right rear tire had no air pressure at time of inspection, the other tires had uneven pressures. The damage to the rear suspension occurred when vehicle went backwards in ditch and hit culvert.

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Section 2 INTERVIEW - INCIDENT DETAILS

Obtain all of the information for this section from the Driver/Claimant

Provide a complete description of the incident according to the DRIVER / CLAIMANT

Interview mode: ☐ By Telephone ☒ In Person

Incident Date and Time: 03/01/2009

Interview date: 03/09/2009

Was a police/fire department report obtained? ☒ Yes ☐ No

Provide driver/claimant's description of incident. If there was a collision, describe all collision events; include description of other vehicles involved; describe all objects contacted and the sequence in which they were contacted. (Additional cmts may be placed in section 9)

{ Driver swerved to the left to miss an animal and attempted to correct the swerve. Steering wheel locked up and couldn't steer back into the road and vehicle spun out of control, slammed into a ditch and a culvert facing the opposite direction. Tire label missing from door jam, unable to determine correct tire pressure or size.

{

{

{

{

{

Driver/other occupant's physical description (include name, gender, height, weight, & disabilities):

[REDACTED], female, 5'5", 120 and no disabilities.

If there was a collision:

Describe extent of any injuries to the Driver: No injuries to driver.

{

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: **03/09/2009**
 Vehicle Brand: **Pontiac** Model: **G6**
 File #: **71-700561396** VIN: **1G2ZH558664** [REDACTED]

Describe where other occupants were seated & extent of any injuries: **No occupants in vehicle.**

What was the exact location of the incident. Geneva County Road, Route 41 N

Driving conditions at the time of the incident:

Weather conditions & Visibility: **Wet and Dark** Approximate Temp (°F): **45**

Road Surface: ☐ Concrete ☒ Asphalt ☐ Gravel ☐ Crushed rock ☐ Dirt
 Road Condition: ☐ Dry ☒ Wet ☐ Icy ☐ Other: {
 Shoulder ☒ Curb ☐: ☐ Concrete ☐ Asphalt ☒ Gravel ☐ Crushed rock ☐ Dirt
 Shoulder/Curb Condition: ☐ Dry ☒ Wet ☐ Icy ☐ Other: {
 Posted Speed Limit {
 Any objects in the road? (rocks, scrap metal, pothole, speed bump, etc.) {

Length of Drive Prior to incident:

Total Time (hrs. & mins.): **1hr** Distance (miles): **65**

Estimate of vehicle speed: **60** mph Source of est. **Driver**

Estimated vehicle speed at impact: **60** mph Source of est. **Driver**

(Do Not report speed information from the Vetronix data here)

If the driver/claimant description of the vehicle operation prior to and during the incident does not include the following information, please obtain it.

Steering	Normal <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Describe Owner stated steering has locked up before.
Suspension	Normal <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Describe {
Brakes	Normal <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Describe {
Engine	Normal <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Describe {
Electrical	Normal <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Describe {

Were any warning lights illuminated or driver information center messages displayed? ☐ Yes ☒ No If "Yes", get the details and describe the event(s).

Has the vehicle behavior noted during this incident ever been noted prior to this incident? ☒ Yes ☐ No If "Yes", get the details and describe the event(s). **Owner stated steering wheel had locked up in the past. Owner had planned to take car back to dealership but incident occurred before his scheduled appointment date.**

Also, determine whether there were any warning lights illuminated, messages on driver information panel, unusual noises, smoke or steam observed. **Coolant light was on as well as oil change light.**

Describe any evasive action: ☒ Turning ☒ Braking ☐ Accelerating ☐ Other: {

Describe cargo (in the vehicle interior, trunk and/or trailer (if any)): **None**

Estimated total weight of cargo: **N/A** Estimated weight of the trailer, if any. **N/A**

If a trailer was being towed, photograph the hitch structure, both on the trailer and towing vehicle.

Did the vehicle leave the roadway?: ☒ Yes ☐ No Describe: **Vehicle spun around and went into ditch**
 Objects Impacted: **Vehicle hit a culvert.**

How was the vehicle transported from the incident site to the present location? ☐ Tow Truck ☒ Flat Bed ☐ Other

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: **03/09/2009**
 Vehicle Brand: **Pontiac** Model: **G6**
 File #: **71-700561396** VIN: **1G2ZH558664** [REDACTED]

Additional comments concerning the incident: **Police report stated vehicle was traveling north on Geneva Road spun leaving the roadway and came to a stop upon impact with a culvert on the west side of roadway.**

Section 3 INTERVIEW - VEHICLE HISTORY

Source of information (name, address, phone number, & relationship), if other than claimant:

{

Comments: (Additional cmts may be placed in section 9)

{

Did the owner purchase the vehicle new? ☒ Yes ☐ No Date **4/25/2006** Used? ☐ Yes ☐ No Date _____

VEHICLE MODIFICATIONS / ALTERATIONS

Are any vehicle modifications or alterations present, and has any after-market equipment been installed? (e.g., objects attached to the steering wheel or instrument panel, controls for disabled persons, shock absorbers, springs, modified body, electrical components, powertrain, wheels or tires, after-market seats, etc..) Describe:

No Modifications/Alterations to vehicle.

{

{

VEHICLE REPAIR / SERVICE HISTORY

Prior electrical system service? ☒ No ☐ Yes If yes, describe: {

{

Prior collision repair? ☒ No ☐ Yes If yes, describe: {

{

Repaired by whom? (name, address, phone) {

{

Prior chassis system service, repair, or replacement? ☒ No ☐ Yes If yes, describe what was done:

{

Prior electrical system components serviced, repaired, or replaced by whom? (name, address, phone number)

{

Any other pertinent vehicle history information (from interview, GM warranty or dealership history files)? ☐ No ☒ Yes

If yes, describe: **Owner states he had an appointment with dealership to check steering issue.**

{

Section 4 VEHICLE INSPECTION – VISUAL/PHOTO

THE VEHICLE VISUAL INSPECTION DOCUMENTS THE PHYSICAL EVIDENCE USING PHOTOS AND WRITTEN OBSERVATIONS. RECORD YOUR OBSERVATIONS IN THE APPROPRIATE SECTION.

PHOTOGRAPH THE EXTERIOR OF THE VEHICLE AS FOLLOWS: VIN PLATE, QUARTER VIEWS FROM LEFT FRONT, RIGHT REAR ARE REQUIRED, AND DOCUMENT FURTHER EXTERIOR DAMAGE WITH MANY PHOTOS.

DESCRIBE ANY DAMAGE TO THE VEHICLE BODY:

Front fascia has a hole in left front, right front fender has a scuff, rear bumper is missing, right rear frame rail damaged and left rear quarter has a crease near the drivers side rear door.

{

UNDERBODY / FRAME / CHASSIS AREA: Describe **any damage** to the underside of the vehicle. Note the condition of the bumpers, frame, suspension, tires, wheels, brake and fuel lines & engine mount(s)/crossmember. Photograph and comment on any contact between vehicle components and the underbody. Photograph if damage is present.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: **03/09/2009**
 Vehicle Brand: **Pontiac** Model: **G6**
 File # **71-700561396** VIN: **1G2ZH558664** [REDACTED]

Right rear frame rail bent and rear suspension support broke away from wheel assembly.

{
 {
 {
 {

CORNER ASSEMBLIES

Struts/shocks

Springs

Control arms

Ball joints

Steering knuckles

Axle assemblies

Tire/wheel assemblies

Comments: **Right side wheel and tire broken away from vehicle.**

{

UNDERHOOD

Engine compartment

Brake fluid level and condition

Power steering lines, hoses, clamps and connections

Power steering fluid level and condition

Comments:

No damage underhood of vehicle.

{

GENERAL OBSERVATIONS

Photograph and comment on any aftermarket equipment found, vehicle modifications or items that are unusual or out of place.

Comments:

No aftermarket equipment found on vehicle.

{
 {
 {
 {

Section 5

VEHICLE INSPECTION - PASSENGER COMPARTMENT

INTERIOR

Instrument panel

Controls

Overall view of seat position

Photo of options label-glove box/trunk

Personal items/cargo

Odometer

Steering wheel and column

Driver and passenger seat back angle (inclinometer measurement)

Sunvisors and headliner

INTERIOR INSPECTION (Describe any damage and photograph)

No damage to interior of vehicle.

{
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 {
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**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

<u>Customer's Name:</u>	[REDACTED]	<u>Inspection Date:</u>	03/09/2009
<u>Vehicle Brand:</u>	Pontiac	<u>Model:</u>	G6
<u>File #</u>	71-700561396	<u>VIN:</u>	1G2ZH558664 [REDACTED]

Section 6**STEERING, SUSPENSION, TIRE AND WHEEL SYSTEM INSPECTION**

Use the following table to identify what you did and what you found during the inspection. Identify the tests and test results for the applicable items. Describe anything relevant to the allegation that is not in normal working condition, does not function properly or is a non production part. Take appropriate photographs.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: **03/09/2009**
Vehicle Brand: **Pontiac** Model: **G6**
File # **71-700561396** VIN: **1G2ZH558664** [REDACTED]

ITEM	OBSERVATIONS/TEST RESULTS
Steering system-Are all components in place and connected in a normal manner? Can the steering wheel be rotated lock to lock with appropriate movement of the front wheels. Is there any binding, sticking or uneven feel?	Turned steering wheel lock to lock there was no binding, sticking or uneven feel.
Steering linkage-Is the linkage free from cracks, bends, fractures, etc. Are there any scrapes, abrasions, signs of contact with any of the linkage?	No signs of scrapes, abrasions, signs of contact with any of the linkage.
Gear/rack and pinion-Any sign of leakage, damage to boots on the rack, contact by foreign objects?	No signs of leakage, damage to boots on the rack
Steering column, ignition switch, intermediate shaft. Does the column unlock with the ignition key "on"? Is the steering column properly fastened to the dash?	The steering column did not lock up with the key out. With the key out the steering moved freely.
Steering pump, drive, hoses, connections, flow, pressure. If possible, start the engine and rotate the steering wheel lock to lock. Is power assist normal? If not, it may be necessary to check pressure and flow.	Power assist is normal.
PS fluid level and condition-Color, contamination, odor	N/A
Steering knuckle-All attachments secure and proper?	Steering knuckle secure and proper.
Suspension components – LF Strut attachments, springs intact; control arms properly attached, deformed, broken, scraped, etc. Sway bars properly attached.	All components on LF properly attached.
Strut attachments, springs intact; control arms properly attached, deformed, broken, scraped, etc. RF	All components on RF properly attached.
Strut attachments, springs intact; control arms properly attached, deformed, broken, scraped, etc Rear sway bars,	No damage to strut attachment, springs intact, control arms properly attached.

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: **03/09/2009**
Vehicle Brand: **Pontiac** Model: **G6**
File # **71-700561396** VIN: **1G2ZH558664** [REDACTED]

trailing arms properly attached and undamaged. LR	
Strut attachments, springs intact; control arms properly attached, deformed, broken, scraped, etc. RR	Control arm broken away from vehicle. No damage to rear sway bar.
Rear axle assembly-deformed, signs of impact, properly located, etc.	Right rear tire and wheel assembly broken away from vehicle
Deformation to the frame	Right rear frame rail bent from impact.
Describe and photograph evidence of axle/ suspension/ tire contact with frame, body or components	Right rear tire and wheel assembly came in contact with inner fender well and quarter panel.
Describe and photograph contact of the under- carriage with the road surface (road, shoulder, curb, or grass)	Right rear frame rail, rear bumper and tire/wheel assembly damaged when impact with culvert.
Stability Enhancement system/components-check for codes with Tech II	N/A
Engine (normal, other)-Obtain codes using a Tech II.	N/A
Electrical (normal, other)	Normal
Warning lights/messages displayed? Describe and obtain codes using a Tech II	N/A
Anything components missing?	No components missing
Other	{ _____ _____

If the vehicle is driveable, conduct a road test to evaluate the concern expressed by the customer. Describe the results of the road test. If the concern is observed during the road test, it would be desirable to get a Tech II "snapshot". **Vehicle not driveable at time of inspection.**

{ _____

If the vehicle is equipped with an ABS/Traction Control/Stability Enhancement System, use a Tech II to obtain any codes stored as current and/or history. Document via photos and include the code description. Follow the procedures in the service manual to determine the cause of each stored code which relates to the allegation. State which procedures were followed, record results of each test and state the root cause of each code. Consult with the CRM or Team Manager of the PAR group if this process leads to a disassembly of components. Follow the procedure in the General Guidelines for parts that need to be assembled for evaluation.

