

CUSTOMER #: [REDACTED]

Stevens Creek Chevrolet