Inspect the system wiring, connections and components for damage. Note if the damage was the result of the incident.

TIRE AND WHEEL INSPECTION

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: **03/09/2009**
 Vehicle Brand: **Pontiac** Model: **G6**
 File #: **71-700561396** VIN: **1G2ZH558664** [REDACTED]

1. IDENTIFICATION:

	TIRE BRAND	TIRE TYPE	TIRE SIZE	PRESSURE	AVE. TREAD DEPTH	DOT Numbers
	(Goodyear)	(Eagle GA)	(P205/70R15)	(psi)	32nds of inch	
LF	<u>225/50ZR17</u>			<u>38</u>	<u>3/32</u>	<u>BEF40</u>
RF	<u>225/50ZR17</u>			<u>35</u>	<u>2/32</u>	<u>BEF40</u>
LR	<u>225/50ZR17</u>			<u>50</u>	<u>2/32</u>	<u>BEF40</u>
RR	<u>225/50ZR17</u>			<u>0</u>	<u>1/32</u>	<u>BEF40</u>

Note: DOT numbers may be found on the inside of each tire adjacent to the rim.

Describe and photograph any damage to tires and wheels, such as scrapes, marks due to impact, cuts, tread separation, flat spots, bead separation, embedded grass/dirt, etc. Photographs should include inner and outer views of the damaged tire/wheel assemblies with chalk marks on each assembly to denote position on vehicle (RF, LF, RR and LR).

LF No damage

RF No damage

LR No damage

RR Steel belts showing on inside edge of tire

2. TIRE PLACARD DATA:

Record the following data: (located on driver's door edge or inside the decklid)

	<u>SIZE</u>	<u>PRESSURE (psi)</u>	<u>PRESSURE AT MAXIMUM LOAD(psi)</u>
TIRES	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
SPARE TIRE	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Section 7

SITE INSPECTION

SITE INSPECTION - PERFORM THE FOLLOWING IF ADDITIONAL INFORMATION MAY BE FOUND:

- Check the incident scene for tire marks, gouges in the pavement, debris, or any other marks. Measure location and photograph.
- Identify evidence of whether the vehicle left the road prior to, during, or after the incident. Document all locations, distances, stationary objects (guard rails, telephone poles, fences, buildings, etc), nearest posted speed limit signs in the direction of travel, etc...
- Identify evidence & photograph any object struck by the vehicle on or off the road prior to, during or after incident.
- Inspect roadway & shoulder surfaces in the area of the incident site for telltale signs of loss of control, excessive speed, severe braking, etc.

Photograph the scene and property if involved.

Comments:

**PRODUCT ALLEGATION RESOLUTION
PRELIMINARY INSPECTION
STEERING, SUSPENSION, AXLE, TIRE AND WHEEL SYSTEMS**

Customer's Name: [REDACTED] Inspection Date: **03/09/2009**
Vehicle Brand: **Pontiac** Model: **G6**
File # **71-700561396** VIN: **1G2ZH558664** [REDACTED]

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Section 8 COMMENT OVERFLOW

Please use this page if needed for additional comments from the inspection form. Please note the section and area the comments are continued from prior to each comment.

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Section 9 OTHER REPORT INFORMATION

- ☐ **Check here if there was evidence of a "Fire-Related" event.**
 According to NHTSA, "fire" means combustion or burning of material in or from a vehicle as evidenced by flame. The term also includes, but is not limited to, thermal events and fire-related phenomena such as smoke, sparks or smoldering, but does not include events and phenomena associated with a normally functioning vehicle, such as combustion of fuel within an engine or exhaust from an engine.

Attachments: (Check all that apply)

☒ **Photographs** ☒ **Data Downloads** ☐ **Other Records**

Service Request Detail

SR No.	71-700561396	Ref No.		Goodwill	No Goodwill Offered	BRC Type	N/A
Account		Site		GW SubType		Bus. Unit	BRC
Last Name		First Name		Approval	Not Initiated	Area	PAR
Daytime #		Evening #		UCC	Steering - Power Steering Pump /	Sub-Area	Initiate PAR- Collision
Address		City	Enterprise	Involved Dir	Action Enterprise Llc	Safety	Yes
State	AL	ZipCd		Source	Phone	Updated	3/5/2009 04:36:53 PM
Serial #/VIN	1G2ZH558664	Model Year	2006	Priority	Medium	License #	PONTIAC
Make	Pontiac	Warr. Start	04/25/2006	Status	Open	Owner	MORALECR
Model	G6	Mileage	58000	Sub-Status	Satisfied	Opened	2/6/2009 06:55:37 PM
Abstract	(Pending Inspection) Steering - Power Steering Pump / Brackets(Product Allegation)						
Customer Description	This is a PAR File. Please do not Assume. Forward all inquiries to Crystal Morales @ 41326						
Closed							

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in Veh	Road Surface	Road Cond.	Fire Report#	Police Report#
Owner	3/1/2009 03:00:00 AM	Y	0	1	Asphalt	Wet	n/a	unknown
Driver Last Name		Driver First Name			Height	DOB	Disabilities	
[REDACTED]		[REDACTED]			5'5"	7/19/1987	none	
Insurance Agent Last Name		Insurance Agent First Name			Phone #	Insurance Agency		
Dalson		Ronnie			[REDACTED]	Cotton States		
Incident Loc	Geneva County Rd, Route 41 going northbound				Incident Desc	Swerved to the left to miss an animal and attempted to corrected the swerve, steering wheel locked up and couldn't steer back into the road and vehicle spun out of control, slammed into a ditch and a culvert facing the opposite direction.		
Component	power steering				Damage Desc	busted windshield, front bumper off, demolished rear end., broke axle, bent rims		
Vehicle Loc	Batten's Paint and Body, Enterprise, AL				Add'l Info			
Emgcy Svc Names	Sherrif's Department Officer Chris				Maint Loc	Action Truck		

PAR Detail

Collision	Y	Non Collision	Property Damage	N	Thermal Evt	N	Spec Equip	Speakers		
Vehicle Speed	55		Weather Condition	Dark, Clear			Prop Owner	n/a	Property Type	n/a
Last Service Date	3/4/2009		Loc Last Service				Property Location	n/a	Prop Est Repair Cost	
Veh Est Repair Cost			Spec Equip Installer	Action Auto, Rucker Blvd.			Prop Damage Description	n/a		
Primary Veh Use	Personal		Inspection Type				Inspected By		Inspection Date/Time	
Veh Damage Description	busted windshield, front bumper off, demolished rear end., broke axle, bent rims						Explain Other			

Service Request Detail

PAR Injuries

Last Name	First Name	DOB	Location	Phone #	Seating Pos	Restraint Type
			Occupant of Owner's Vehicle		Driver	Seat Belt
Injury Description			Medical Rpt#	Treatment Location		Treated By
neck strain, all over soreness			n/a	Flowers Hospital, Emergency Room		na
Street Address			City	State	Zip Code	

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/5/2009 04:18:22 PM	MORALECR	MORALECR	Scheduled Follow-up		Scheduled Alarm		Send inspection request
Contact Last Name		Contact First Name		Account		BAC Code	
[REDACTED]		[REDACTED]					
Comments							
[REDACTED]							
Confidential Comments							

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/5/2009 04:17:43 PM	MORALECR	MORALECR	Outbound Call	Customer	Done	3/5/2009 04:18:18 PM	
Contact Last Name		Contact First Name		Account		BAC Code	
Comments							
Advsd that the dlr is more than willing to host the inspection.							
Cust sts taht he will have the vehicle towed there.							
Crystal Morales/PAR/ATX							
Confidential Comments							

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/5/2009 04:10:22 PM	MORALECR	MORALECR	Outbound Call Dealer		Done	3/5/2009 04:17:42 PM	Action Enterprise @ (334) 347-2266
Contact Last Name		Contact First Name		Account		BAC Code	
[REDACTED]		[REDACTED]					
Comments							
Svc Mgr Kenneth Senn							
Advsd more than willing to host the inspection.							
Crystal Morales/PAR/ATX							
Confidential Comments							

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/5/2009 03:55:21 PM	MORALECR	MORALECR	Outbound Call Customer	Made Contact	Done	3/5/2009 04:10:11 PM	Will the vehicle be towed so that it can be inspected?

Contact Last Name [REDACTED] Contact First Name [REDACTED] Account [REDACTED] BAC Code [REDACTED]

Comments

CRS contacted [REDACTED] [REDACTED] sts that she provided the information to [REDACTED] and he advsd that he would have the lawyer contact me.

CRS requested [REDACTED] number to obtain legal counsel information.

Cust advsd his number is [REDACTED]

CRS was advsd that the number [REDACTED] 2 [REDACTED] not in service.

CRS attempted to contact [REDACTED] and someone answered and disconnected the line. CRS attempted once more. [REDACTED] sts that he can also be reached at [REDACTED]

[REDACTED] sts that he is willing to have inspected and has no lawyer [REDACTED] sts tha [REDACTED] called him a month ago and told him that the steering had locked up and that he advs not to drie more than necessary and then scheduled an appt for service on the Friday preceeding the accident. Sts that the appt was for Monday and she had an accident on Saturday in the vehicle.

Sts that he would rather have the vehcile inspected at Action Enterprise.

Crystal Morales/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/4/2009 12:54:50 PM	MORALECR	MORALECR	Scheduled Follow-up		Done	3/5/2009 03:53:18 PM	Check to see if cust is willing to have the veh towed?

Contact Last Name [REDACTED] Contact First Name [REDACTED] Account [REDACTED] BAC Code [REDACTED]

Comments

Called [REDACTED]

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/4/2009 10:22:57 AM	MORALECR	MORALECR	Scheduled Follow-up		Done	3/4/2009 12:54:48 PM	Complete the INI with [REDACTED]

Contact Last Name [REDACTED] Contact First Name [REDACTED] Account [REDACTED] BAC Code [REDACTED]

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/3/2009 01:24:30 PM	KINZERTH	MORALECR	Ownership Changed		Done	3/3/2009 01:24:30 PM	Service Request Ownership has changed FROM: BESTGE TO: MORALECR
Contact Last Name		Contact First Name		Account		BAC Code	
[REDACTED]		[REDACTED]					
Comments							
Confidential Comments							

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/3/2009 01:24:05 PM	KINZERTH	MORALECR	BRC PAR	Initial Contact- AVM	Done	3/4/2009 10:04:05 AM	Called Mark Porthouse @ 404082 8054
Contact Last Name		Contact First Name		Account		BAC Code	
[REDACTED]		[REDACTED]					
Comments							
<p>DVM Name: Mark Porthouse Node/Mailbox: 404082 8054 This is Crystal Morales calling from the GM Product Allegation Dept to make you aware of a file that was received in your area. The request number is: 71-700561396 The Customer's name is (spell) [REDACTED] The dealer involved is: Action Truck Center, Inc. Located in (be specific): Dothan, AL The vehicle is a (year/make/model): 2006 Pontiac G6 With current mileage: 58000 The last 8 digits of the VIN# are: 64 [REDACTED] This involves a customer alleged power steering failure causing a mva where the customer's daughter suffered minor injuries in the form of neck strain. This message is for informational purposes only, and requires no action on your part at this time. However, if you do have any questions please feel free to give me a call. Provided contact info.</p>							
Crystal Morales/PAR/ATX							
Confidential Comments							

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/3/2009 01:23:53 PM	KINZERTH	MORALECR	BRC PAR	Initial Contact- Dealer	Done	3/4/2009 10:11:03 AM	Called Action Truck Center, Inc. @ (334) 794-8505
Contact Last Name	Contact First Name	Account	BAC Code				

[REDACTED]

[REDACTED]

Comments

CRS spoke to Svc Mgr: Lamar Spann

What vehicle services including maint have been performed on the vehicle at the dlr?

Never had the vehicle in. Customer called and cancelled the appt on the afternoon March 3, 2009.

Are there any known product concerns that relate to the customer's allegation?

None that I am aware of.

If an inspection becomes necessary would you host that EAA inspection?

Yes I don't have a problem with that.

Crystal Morales/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/3/2009 01:23:44 PM	KINZERTH	MORALECR	BRC PAR	Initial Contact- Phone	Done	3/4/2009 12:54:25 PM	Called [REDACTED]
Contact Last Name	Contact First Name	Account	BAC Code				

[REDACTED]

[REDACTED]

Comments

Cust sts she swerved to miss an animal and could not right the vehicle as she claims that the steering locked up. Cust sts that she hit a dtich and the vehicle is possibly totalled.

Cust sks repair/repurchase of the vehicle.

CRS advsd the cust that an inspection would be necessary. CRS advsd that this type of inspection would need to be done at the dlrship. CRS advsd that the cust is responsible for the cost of the tow unless and until a manufacturing concern is located that caused the accident directly.

Cust sts that she will talk to her father about the tow.

CRS advsd that I would follow up tomorrow afternoon with the customer to determine if she is willing to have the veh towed for the inspection. CRS provided contact information.

Crystal Morales/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/3/2009 01:23:36 PM	KINZERTH	MORALECR	BRC PAR	Acknowledgement	Done	3/4/2009 10:22:38 AM	Called [REDACTED]

Contact Last Name	Contact First Name	Account	BAC Code
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[REDACTED]

[REDACTED]

Comments

CRS attempted to contact cust at [REDACTED] and was advsd that the number I have contacted is no longer active.

CRS attempted to contact cust daughter (who was driving the vehicle) @ [REDACTED]

Crs Adv: This is Crystal Morales calling from the GM Product Allegation Dept. I have received your file and do require further information. Cust was unavailable at this number. CRS left message indicating that I would like a call back to discuss the mva.

Crystal Morales/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/3/2009 01:23:29 PM	KINZERTH	MORALECR	Notify CRM		Done	3/4/2009 10:22:55 AM	File Assigned

Contact Last Name	Contact First Name	Account	BAC Code
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[REDACTED]

[REDACTED]

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/3/2009 01:23:22 PM	KINZERTH	MORALECR	Research		Done	3/4/2009 09:49:10 AM	Research VIN

Contact Last Name	Contact First Name	Account	BAC Code
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[REDACTED]

[REDACTED]

Comments

Open Recalls: None

Closed Recalls: None

Previous Related Cases: None

Previous Closed Cases: None

Crystal Morales/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/3/2009 01:23:01 PM	KINZERTH	MORALECR	BRC PAR	Case Assigned	Done	3/4/2009 09:35:53 AM	Assigned to Crystal Morales x41326

Contact Last Name	Contact First Name	Account	BAC Code
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Comments

File Received.

Crystal Morales/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/3/2009 01:13:55 PM	KINZERTH	BESTGE	SR Opened		Done	3/3/2009 01:13:55 PM	SR in Status of Closed has been Re-Opened by KINZERTH

Contact Last Name	Contact First Name	Account	BAC Code
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Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/3/2009 01:13:54 PM	KINZERTH	BESTGE	SR Closed - Satisfied		Done	3/3/2009 01:13:54 PM	Service Request has been Closed Satisfied.

Contact Last Name	Contact First Name	Account	BAC Code
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Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/3/2009 09:59:16 AM	BESTGE	KINZERTH	Escalation	Initiate PAR	Done	3/3/2009 01:13:52 PM	Assigning activity to PAR QUEUE

Contact Last Name	Contact First Name	Account	BAC Code
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Comments

CRS advised that a person from the PAR Department will contact the customer within 2 business days

Geoffrey Best/CAC/STJ

Received and assigned in PAR
Thaddeus Kinzer/PAR Workflow/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/3/2009 09:44:49 AM	BESTGE	BESTGE	Inbound Call Customer	Complex Request	Done	3/3/2009 10:00:42 AM	Alleged product allegation - Power Steering Failure
Contact Last Name		Contact First Name		Account		BAC Code	
[REDACTED]		[REDACTED]					
Comments							
Customer calling in inform me of accident caused by power steering issue and his daughter was injured in the incident. Claim has been filed							
Crs adv: Completed par form and will forward to par dept.							
Confidential Comments							

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/2/2009 01:57:19 PM	BESTGE	BESTGE	Scheduled Outbound Call		Done	3/3/2009 09:42:32 AM	Call Action Pontiac and check on appoint
Contact Last Name		Contact First Name		Account		BAC Code	
[REDACTED]		[REDACTED]					
Comments							
Call Action Pontiac and check on appoint							
Geoffrey Best/CAC/STJ							
Confidential Comments							

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/2/2009 01:56:12 PM	BESTGE	BESTGE	Outbound Call Dealer	Made Contact	Done	3/2/2009 01:57:07 PM	Spoke with Service
Contact Last Name		Contact First Name		Account		BAC Code	
[REDACTED]		[REDACTED]					
Comments							
Dlr sts: has appoint for tomorrow, will see then							
Geoffrey Best/CAC/STJ							
Confidential Comments							

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/27/2009 09:39:05 AM	BESTGE	BESTGE	Scheduled Outbound Call	Cust	Done	3/3/2009 09:42:28 AM	Call [REDACTED] and check on appoint

Contact Last Name	Contact First Name	Account	BAC Code
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[REDACTED]

[REDACTED]

Comments

Call [REDACTED] and check on appoint

Geoffrey Best/CAC/STJ

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/27/2009 09:36:23 AM	BESTGE	BESTGE	Scheduled Outbound Call	Dlr	Done	3/2/2009 01:57:13 PM	Call Action Pontiac and check on possible appoint

Contact Last Name	Contact First Name	Account	BAC Code
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[REDACTED]

[REDACTED]

Comments

Call Action Pontiac and check on possible appoint

Geoffrey Best/CAC/STJ

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/27/2009 09:24:05 AM	BESTGE	BESTGE	Inbound Call Customer	Complex Request	Done	2/27/2009 09:41:28 AM	Spoke with [REDACTED]

Contact Last Name	Contact First Name	Account	BAC Code
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[REDACTED]	[REDACTED]		
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Comments

Customer States: Power Steering locks up and quicks. Power steering light illuminates. Clunking noise starting.

Customer Seeks: Coverage to loyalty, known concern

CRS Advised: Will followup after appoint

Customer Funnel Questions

Original Owner? Yes

Primary Driver? Yes

Personal Or Business Use? Personal

Where Was The Vehicle Purchased? Action

If Second Owner When/What Mileage Purchased? N/A

Current Approx Mileage? 58000

Still In Warranty?

Extended Service Plan?

Concern? Power steering locking up clunking noise

When First Noticed Concern? 2 weeks

Conditions For Concern: consistent

Where Diagnosed? Action Pontiac

Estimated Cost For Repair? na

Current Location of Vehicle? house

Vehicle Repaired? No

Where Repairs Completed? N/A

GM Dealership? Yes

Phone Number Of Repair Facility?

Previous Cost Assistance Issued? No

When/What?

Branded Title or Warranty Block? No

Open Recalls? No

Recall Number?

Previous GM Vehicles? Always had gm, owned 4 vehicles.

Previous Related Repairs?

Geoffrey Best/CAC/STJ

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/27/2009 09:22:59 AM	BESTGE	BESTGE	Ownership Changed		Done	2/27/2009 09:22:59 AM	Service Request Ownership has changed FROM: ABELLAHE TO: BESTGE
Contact Last Name		Contact First Name		Account		BAC Code	
[REDACTED]		[REDACTED]					
Comments							
Confidential Comments							

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/27/2009 09:22:56 AM	BESTGE	ABELLAHE	SR Opened		Done	2/27/2009 09:22:56 AM	SR in Status of Closed has been Re-Opened by BESTGE
Contact Last Name		Contact First Name		Account		BAC Code	
[REDACTED]		[REDACTED]					
Comments							
Confidential Comments							

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/6/2009 07:00:04 PM	ABELLAHE	ABELLAHE	SR Closed - Satisfied		Done	2/6/2009 07:00:04 PM	Service Request has been Closed Satisfied.
Contact Last Name		Contact First Name		Account		BAC Code	
[REDACTED]		[REDACTED]					
Comments							
Confidential Comments							

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/6/2009 06:55:53 PM	ABELLAHE	ABELLAHE	Inbound Call Customer	Complex Request	Done	2/6/2009 06:58:16 PM	rfi veh

Contact Last Name	Contact First Name	Account	BAC Code
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[REDACTED]

[REDACTED]

Comments

cust sts- want to locate the power steering reservoir / 2006 pontiac g6

- want to add fluid

- no problem with veh

cust sks- locate reservoir

crs adv- refer to dlr for assistance bec this is a tech concern

- locate dlr

160796 ACTION BUICK PONTIAC GMC 211 ROSS CLARK CIRCLE NE DOTHAN AL 36303-5832

334-794-8505

- no further assistance needed at this time

Anette Richards MLA/CAC T1/Emp Lvl 1

Confidential Comments

UCC Information

UCC Code	Symptom	Description
S96	Pontiac	Non Component GM
M30	Inoperative	Steering - Power Steering Pump / Brackets

















NO LUBRICANTS
NO FLUIDS
NO OILS
NO GREASES
NO WAXES
NO POLISHES
NO CLEANERS
NO DETERGENTS
NO SOLVENTS
NO PAINTS
NO ADHESIVES
NO COATINGS
NO FINISHES
NO TREATMENTS
NO PROTECTANTS
NO PRESERVATIVES
NO MAINTENANCE
NO REPAIRS
NO MODIFICATIONS
NO ALTERATIONS
NO ENHANCEMENTS
NO IMPROVEMENTS
NO UPGRADES
NO REPLACEMENTS
NO REPAIRS
NO MODIFICATIONS
NO ALTERATIONS
NO ENHANCEMENTS
NO IMPROVEMENTS
NO UPGRADES
NO REPLACEMENTS







G6

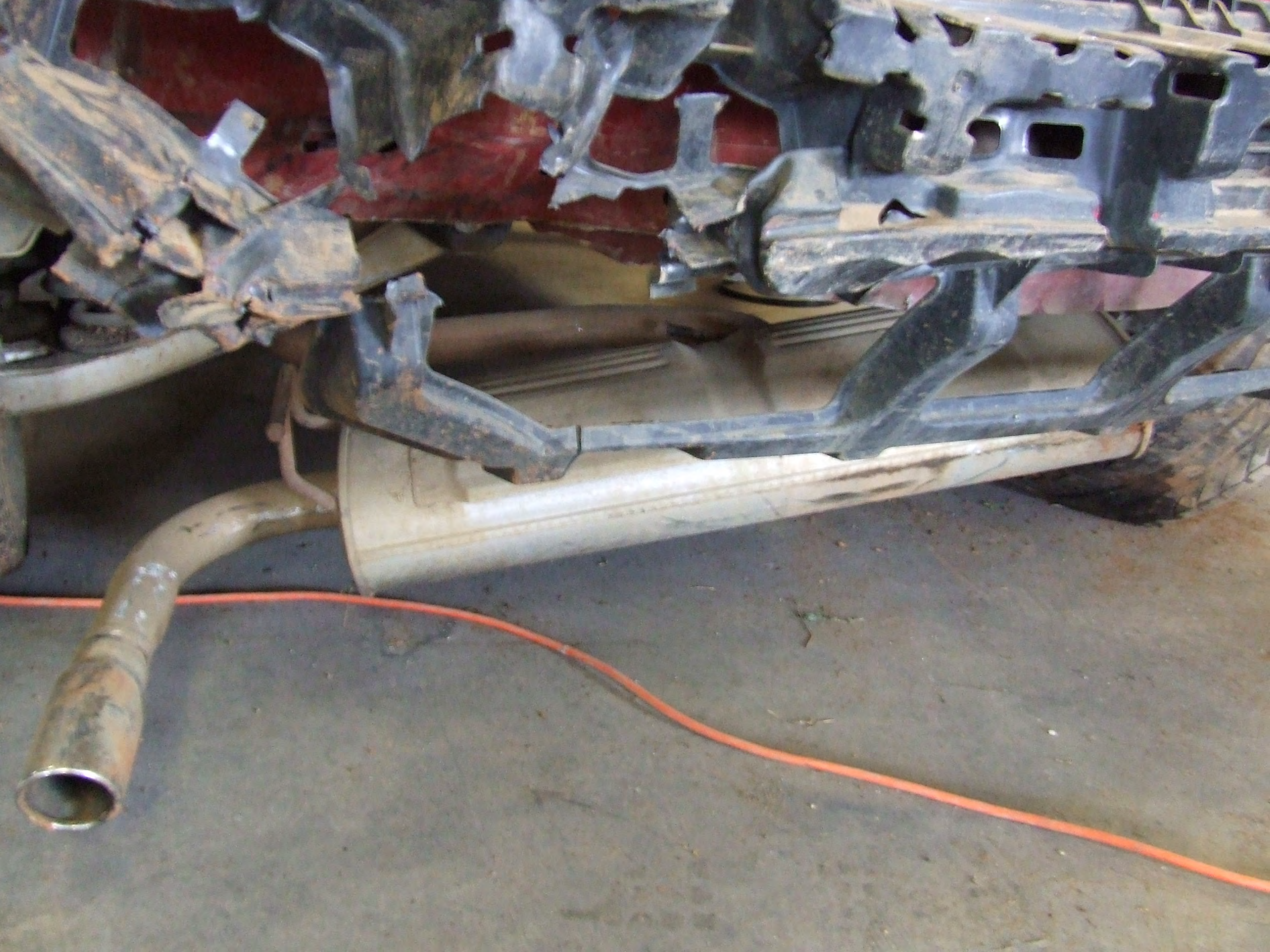
Chevrolet
ALBA, ALABAMA

GT

















MFD BY GENERAL MOTORS CORP

DATE
04/08

GVWR
2011 KG
4433 LB

GVWR FRT
1083 KG
2409 LB

GVWR
918
2024

THIS VEHICLE CONFORMS TO ALL APPLICABLE U.S. FEDERAL
VEHICLE SAFETY, BUMPER, AND THEFT PREVENTION STANDARDS
IN EFFECT ON THE DATE OF MANUFACTURE SHOWN ABOVE.

1G2ZH5586642

TYPE: PASS CAR







3500 V6

SAE 5W-30









PONTIAC G6

Cook Chevrolet
ELBA, ALABAMA

GT



PONTIAC





North American Operations

General Motors Corporation
Disbursements (2613)
PO Box 62530
Phoenix, AZ 85082-2530

GM

CHECK No. [REDACTED]

50-837
213DATE
02/06/08

*****100 DOLLARS

***00 CENTS

AMOUNT
*****100.00PAY
TO THE
ORDER
OF

ALTOONA WI [REDACTED]

North American Operations
General Motors Corporation
Disbursement AccountINFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)The Chase Manhattan Bank, N.A.
Syracuse, New York

AUDIT

[REDACTED]

VENDOR
DUNS NO. 88 000000065

1

North American Operations

General Motors Corporation
Disbursements (2613)
PO Box 62530
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

VENDOR NAME [REDACTED]

PAYMENT
DATE 02/06/08REGISTER NO.
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G1ZT548X5F [REDACTED] 02/05/08 VM 1-9M8W17
71-588443968 1-9M8W17

00.0000

100.00

.00

100.00

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

M3

TOTAL

100.00

.00

100.00

January 20, 2011

[REDACTED]
[REDACTED]
Altoona, WI [REDACTED]

Service Request: 71-588443968

Customer Relationship Specialist: Roxy King

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

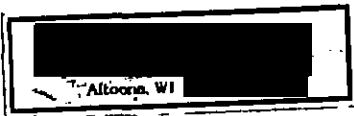
We have reviewed your request for reimbursement on the steering column kit that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$100.00.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

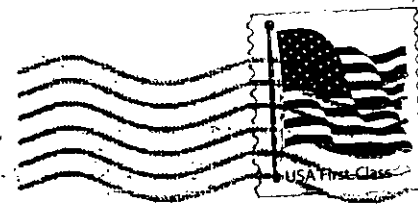
Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit www.mygmilink.com. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.



SAINT PAUL MN 550

12 JAN 2008 PM 2 L



Reimbursement Department
P.O. Box 33170
Detroit, MI 4832-5170

JAN 14 2008

4832+5170 BOBO



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: January 11, 2008

17-Digit Vehicle Identification Number (VIN): 1G1ZT548X 5F [REDACTED]

Mileage at Time of Repair: 40996 Date of Repair: August 9, 2007

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number [REDACTED]

City: Altoona State: Wisconsin ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): (same as above)

Amount of Reimbursement Requested: \$ 100

The following documentation must accompany this claim form.

Original or clear copy of all receipts, invoices, and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.
(copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:
1-800-204-0261



CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

If your claim is:

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).



Customer Number: [REDACTED]

Invoice No: 299665

INVOICE



Markquart

C H E V R O L E T

Highway 53 North, P.O. Box 1528

Eau Claire, WI 54702

Service: (715) 833-0430 Body Shop: (715) 833-0450

Wisconsin Toll Free: (800) 236-4533

PAGE 1

ALTOONA, WI

Home: [REDACTED]

Bus: [REDACTED]

Cell: [REDACTED]

Email: [REDACTED]

SERVICE ADVISOR: 42 BAIRD SWAN

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
SILVER	05	CHEVROLET MALIBU	1G1ZT548X 5F		40996 40996		
DEL. DATE	PROD. DATE	WARR. EXP	PROMISED	PG. NO.	RATE	PAYMENT	INV. DATE
02DEC04			17:00-08AUG07-			CASH	09AUG07
R.O. OPENED		READY	OPTIONS: DLR:18540 ENG:3.5_Liter_SF1				
14:20 08AUG07		15:21 09AUG07					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A CUST STATES THE POWER STEERING MESSAGE CAME ON THE RADIO & SHE LOST

P/S ASSIST

CVI GENERAL REPAIR

153 CX

1 15926870 COLUMN

PARTS:	359.00	LABOR:	209.84	OTHER:	0.00	TOTAL LINE A:	568.84
--------	--------	--------	--------	--------	------	---------------	--------

40996 STEERING COLUMN SENSOR INTERMITTANT OPEN CHECK FOR DTC'S -
 C0545 SYMPTOM 00. TORQUE SENSOR. CONNECTO TEST HARNESS TO POWER STEERING
 MODULE CHECK INPUT VOLTAGES & OUTPUT VOLTAGES ALL CORRECT BUT STEERING
 WORKING CORRECTLY TEST DRIVE & TRY TO DUPLICAT CONCERN WAS ABLE TO
 DUPLICATE ONCE & SAME DTC SET. RECHECK VOLTAGES - FOUND TORQUE SENSOR IN
 STEERING COLUMN HAS AN INTERMITTANT OPEN. REPLACE STEERING COLUMN CLEAR
 DTC & TEST DRIVE NO DTC RESET & STEERING ASSIST DIDN'T FAIL COVERED BY
 CNA #13409501, CUST PAYS \$100.00 DEDUCT, CNA PAYS \$1498.96, AUTH #3838831 BNS

B** ADDED OPERATION, TECH FOUND HEAD GASKETS LEAKING

CVI GENERAL REPAIR

153 CX

1 12594816 GASKET KIT
 1 10189205 SEALER-TH
 1 24504709 SEAL
 1 10477565 SEAL
 1 AF888 EXT A/FREEZE
 1 OIL5 5 QT OIL

PARTS:	233.65	LABOR:	790.96	OTHER:	0.00	TOTAL LINE B:	1024.61
--------	--------	--------	--------	--------	------	---------------	---------

40996 CYLINDER HEAD GASKETS LEAKING COOLANT FOUND COOLANT JUG LOW
 CHECK FOR LEAKS - FOUND BOTH CYLINDER HEAD GASKETS LEAKING COOLANT
 REPLACE BOTH CYLINDER HEAD GASKETS & ALL RELATED GASKETS & SEALS CHANGE
 OIL FILL COOLING SYSTEM & BLEED AIR TEST DRIVE & RECHECK FOR LEAKS NO
 COOLANT LEAKS NOW BNS

ON BEHALF OF SERVICING DEALER, I HEREBY
 CERTIFY THAT THE INFORMATION CONTAINED
 HEREON IS ACCURATE UNLESS OTHERWISE SHOWN
 SERVICES DESCRIBED WERE PERFORMED AT NO
 CHARGE TO OWNER THERE WAS NO INDICATION
 FROM THE APPEARANCE OF THE VEHICLE OR
 OTHERWISE THAT ANY PART REPAIRED OR
 REPLACED UNDER THIS CLAIM HAD BEEN
 CONNECTED IN ANY WAY WITH ANY ACCIDENT,
 NEGLIGENCE OR MISUSE RECORDS SUPPORTING
 THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE
 DATE OF PAYMENT NOTIFICATION AT THE
 SERVICING DEALER FOR INSPECTION BY
 MANUFACTURERS REPRESENTATIVE

Motor vehicle repair trade practices are regulated by chapter ATCP
 132, Wis. Adm. Code, administered by the Bureau of Consumer
 Protection, Wisconsin Dept. of Agriculture, Trade and Consumer
 Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect
 to the sale of this item/vehicle. The Seller hereby expressly disclaims
 all warranties either express or implied, including any implied
 warranty of merchantability or fitness for a particular purpose. Seller
 neither assumes nor authorizes any other person to assume for it any
 liability in connection with the sale of this item/vehicle.
 NOTICE: You are entitled to inspect or receive any components,
 parts, or accessories replaced or removed by the shop.

DESCRIPTION	TOTALS
LABOR AMOUNT	\$ 1000.80
PARTS AMOUNT	\$ 592.65
GAS, OIL, LUBE	\$ 0.00
SUBLET AMOUNT	\$ 0.00
MISC CHARGES	\$ 0.00
TOTAL CHARGES	\$ 1593.45
ADJUSTMENT	\$ 1498.95
SALES TAX	\$ 5.50
PLEASE PAY THIS AMOUNT	\$ 100.00

DEALER GENERAL MANAGER OR AUTHORIZED PERSON (SIGNED)

CUSTOMER SIGNATURE (DATE)

Customer Copy Page 1 of 1

MATERIALS: ALL PARTS NEW UNLESS SPECIFIED
 U - USED
 R - REBUILT
 C - RECONDITIONED
 Y - RECYCLED

LIC
PH.

ALTOONA, WI

75-150/919
0000705168

5499

DATE

8-09-07

PAY TO

THE ORDER OF

\$ 100.00

One Hundred dollars and ⁰⁰/₁₀₀AMERICAN
GOLDAMERICAN
ALLIANCE BANK
2728 MALL DRIVE • EAL CLARE, WI 54701

MEMO

08/14/07

FRE RPLS
ENT=0810 TRC=0830 PK=26

1033 17

PAY TO THE ORDER OF
USBANK
FOR DEPOSIT ONLY
MARKQUART INC
912041294

Posting Bank	00592
RTABA (Transit Number)	9190150
Account Number	
Check Number	
Amount	\$100.00
Posting Date	2007 Aug 14
Control Number	6240003367
Tran Code	800
Document Type	30
D/C	D

North American Operations

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530

GM

CHECK

No. [REDACTED]

50-937
213

DATE

01/08/08

*****679 DOLLARS

****64 CENTS

AMOUNT

*****679.64

North American Operations
General Motors Corporation
Disbursement Account

STERLING HEIGHTS

MI [REDACTED]

SIGNATURE

PAY
TO THE
ORDER
OFThe Chase Manhattan Bank, N.A.
Syracuse, New York

AUDIT

North American Operations

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT
DATE

01/08/08

VENDOR
DUNS NO.

BB 000000281

1

VENDOR NAME [REDACTED]

REGISTER NO.
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G1ZT62885F [REDACTED]

01/07/08

VM 1-9QZEJB

71-588717071.1-9QZEJB

00.0000

679.64

.00

679.64

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

H3

TOTAL

679.64

.00

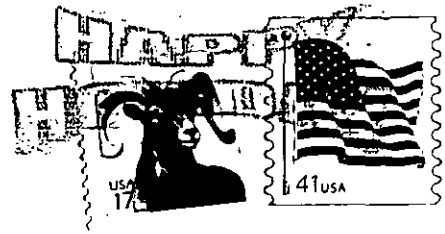
679.64



Sterling Hts. MI

ROYAL OAK MI 480

15 DEC 2007 PM 8 T



REIMBURSEMENT DEPARTMENT
P.O. Box 33170
DETROIT, MI

48232-5170

DEC 17 2007

48232+5170



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: _____

17-Digit Vehicle Identification Number (VIN): 1G1ZT62885F [REDACTED]

Mileage at Time of Repair: 61774 Date of Repair: 2/20/2007

Claimant Name (please print) [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: STERLING HTS State: MI ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code) [REDACTED]

Evening Telephone Number (include Area Code): SAME ✓

Amount of Reimbursement Requested: \$ 679.64 + 84.80 =

The following documentation must accompany this claim form. 764.44

Original or clear copy of all receipts, invoices, and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.
(copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Claimant's Signature [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:
1-800-204-0261



CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

If your claim is:

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).





December 2007

[REDACTED]
Sterling Hts, MI [REDACTED]

Dear [REDACTED]

As the owner of a 2005 model year Chevrolet Malibu, your satisfaction with our product is very important to us.

This letter is intended to make you aware that some 2005 model year Chevrolet Malibu vehicles may lose their power steering assist. This is caused by electrical input signals within the steering column assembly. If the power steering assist is lost, a chime will be heard and the DIC will display a Power Steering warning message. The Service Vehicle Soon light will also illuminate. The vehicle can still be steered in a safe manner but will require greater driver effort at low vehicle speeds or when stopped.

Do not take your vehicle to your Chevrolet dealer as a result of this letter unless you believe that your vehicle has the condition as described above.

What We Have Done: General Motors is providing owners with additional protection for the steering column assembly. If this condition occurs on your 2005 Chevrolet Malibu within 7 years of the date your vehicle was originally placed in service or 70,000 miles, whichever occurs first, the condition will be repaired for you at **no charge**. Diagnosis or repair for conditions other than the condition described above is not covered under this special coverage program.

What You Should Do: Repairs and adjustments qualifying under this special coverage must be performed by a General Motors dealer. You may want to contact your GM dealer to find out how long they will need to have your vehicle so that you may schedule the appointment at a time that is convenient for you. This will also allow your dealer to order parts if they are not already in stock. Keep this letter with your other important glove box literature for future reference.

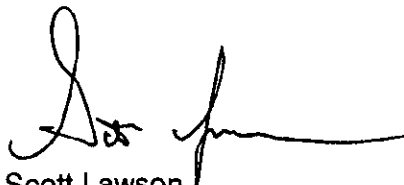
Reimbursement: The enclosed form explains what reimbursement is available and how to request reimbursement if you have paid for repairs for the special coverage condition. Your request for reimbursement, including the information and documents mentioned on the enclosed form, must be received by GM by December 31, 2008.

If you have any questions or need any assistance, just contact your dealer or the Chevrolet Customer Assistance Center between the hours of 8:00 AM and 11:00 PM, EST, Monday through Friday. They can be reached at 1.800.630.2438 (TTY 1.800.833.2438).



100 Renaissance Center, P.O. Box 100, Detroit, MI 48265-1000

We are sorry for any inconvenience you may experience; however we have taken this action in the interest of your continued satisfaction with our products.

A handwritten signature in black ink, appearing to read 'Scott Lawson', with a long horizontal flourish extending to the right.

Scott Lawson
General Director,
Customer and Relationship Services

Enclosure
07126





Chevrolet
P.O. Box 909989
Milwaukee, WI 53209-9989



07126 1G1ZT62885F [REDACTED] 13 0002986

[REDACTED]
STERLING HTS, MI [REDACTED]





buff whelan chevrolet inc.

van dyke south of 18 mile
sterling heights, mich. 48313
phone (586) 439-7300
www.buffwhelanchev.com

where the deals make the difference



- ON SIGHT RENTALS AVAILABLE -
DEALER REGISTRATION NO. F-102040

FREE DROP-OFF SHUTTLE
SERVICE AVAILABLE

CUSTOMER NO. 80659	ADVISOR JASON P CRAGER	TAG NO. 400	INVOICE DATE 02/21/07	INVOICE NO. CVCS443041
STERLING HGTS, MI	LABOR RATE	LICENSE NO.	MILEAGE 61,774	COLOR LT DRIFTWD
	YEAR / MAKE / MODEL 05/CHEVROLET/MALIBU MAXX/MALIBU MAXX			STOCK NO. 60508
	DELIVERY DATE 09/23/05			DELIVERY MILES 63
	VEHICLE I.D. NO. 1G1ZT62885F			SELLING DEALER NO.
	F.T.E. NO.	P.O. NO.	R. DATE 02/20/07	PRODUCTION DATE
COMMENTS				

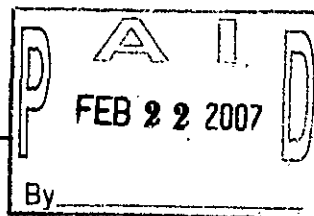
TOTALS

TAX I.D. NUMBER B381910103
* INDICATES GOODWRENCH SERVICE PLUS LIFETIME GUARANTEE PART.
DOES NOT APPLY TO 3/36 WARRANTY. ASK CONSULTANT FOR DETAILS.

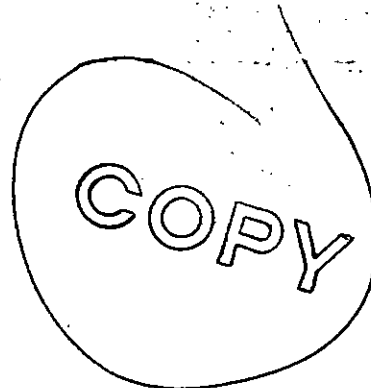
TOTAL LABOR....	267.30
TOTAL PARTS....	359.00
TOTAL SUBLET...	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	30.00
TOTAL MISC DISC	0.00
TOTAL TAX.....	23.34

TOTAL INVOICE \$ 679.64

* CASH () CHECK (*P*) CK. NO. (*1047*) *
* CHARGE: VISA () MASTERCARD () DISC () *



CUSTOMER SIGNATURE



offers:

- ASE Certified Technicians
- Courtesy Alternate Transportation
- Lifetime Service Guarantee
- Competitive Up-Front Pricing



SERVICE & PARTS HOURS:

TUES-WED & FRI - 7:00 AM - 5:30 PM
MON & THUR - 7:00 AM - 8:30 PM

POWER OF ATTORNEY - KNOW ALL MEN THESE PRESENTS.
That the undersigned does hereby constitute and appoint BUFF
WHELAN CHEVROLET, INC. my (our) true and lawful attorney
to sign name, place and state of the undersigned on any Insurance
Checks or Drafts issued by Insurance Company covering any
repairs to my (our) automobile authorized by myself (ourselves)
in whatever manner is necessary to place check or draft in a
cashable position.

I (we) hereby ratify and confirm whatever action said attorney
shall or may take by virtue hereof in the premises.

THE ABOVE WORK HEREBY AUTHORIZED AND CONDITIONS
AGREED TO AS OUTLINED ABOVE:

Signed _____

SHOP SUPPLIES: 15% OF THE TOTAL LABOR
WITH A MAXIMUM OF \$25.00 IS INCLUDED FOR
SUPPLIES USED ON YOUR VEHICLE. APPLICABLE
SUPPLY ITEMS ARE NUTS, BOLTS, WASHERS,
TAPE, PINS, AEROSPRAY, SHELLAC, SOLVENT,
RAGS, CARBURETOR CLEANER, TOWELS,
SOLDER, BATTERY CLEANER, WIRE, WINDOW
CLEANERS.

RECYCLE FEE: A charge of 3% of labor with a
maximum of \$3.00 is included for recycling to protect
our environment (when applicable).

THE FLAT RATE HOURS ARE BASED ON A TIME
STUDY GUIDE, AND MAY NOT REFLECT THE
ACTUAL HOURS WORKED.

All repairs and parts listed were furnished in compliance with the
Michigan Motor Vehicle Service and Repair Act.

REPAIRS PROPERLY COMPLETED AND CHECKED BY:

X _____



buff whelan chevrolet inc.

van dyke south of 18 mile
sterling heights, mich. 48313
phone (586) 939-7300
www.buffwhelanchev.com

where the deals make the difference



- ON SIGHT RENTALS AVAILABLE -
DEALER REGISTRATION NO. F-102040

FREE DROP-OFF SHUTTLE
SERVICE AVAILABLE

CUSTOMER NO. 80659	ADVISOR JASON P CRAGER	400	TAG NO. [REDACTED]	INVOICE DATE 02/21/07	INVOICE NO. CVCS443041
[REDACTED]	LABOR RATE	LICENSE NO.	MILEAGE 61,774	COLOR LT DRIFTWD	STOCK NO. 60508
STERLING HGTS, MI	YEAR / MAKE / MODEL 05/CHEVROLET/MALIBU MAXX/MALIBU MAXX	DELIVERY DATE 09/23/05	DELIVERY MILES 63	VEHICLE I.D. NO. 1G1ZT62885F	SELLING DEALER NO.
[REDACTED]	F.T.E. NO.	P.O. NO.	R.D. DATE 02/20/07	PRODUCTION DATE	COMMENTS

LABOR

J# 1 08CVZ *STEERING/SUSPENSION HOURS: 2.70 TECH(S): 7386 267.30
INSPECT FOR P/S INOP AND STATES ON RADIO P/S INOP
HAPPENED AT TIMES PRIOR NOW NOT CLEARING UP
REPLACED STEERING COLUMN FOR CODE IN MOTOR-CODE COMES BACK
NEED MOTOR-WORKING TO SPEC.

J# 2 20CVZ COURTESY RENTAL HOURS: TECH(S): 356 0.00
COURTESY CARS ARE REQUIRED TO BE RETURNED SAME DAY VEHICLE
IS COMPLETED TO AVOID A CHARGE TO OUR CUSTOMERS. THANK YOU.

J# 3 01CVZGMINSPECT, MULTI-POINT INSPECT HOURS: TECH(S): 7386 0.00
GM GOODWRENCH MULTI-POINT VEHICLE INSPECTION
POSS 60K
INSPECTION COMPLETED

TOTAL - LABOR 267.30

PARTS-----QTY-----FP-NUMBER-----DESCRIPTION-----UNIT PRICE-----
JOB # 1 1 15926870 COLUMN 6.518 359.00
TOTAL - PARTS 359.00

MISC-----CODE-----DESCRIPTION-----CONTROL NO-----
JOB # A 90 SHOP SUPPLIES 30.00
TOTAL - MISC 30.00

ESTIMATE-----
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF \$60.00 (+TAX)
APPROVED REVISED ESTIMATE (# 1) OF \$685.00 (+TAX) ON 02/21/07 AT 05:18pm
BY DAVID F ANDRZEJEWSKI COMMENTS

TECHNICIAN CERTIFICATION-----
7386 MICHAEL A SAFRON JR. M192079
356 RICHARD J KARR M171302



offers:

- ASE Certified Technicians
- Courtesy Alternate Transportation
- Lifetime Service Guarantee
- Competitive Up-Front Pricing



SERVICE & PARTS HOURS:

TUES-WED & FRI - 7:00 AM - 5:30 PM
MON & THUR - 7:00 AM - 8:30 PM

POWER OF ATTORNEY - KNOW ALL MEN THESE PRESENTS.
That the undersigned does hereby constitute and appoint BUFF
WHELAN CHEVROLET, INC. my (our) true and lawful attorney
to sign name, place and seal of the undersigned on any Insurance
Checks or Drafts issued by Insurance Company covering any
repairs to my (our) automobile authorized by myself (ourselves)
in whatever manner is necessary to place check or draft in a
cashable position.

I (we) hereby ratify and confirm whatever action said attorney
shall or may take by virtue hereof in the premises.

THE ABOVE WORK HEREBY AUTHORIZED AND CONDITIONS
ADDED TO AS OUTLINED ABOVE:

Signed _____

SHOP SUPPLIES: 15% OF THE TOTAL LABOR
WITH A MAXIMUM OF \$25.00 IS INCLUDED FOR
SUPPLIES USED ON YOUR VEHICLE. APPLICABLE
SUPPLY ITEMS ARE NUTS, BOLTS, WASHERS,
TAPE, PINS, AEROSPRAY, SHELLAC, SOLVENT,
RAGS, CARBURETOR CLEANER, TOWELS,
SOLDER, BATTERY CLEANER, WIRE, WINDOW
CLEANERS.

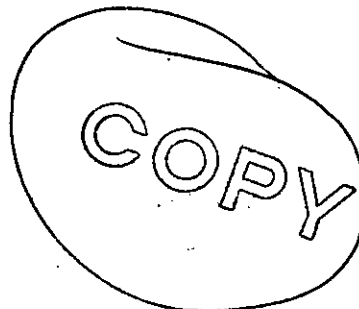
RECYCLE FEE: A charge of 3% of labor with a
maximum of \$3.00 is included for recycling to protect
our environment (when applicable).

THE FLAT RATE HOURS ARE BASED ON A TIME
STUDY GUIDE, AND MAY NOT REFLECT THE
ACTUAL HOURS WORKED.

All repairs and parts listed were furnished in compliance with the
Michigan Motor Vehicle Service and Repair Act.

REPAIRS PROPERLY COMPLETED AND CHECKED BY:

X _____



Control Number 3057		Rental Date 02/20/07	Time Out 2:30:54 PM	Vehicle Number 71510D		VIN Number 2G1WT56K279
Renter Name (Last) [REDACTED]		(First) [REDACTED]		Year 2007	Make Chevrolet	Model Impala
Home address [REDACTED]				Color Black		
City STERLING HEIGHTS		State MI	Zip [REDACTED]	ODOMETER 184	OUT 366	IN 182
Driver's License No. [REDACTED]		State MI	Expires 3/9/2007	Fuel 0 to 8 units	Out 8	In 8
Home Telephone No. [REDACTED]		Work No. [REDACTED]	Ext. 3/9/2007	DATE DUE 02/21/07		DATE IN 02/22/07
Date of Birth [REDACTED]		Social Security Number [REDACTED]		TIME IN 8:03:12 AM		DAYS RENTED 2
Employer's Name [REDACTED]		Address [REDACTED]		Daily Rate \$40.00		Days 2
City [REDACTED]		State [REDACTED]	Zip [REDACTED]	Internal Days 0		\$80.00
Insurance Company GRANGE		Address [REDACTED]		Excess Miles 0		\$0.00
City [REDACTED]		State [REDACTED]	Zip [REDACTED]	x Mileage Charge 0.25		\$0.00
Insurance Phone Number [REDACTED]		Agent [REDACTED]		Fuel Charge in 1/8 gallons 0		\$0.00
Renter's Insurance Policy Number [REDACTED]		Claim Number [REDACTED]		Warr/Internal Sales Tax 0.06		0.00
Renter's Repair Order Number 443041		Service Advisor 400		Other Charges		
Rental will be paid by: CUSTOMER PAY-\$40.00 PER DAY				Customer Sales Tax 0.06		\$4.80
Credit Card Number [REDACTED]		Type [REDACTED]	Expires [REDACTED]	Total Charge		\$84.80
				Less Deposit		
				Internal Charges		
				Days		\$0.00
				Days		\$0.00
				Other		\$0.00
				Bill To: Rate		\$0.00
				Customer Pay		\$84.80

Buff Whelan Rental Invoice

ANDRZEJEWSKI

NOTICE: DEALER'S LIABILITY UNDER MICHIGAN LAW IS LIMITED TO \$20,000 BECAUSE OF BODILY INJURY TO OR DEATH OF ONE PERSON IN ANY ONE ACCIDENT AND \$40,000 BECAUSE OF BODILY INJURY TO OR DEATH OF TWO OR MORE PERSONS IN ANY ONE ACCIDENT. WHILE MOTOR VEHICLE IS BEING OPERATED BY YOU OR OTHER AUTHORIZED DRIVERS, OR BY RENTERS SPOUSE, FATHER, MOTHER, BROTHER, SISTER, SON, DAUGHTER OR OTHER IMMEDIATE FAMILY MEMBER, RENTER SHALL BE LIABLE TO DEALER FOR DEALER'S LIABILITY AND RENTER MAY BE LIABLE TO AN INJURED PERSON FOR AMOUNTS AWARDED IN EXCESS OF THE DEALER'S LIABILITY OF \$20,000/\$40,000.

Renter Shall Pay on Demand:

- (A) ALL TIME AND MILEAGE CHARGES COMPUTED ON THIS AGREEMENT WITH MILEAGE DETERMINED BY READING THE VEHICLE ODOMETER. YOU SHALL NOT DETACH THE ODOMETER AND SHALL PAY FOR ITS REPAIR OR REPLACEMENT IF ANY SEAL HAS BEEN BROKEN, ALONG WITH A MILEAGE CHARGE EQUIVALENT TO THE AVERAGE CHARGE DEVELOPED FROM DEALER'S EXPERIENCE.
- (B) REFUELING CHARGE IF VEHICLE IS RETURNED WITH LESS THAN FULL TANK. THE RATE DOES NOT INCLUDE FUEL.
- (C) ALL SALES, USE, EXCISE OR OTHER TAXES REQUIRED HEREOF, BY DEALER AS REIMBURSEMENT FOR TAXES PAID. YOU ARE NOT RESPONSIBLE FOR FUEL, WEIGHT AND ROAD USE PERMITS.
- (D) ALL FINES, PENALTIES, FORFEITURES, COURT COSTS AND OUT-OF-POCKET EXPENSES INCLUDING PARKING, TRAFFIC OR OTHER VIOLATIONS ASSESSED AGAINST DEALER, THE VEHICLE, OR YOU WHILE THE VEHICLE IS IN YOUR POSSESSION.
- (E) DEALERS' COSTS AND EXPENSES INCLUDING REASONABLE ATTORNEY'S FEES (UNLESS PROHIBITED BY LAW), INCURRED IN COLLECTING ANY PAYMENTS DUE HEREUNDER OR IN REPOSSESSING THE VEHICLE.
- (F) DEALER'S COSTS AND EXPENSES RESULTING FROM LOSS OR DAMAGE TO THE VEHICLE WHILE ON RENTAL WHETHER OR NOT DUE TO RENTER'S FAULT.
- IT IS FURTHER EXPRESSLY AGREED BY AND BETWEEN THE PARTIES HERETO THAT THE FOREGOING (BOTH SIDES) CONSTITUTES THE SOLE AGREEMENT BETWEEN THE PARTIES COVERING THE RENTAL OF THE SUBJECT VEHICLE BY DEALER TO YOU AND CANNOT BE WAIVED OR MODIFIED EXCEPT IN WRITING SIGNED BY BOTH PARTIES.

"RENTER":

"DEALER":

Buff Whelan Chevrolet

ADDRESS:

40445 Van Dyke
Sterling Heights, MI 48313

(SIGN)

(PRINT NAME)

(AGENT)

Caution: Renter is responsible for all damage to the vehicle regardless of fault and for all injuries to third parties. Renter is advised to contact his/her insurance agent to be sure he/she has insurance coverage.

(Rev June 2006)

COPY

January 20, 2011

[REDACTED]
Sterling Heights, MI [REDACTED]

Service Request: 71-588717071
Customer Relationship Specialist: Jason Matthews

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu MAXX. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the steering column that you had repaired. Although we regret that we are unable to reimburse you the full amount you requested, we will reimburse you for the amount that pertains to the special coverage. We have enclosed a check in the amount of \$679.64.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit www.mygmilink.com. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

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

January 20, 2011

PCS Gophers LTD

ATTN: [REDACTED]

Grand Rapids, MI [REDACTED]

Service Request: 71-588725363

Customer Relationship Specialist: Sam Curtis

Dear [REDACTED]:

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu MAXX. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the power steering that you had repaired. We regret that we are unable to reimburse you the amount you requested because the documentation provided did not substantiate your request.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have any future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

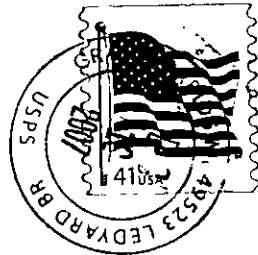
Sincerely,

Chevrolet Customer Assistance Center

PROFESSIONAL COURIER
SERVICES

124 Lyon St. N.W.

Grand Rapids, MI 49503



Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

DEC 17 2007

48232+5170 B050



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12/13/07

17-Digit Vehicle Identification Number (VIN): 1G1ZT628X5F [REDACTED]

Mileage at Time of Repair: 104,412 Date of Repair: 11/15/07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: GRAND RAPIDS State: MI ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): 616-

Amount of Reimbursement Requested: \$ 880.95

The following documentation must accompany this claim form.

Original or clear copy of all receipts, invoices, and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.
(copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:
1-800-204-0261



CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

If your claim is:

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).



Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

December 13, 2007

Customer Reimbursement Claim Form Information Requested

Repairs paid by P.C.S. Gohpers, Ltd.
124 Lyon NW
Grand Rapids, MI 49503

Vehicle VIN 1G1ZT628X5F [REDACTED]

PROBLEM:

Power steering went completely out on the vehicle. We allowed the vehicle to set for a while and the power steering came back on. Approximately 1 ½ weeks later the same problem occurred. The vehicle was brought to our regular garage Quality Auto Service Center to correct the problem. We were told this was an electrical problem in the steering column and the least expensive way to repair it was by replacing the steering column. This work was started on 11/15/07 and done by Quality Auto Service. See attached work order/invoice for repairs made.

Total Cost: \$880.95

Payment for Repair: See attached copy of cancelled check #57048.

91136

TERMS

CASH ☐

CHECK ☐

VISA ☐

AMERICAN EXPRESS ☐

MASTER CHARGE ☐

OTHERS ☐

VEHICLE IDENTIFICATION NO.	YEAR	MAKE/MODEL	REG. NO.	COLOR	DATE
	2005	CHEVY MALIBU	104,412	GRAY	11-15-07

REGISTRATION NO F-116773

QUALITY AUTO SERVICE CENTER

"COMPLETE MECHANICAL & BODY SHOP SERVICE"

518 Monroe, N.W. Phone: (816) 459-4381

GRAND RAPIDS, MICHIGAN 49503

Name: PLS -

Address:

City/State: GR. MI Zip:

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS MADE

I hereby authorize repair work herein set forth to be done along with the necessary materials and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or other cause beyond your control or for any delays caused by unavailability of parts or delay in parts shipment by supplier or transporter. I hereby grant you and your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express garage keeper's lien is hereby acknowledged on the vehicle to secure payment of the charges herein stated.

COST

QTY	PART NO. OR DESCRIPTION	EST. AMOUNT	SALE
	Column F. Steer	495.61	499.61
	Electric	6.00	6.00
	Michelin		

REPAIR ORDER - LABOR INSTRUCTIONS

MECH. NAME & NO.	TIME	REPAIR ORDER - LABOR INSTRUCTIONS	ESTIMATED AMOUNT	LABOR AMOUNT
RALPH SIEGEL				
M-107327		NO POWER STEERING		
		(P.D. Asmos - Steering Problem intermittent)	140.00	140.00

PAID

EX. NO. 57048

DATE 11/29/07

ALL PARTS ARE NEW UNLESS SPECIFIED OTHERWISE

TOTAL PARTS & ACCESS

205.61

TOTAL SUBLET REPAIRS

205.00

TOTAL GAS, OIL & GREASE

130.34

TOTAL

880.95

YOU ARE ENTITLED BY LAW TO THE RETURN OF ALL PARTS REPLACED, EXCEPT THOSE WHICH ARE TOO HEAVY OR LARGE, AND THOSE REQUIRED TO BE SENT BACK TO THE MANUFACTURER OR DISTRIBUTOR BECAUSE OF WARRANTY WORK OR AN EXCHANGE AGREEMENT. YOU ARE ENTITLED TO INSPECT THE PARTS WHICH CANNOT BE RETURNED TO YOU.

**P.C.S. GOPHERS LTD.
PROFESSIONAL COURIER SERVICES**

124 LYON NW
GRAND RAPIDS, MI 49503

HUNTINGTON
WWW.HUNTINGTON.COM

57048

74-347-724

11/29/2007

PAY TO THE
ORDER OF Quality Auto

\$^{***}1,176.55

One Thousand One Hundred Seventy-Six and 55/100*****

DOLLARS

Quality Auto
516 Monroe NW
Grand Rapids, MI 49503

MEMO

01601 91136, 91167

Security Features Included:
Dollars on back.

FOR DEPOSIT ONLY
QUALITY AUTO
0160139942

HUNTINGTON
2 EASTON QUAY
KORC

COPY

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

January 20, 2011

[REDACTED]
O Fallon, MO [REDACTED]

Service Request: 71-588800974
Customer Relationship Specialist: Aris Wyler

Dear [REDACTED]:

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Pontiac G6. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Pontiac, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the power steering column that you had repaired. Although we regret that we are unable to reimburse you the full amount you requested, we will reimburse you for the amount that pertains to the recall/special coverage. We have enclosed a check in the amount of \$627.98.

At Pontiac, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Pontiac Customer Assistance Center at 1-800-762-2737 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Pontiac Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit www.mygmlink.com. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

North American Operations

General Motors Corporation
Disbursements (2613)
PO Box 62530
Phoenix, AZ 85082-2530

GM

CHECK

No. [REDACTED]

50-937
213

DATE

01/17/08

*****627 DOLLARS

****98 CENTS

AMOUNT

*****627.98

PAY
TO THE
ORDER
OF

O FALLON MO [REDACTED]

North American Operations
General Motors Corporation
Disbursement Account

SIGNATURE

The Chase Manhattan Bank, N.A.
Syracuse, New York

AUDIT

North American Operations

General Motors Corporation
Disbursements (2613)
PO Box 62530
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

VENDOR
DUNS NO. BB 000000001

1

CHECK NO. [REDACTED]

VENDOR NAME [REDACTED]

PAYMENT
DATE

01/17/08

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
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1622G528754 [REDACTED]	01/16/08 71-588800	VM 1-9SYXGR 974.1-9SYXGR	00.0000	627.98	.00	627.98
------------------------	-----------------------	-----------------------------	---------	--------	-----	--------

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

H3

TOTAL

627.98

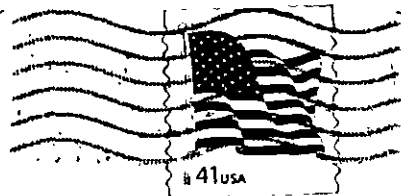
.00

627.98

O'Fallon, Mo.

SAINT LOUIS MO 631

13 DEC 07 PM 07 L



DEC 17 2007

Reimbursement Department
P.O. Box 33170
Detroit, Mi.

48232-5170

48232+5170



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12-12-0717-Digit Vehicle Identification Number (VIN): 1G2ZG528754Mileage at Time of Repair: 54509 Date of Repair: 8-14-07Claimant Name (please print): [REDACTED]Street Address or PO Box Number: [REDACTED]City: O'Fallon State: MO ZIP Code: [REDACTED]Daytime Telephone Number (include Area Code): [REDACTED]Evening Telephone Number (include Area Code): [REDACTED]Amount of Reimbursement Requested: \$ 639.98

The following documentation must accompany this claim form.

Original or clear copy of all receipts, invoices, and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.
(copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Claimant's Signature [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:
 1-800-204-0261



CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

If your claim is:

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Pontiac Customer Assistance Center at 1.800.620.7668 (TTY 1.800.833.7668).



North American Operations

General Motors Corporation
Disbursements (2613)
PO Box 62530
Phoenix, AZ 85082-2530

GM

CHECK

No. [REDACTED]

50-837
213DATE
01/07/08

*****677 DOLLARS

****98 CENTS

AMOUNT
*****677.98PAY
TO THE
ORDER
OF

NORTH NEWTON KS [REDACTED]

North American Operations
General Motors Corporation
Disbursement AccountSIGNATURE
The Chase Manhattan Bank, N.A.
Syracuse, New York

AUDIT

VENDOR
DUNS NO. BB 000000080

1

VENDOR NAME [REDACTED]

North American Operations

General Motors Corporation
Disbursements (2613)
PO Box 62530
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT
DATE

01/07/08

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
1612T52855F [REDACTED]	01/04/08 71-588821	VH 1-9QM0LP 721.1-9QM0LP	00.0000	677.98	.00	677.98
TOTAL				677.98	.00	677.98

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

H3

CERTIFIED MAIL™

North Newton, KS



7007 0710 0001 3396 0013



0000



48232

U.S. POSTAGE
PAID
NEWTON, KS
67114
DEC 14, 07
AMOUNT

\$5.21

00026879-08

Reimbursement Department
P.O. Box 33170

DEC 17 2007

Detroit, MI
48232-5170

48232+3170-70 8030



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12/14/07

17-Digit Vehicle Identification Number (VIN): 1G1ZT52855F [REDACTED]

Mileage at Time of Repair: 50623 Date of Repair: 9-08-07 to 9-10-07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: North Newton State: KS ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ Computer Diagnosis 97.59 + Repair 5.80 = 103.39 39/100 = 677.98 \$ total pd

The following documentation must accompany this claim form.

Original or clear copy of all receipts, invoices, and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.

(copy of front and back of cancelled check, or copy of credit card receipt)

Original copy of Check included.

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Claimant's Signature: [REDACTED] 12/14/07

Please mail this claim form and the required documents to:

Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number.
1-800-204-0261



CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

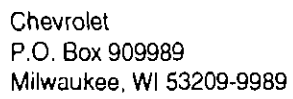
Your claim will be acted upon within 60 days of receipt.

If your claim is:

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).





NORTH NEWTON, KS

Conklin Cars

NEWTON
1500 E. 3rd, NEWTON, KS 67114
800-279-0123 (316) 283-1220

HUTCHINSON
1400 E. 11th
P.O. Box 628
HUTCHINSON, KS 67504-9971
800-279-5678
(620) 662-4467

SALINA
2700 S. 9th
SALINA, KS 67401
888-283-2803
(785) 825-8271

www.conklincars.com

UNIT# MB00

115292

319973

INVOICE

PAGE 1

NORTH NEWTON, KS
HOME: [REDACTED]

BUS: [REDACTED]

SERVICE ADVISOR: 357 ANGELA R CROXTON

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
SILVER	05	CHEVROLET MALIBU	1G1ET52855F [REDACTED]		50746/50746	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO.	RATE	PAYMENT
01JAN05 DD			08OCT07			CHK
R.O. OPENED	READY	OPTIONS	ENG: 3.5 Liter SPI			

10:14 08OCT07 17:31 10OCT07

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A	POWER STEERING INOP	INTERMITTANT	-	HIST			
	408	STEERING					
		364	CSGR			85.00	85.00
	1	15926870	COLUMN		359.00	359.00	359.00
	408	STEERING					
		368	CSGR			85.00	85.00
PARTS:	359.00	LABOR:	170.00	OTHER:	0.00	TOTAL LINE A:	529.00

51000 STEERING WHEEL POSITION SENSOR FAILED, REPLACED STEERING
COLUMN TEST DROVE OK

CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER 11.90
TECH BC PC THANK YOU FOR VISITING CONKLIN CARS OF NEWTON

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES
LEFT IN VEHICLE IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE
BEYOND OUR CONTROL. WE GUARANTEE OUR PARTS & REPAIRS FOR
12 MONTHS OR 12,000 MILES, WHICHEVER COMES FIRST.

BILLING INQUIRIES TO:
CONKLIN CARS
P.O. Box 628
Hutchinson, Kansas 67504-9971
(620) 662-4467

THANK YOU

DISCLAIMER OF WARRANTIES

"All expressed warranties, if
any, by a manufacturer or
supplier other than the dealer
are theirs, not dealers, unless
otherwise provided in writing
and furnished to buyer by
dealer."

DESCRIPTION	TOTALS
LABOR AMOUNT	170.00
PARTS AMOUNT	359.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC CHARGES	11.90
TOTAL CHARGES	540.90
LESS INSURANCE	0.00
SALES TAX	39.49
PLEASE PAY THIS AMOUNT	580.39

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON

(DATE) CUSTOMER SIGNATURE

Conklin Cars

NEWTON

1500 E. 3rd, NEWTON, KS 67114
800-279-0123 (316) 283-1220

HUTCHINSON

1400 E. 11th
P.O. Box 628
HUTCHINSON, KS 67504-9971
800-279-5678
(620) 662-4467

SALINA

2700 S. 9th
SALINA, KS 67401
888-283-2803
(785) 825-8271

www.conklincars.com

115292

319868

UNIT# MB00

INVOICE

NORTH NEWTON, KS

HOME: [REDACTED] BUS: [REDACTED]

PAGE 1

SERVICE ADVISOR: 357 ANGELA R CROXTON

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
SILVER	05	CHEVROLET MALIBU	1G1ZT52855F [REDACTED]		50623/50623	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO. NO.	RATE	PAYMENT
01JAN05 DD			WAIT 04OCT07			CHK
R.O. OPENED	READY	OPTIONS	ENG: 3.5 Liter SFI			

13:25 04OCT07 15:44 04OCT07

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL
A POWER STEERING INOP INTERMITTANT --- POWER STEERING LIGHT COMES ON
DASH
CAUSE: DTC SET FOR STEERING POSITION AND TORQUE SENSORS. NEED TO TEAR
INTO DASH FOR FURTHER DIAGNOSIS. (1.0)
408 STEERING

PARTS:	0.00	LABOR:	85.00	OTHER:	0.00	TOTAL LINE A:	85.00
--------	------	--------	-------	--------	------	---------------	-------

50623 DTC SET FOR STEERING POSITION AND TORQUE SENSORS. NEED TO
TEAR INTO DASH FOR FURTHER DIAGNOSIS. (1.0)

B GAS CAP DOES NOT STAY ON TIGHT
200 FUEL, COOLING, EXHAUST
364 CSGR
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER 5.95
THANK YOU FOR VISITING CONKLIN CARS OF NEWTON

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES
LEFT IN VEHICLE IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE
BEYOND OUR CONTROL. WE GUARANTEE OUR PARTS & REPAIRS FOR
12 MONTHS OR 12,000 MILES, WHICHEVER COMES FIRST.

BILLING INQUIRIES TO:
CONKLIN CARS
P.O. Box 628
Hutchinson, Kansas 67504-9971
(620) 662-4467

THANK YOU

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON

DISCLAIMER OF WARRANTIES

"All expressed warranties, if
any, by a manufacturer or
supplier other than the dealer
are theirs, not dealers, unless
otherwise provided in writing
and furnished to buyer by
dealer."

(DATE) CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	85.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	5.95
TOTAL CHARGES	90.95
LESS INSURANCE	0.00
SALES TAX	6.64
PLEASE PAY THIS AMOUNT	97.59

✓ Track Your Expenses...

- | | | |
|--|--|---|
| <input type="checkbox"/> Mortgage / Rent | <input type="checkbox"/> Transportation | <input type="checkbox"/> Entertainment & Travel |
| <input type="checkbox"/> Gas / Electric | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Medical / Dental |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Taxes | <input type="checkbox"/> Dependent Care |
| <input type="checkbox"/> Food | <input type="checkbox"/> Insurance (Life, Home, Auto) | <input type="checkbox"/> Savings & Investment |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Home Improvement (Maintenance, Repairs) | <input type="checkbox"/> Other |

DO NOT USE
FOR REORDERING 2009

TAX DEDUCTIBLE ITEM ☐

9/16/07

Couklin
Five Hundred Eighty and 39/100

Here's How:

- Carry balance forward
- Check type of expense
- Add details on memo line
- Retain duplicates in Deluxe Check box

THIS PAYMENT	580. ³⁹ / ₁₀₀
BALANCE	
OTHER	
BAL. FWD	1,255

Memo



NOT NEGOTIABLE

January 20, 2011

[REDACTED]
[REDACTED]
North Newton, KS [REDACTED]

Service Request: 71-588821721
Customer Relationship Specialist: Lance Evans

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the steering column that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$677.98.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit www.mygmlink.com. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

Palifil, MO

DEC 17 2007

Reimbursement Department
P.O. BOX 33170
Detroit, MI 48232-5170

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

4823235170 B050



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: December 12, 2007

17-Digit Vehicle Identification Number (VIN): 1G2ZH528554

Mileage at Time of Repair: 43189 Date of Repair: August 17, 2007

Claimant Name (please print):

Street Address or PO Box Number:

City: PALM BEACH

State: MD

ZIP Code:

Daytime Telephone Number (include Area Code):

Evening Telephone Number (include Area Code):

Amount of Reimbursement Requested: \$ 100.00 (amt. of deductible)

The following documentation must accompany this claim form.

Original or clear copy of all receipts, invoices, and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.
(copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Claimant's Signature:

Please mail this claim form and the required documents to:

Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:
1-800-204-0261



CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

If your claim is:

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Pontiac Customer Assistance Center at 1.800.620.7668 (TTY 1.800.833.7668).





Moore Cadillac/Pontiac

15950 Manchester Road Ellisville, MO 63011

(636) 394-0300

www.mooreautogroup.com



*I want to thank you for allowing
us to service your vehicle.*

Ron Moore

*Award Winning
Service*



IMPORTANT NOTICE

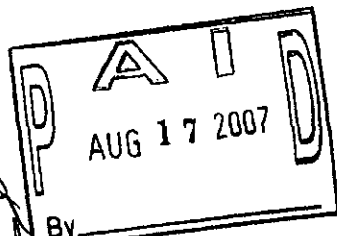
The rating scale which scores our
performance is a very stringent one:

COMPLETELY SATISFIED = 100% PASS

VERY SATISFIED = 60% FAIL

SATISFIED = 30%

NOT SATISFIED = 0%



VIN: 1G2ZH528554

TAG: [REDACTED]

413087

CUSTOMER DETAIL INFORMATION																											
CUST #	DELIVERY DATE	LICENSE	WRITTEN BY	YEAR	MAKE AND MODEL																						
	23DEC04		4231 TOM MCKINNON	05	PONTIAC G6																						
DATE	MILEAGE IN/OUT	COLOR	PROMISED DATE AND TIME	PAYMENT TYPE																							
17AUG07	43189/43189		18AUG07 15:00	CASH																							
NAME	HOME PHONE		BUSINESS PHONE		CELL PHONE																						
ADDRESS		EMAIL ADDRESS																									
CITY/STATE/ZIP	ADDITIONAL INFORMATION																										
PACIFIC, MO	DLR: NONE ENG: 3.5 Liter SFI-1) GMPP MAJOR GUARD 36 MONTHS/36000 MILES 2) EXPIRES 1/16/2010 OR 84765 MILES 3) \$100 DEDUCTIBLE																										
JOB	LOCATION CODE		LABOR INSTRUCTIONS																								
A			TOW CAR TO SHOP-ROADSIDE-OWNER REPORTS NO P/STRG. ASSIST CAUSE: INTERMITTANT OPERATION E7631 MOTOR AND CONTROLLER ASSEMBLY, ELECTRONIC POWER STEERING - REPLACE 115 CPPP 1.30 hrs. 1 25805894 MOTOR FC: 6D PART#: 25805894 COUNT: 1 CLAIM TYPE: 0 AUTH CODE: OJ LABOR: 0.00 PARTS: 0.00 OTHER: 0.00 TOTAL LINE A: \$ 0.00 43189 C0545 -00 INTERMITTENT LACK OF ASST. RUN MODLE SET UP PER SI AND CHECK CIGUITS MOTOR BAD REPLACE P/S ELEC PUMP/MODULE ASSB. CLEAR CODES SET UP NEW MODULE DRIVE																								
B			OWNER REPORTS NOISE WHILE DRIVING [SOUNDS LIKE TRAIN ON RAILROAD TRACKS] [ADVISE-GMPP/PPP] RWLA REPAIRED WITH LINE A 115 CR4P 0.00 hrs. LABOR: 0.00 PARTS: 0.00 OTHER: 0.00 TOTAL LINE B: \$ 0.00 43189 RELATED TO LINE A																								
C			3K PREMIUM OIL AND FILTER SERVICE, INCLUDES KREX OIL SYSTEM PROTECTION-SEE YOUR ADVISOR FOR DETAILS 3KK 3K PREMIUM OIL AND FILTER SERVICE, INCLUDES KREX OIL SYSTEM PROTECTION-SEE YOUR ADVISOR FOR DETAILS 115 CR4P 0.50 hrs. 1 25010792 FILTER 1 KREX LUBE 5 NPNO OIL <div style="float: right; text-align: right;"> 8.28 6.00 6.00 7.00 7.00 7.00 2.45 1.80 9.00 </div>																								
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block; font-size: 2em; font-weight: bold;">COPY</div>																											
STATEMENT OF DISCLAIMER																											
<p>The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.</p>																											
CUSTOMER SIGNATURE			<table border="1"> <thead> <tr> <th>DESCRIPTION</th> <th>LABOR AMOUNT</th> <th>PARTS AMOUNT</th> <th>GAS, OIL, LUBE</th> <th>SUBLET AMOUNT</th> <th>MISC. CHARGES</th> <th>TOTAL CHARGES</th> <th>LESS COUPONS/DISC.</th> <th>SALES TAX</th> <th>PLEASE PAY THIS AMOUNT</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					DESCRIPTION	LABOR AMOUNT	PARTS AMOUNT	GAS, OIL, LUBE	SUBLET AMOUNT	MISC. CHARGES	TOTAL CHARGES	LESS COUPONS/DISC.	SALES TAX	PLEASE PAY THIS AMOUNT										
DESCRIPTION	LABOR AMOUNT	PARTS AMOUNT	GAS, OIL, LUBE	SUBLET AMOUNT	MISC. CHARGES	TOTAL CHARGES	LESS COUPONS/DISC.	SALES TAX	PLEASE PAY THIS AMOUNT																		



Moore Cadillac/Pontiac

15950 Manchester Road Ellisville, MO 63011
(636) 394-0300

www.mooreautogroup.com

Goodwrench Service Plus

*I want to thank you for allowing
us to service your vehicle.*

Ron Moore



*Award Winning
Service*



**Cooling System Service
\$10.00 Off**

- Pressure Test System
- Add Chemical Cleaner
- Flush and Drain Coolant
- Refill Coolant - Up To 2 Gallons
- Inspect Belts and Water Pump
- Add Coolant Conditioner

Must present coupon when order is written.
Not valid with any other offer
Valid only at Moore Cadillac/Pontiac

VIN: 1G2ZH528554

TAG: [REDACTED]

413687

CUSTOMER DETAIL INFORMATION

CUST #	DELIVERY DATE 23DEC04	LICENSE	WRITTEN BY 4231 TOM MCKINNON	YEAR 05	MAKE AND MODEL PONTIAC G6
DATE 17AUG07	MILEAGE IN/OUT 43189/43189	COLOR	PROMISED DATE AND TIME 18AUG07 15:00	PAYMENT TYPE CASH	
NAME			HOME PHONE	BUSINESS PHONE	CELL PHONE
			EMAIL ADDRESS		
CITY/STATE/ZIP PACIFIC, MO			ADDITIONAL INFORMATION DLR:NONE ENG:3.5 Liter SFI 1)GMPP MAJOR GUARD 36 MONTHS/36000 MILES 2)EXPIRES 1/16/2010 OR 84765 MILES 3)\$100 DEDUCTIBLE		

JOB	OPERATION CODE	LABOR INSTRUCTIONS			
	LABOR: 12.00 PARTS: 22.00 OTHER: 0.00 TOTAL LINE C: \$ 34.00				
	43189 3K PREMIUM OIL AND FILTER SERVICE, 115 INCLUDES KREX OIL SYSTEM PROTECTION-				
D**	ADDED OPERATION ON 8/15/2007 AT 5:45 PM-OWNER NEEDED SUBSTITUTE TRANSPORTATION CAUSE: COURTESY TRANSP 27901 ONE DAY NON-PROGRAM RENTAL 99 WP94 0.00 hrs. (N/C) FC: 98 PART#: COUNT: 0 CLAIM TYPE: AUTH CODE: MJ SUBL ENTERPRISE RENTAL PO#91698, INV# D643B33 WP94 (N/C)				
	LABOR: 0.00 PARTS: 0.00 OTHER: 0.00 TOTAL LINE D: \$ 0.00				
E**	BALANCE 4 TIRES AND ROTATE AS NEEDED 24D BALANCE 4 TIRES AND ROTATE AS NEEDED 115 CR4P 1.00 hrs. 39.95 LABOR: 39.95 PARTS: 0.00 OTHER: 0.00 TOTAL LINE E: \$ 39.95 43189 BALANCE 4 TIRES AND ROTATE AS NEEDED				
	<div style="text-align: center;"> </div> <p>THANK YOU FOR SERVICING YOUR CAR WITH MOORE CADILLAC/PONTIAC. NOW TO MAKE ALL OF YOUR SERVICE NEEDS MORE CONVENIENT, BOTH MOORE AUTOPLEX SERVICE DEPARTMENTS ARE OPEN WITH FULL SERVICE ON SATURDAYS FROM 7:00 AM TO 6:00 PM. NOW IT IS EASIER THAN EVER TO USE MOORE FOR ALL YOUR SERVICE NEEDS!</p>				
	CUSTOMER PAY DEDUCTIBLE FOR LINE A	100.00			

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

CUSTOMER SIGNATURE

LABOR AMOUNT	51.95
PARTS AMOUNT	22.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	100.00
TOTAL CHARGES	173.95
LESS COUPONS/DISC.	0.00
SALES TAX	1.42
PLEASE PAY THIS AMOUNT	175.37

MOORE AUTO GROUP
CADILLAC
15950 MANCHESTER RD
ELLISVILLE, MO 63011
636-394-0300

C O P Y
08/17/2007 13:37:22
Debited:

Transaction # 1.2
Acc: XXXXXXXXXX
Entry: Swiped
Invoice # 413687
Debited: 175.37

Reference No.: 100213
Respon. APPROVED

CUSTOMER COPY

Thank You!
Please Come Again.

North American Operations

General Motors Corporation
Disbursements (2613)
PO Box 62530
Phoenix, AZ 85082-2530

GM

CHECK No. [REDACTED]

50-937
213

DATE
01/08/08

*****100 DOLLARS

****00 CENTS

AMOUNT
*****100.00

PAY
TO THE
ORDER
OF

PACIFIC MO

North American Operations
General Motors Corporation
Disbursement Account

SIGNATURE

The Chase Manhattan Bank, N.A.
Syracuse, New York

AUDIT

VENDOR
DUNS NO. BB 000000154

1

North American Operations

General Motors Corporation
Disbursements (2613)
PO Box 62530
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT
DATE

01/08/08

VENDOR NAME

REGISTER NO.
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G22H528554

01/07/08
71-588827526.1

VH 1-9QYOG6
1-9QYOG6

00.0000

100.00

.00

100.00

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

H3

TOTAL

100.00

.00

100.00

January 20, 2011

[REDACTED]
Pacific, MO [REDACTED]

Service Request: 71-588827526

Customer Relationship Specialist: Jasmine Cooper

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Pontiac G6. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Pontiac, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the power steering assist that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$100.00.

At Pontiac, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Pontiac Customer Assistance Center at 1-800-762-2737 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Pontiac Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit www.mygmlink.com. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

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

January 21, 2011

[REDACTED]

Dover, DE [REDACTED]

Service Request: 71-588876395

Customer Relationship Specialist: Alex Page

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the power steering assist that you had repaired. We regret that we are unable to reimburse you the amount you requested because the part replaced is not the part covered by this special coverage.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have any future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

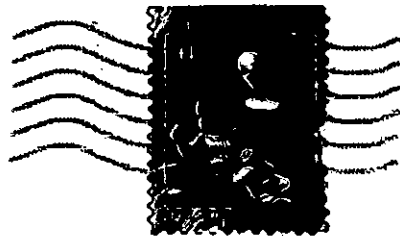
Sincerely,

Chevrolet Customer Assistance Center

Dover, de.

SOUTH JERSEY NJ 080

12 JAN 2008 PM 6 L



JAN 15 2008

*Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170*

48232+5170



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 1/9/0817-Digit Vehicle Identification Number (VIN): 1G1ZU54885FMileage at Time of Repair: 32,779 Date of Repair: 8/22/07

Claimant Name (please print): _____

Street Address or PO Box Number: _____

City: Dover State: DE ZIP Code: _____

Daytime Telephone Number (include Area Code): _____

Evening Telephone Number (include Area Code): _____

Amount of Reimbursement Requested: \$ 200.00

The following documentation must accompany this claim form.

Original or clear copy of all receipts, invoices, and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.
(copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Claimant's Signature: _____

Please mail this claim form and the required documents to:

Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number.
1-800-204-0261



CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

If your claim is:

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).





Townsend Bros.

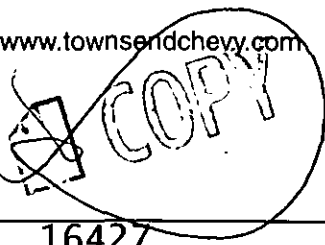
CHEVROLET

1450 S. Dupont Hwy.
Dover, DE 19901
(302) 674-0100



Goodwrench
Service

www.townsendchevy.com



CUSTOMER NO. 16427	ADVISOR WAYNE MILLER	TAG NO. 12	INVOICE DATE 08/22/07	INVOICE NO. CVCS221760
DOVER, DE	LABOR RATE	LICENSE NO.	MILEAGE 37,779	COLOR SILVER GREE
	YEAR / MAKE / MODEL 05/CHEVROLET/MALIBU/4 DOOR SEDAN	DELIVERY DATE 03/24/05	DELIVERY MILES 10	
	VEHICLE I.D. NO. 1G1ZU54885F	SELLING DEALER NO.	PRODUCTION DATE	
	F.T.E. NO.	P.O. NO.	P.O. DATE 08/06/07	
COMMENTS				MO: 37779

JOB# 1 CHARGES

LABOR
J# 1 45CVZ STEERING/SUSPENSION TECH(S):16 WARRANTY
POWER STEERING INOP SOMETIMES
MOTOR ASSEMBLY BAD
REMOVED AND REPLACED CUSTOMERS POWER STEERING MOTOR ASSEMBLY.

PARTS	QTY	FP-NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	WARRANTY
	1	25805894	MOTOR 6.605			
TOTAL - PARTS						0.00

MISC	CODE	DESCRIPTION	CONTROL NO		
	GMPPD	GMPP DEDUCTABLE	221760		200.00
TOTAL - MISC					200.00

JOB# 1 TOTALS

MISC	200.00
------	--------

JOB# 1 JOURNAL PREFIX CVCS JOB# 1 TOTAL 200.00

TOTALS

*****	TOTAL LABOR....	0.00
*	TOTAL PARTS....	0.00
* [X] CASH [] CHECK CK NO. []	TOTAL SUBLET...	0.00
*	TOTAL G.O.G....	0.00
* [] VISA [] MASTERCARD [] DISCOVER	TOTAL MISC CHG.	200.00
*	TOTAL MISC DISC	0.00
* [] AMER XPRESS [] OTHER [] CHARGE	TOTAL TAX.....	0.00
*****	TOTAL INVOICE \$	200.00

THANK YOU FOR YOUR BUSINESS!!

An * on parts indicates GM Service Plus lifetime warranty.

CUSTOMER SIGNATURE

Pick up
1:00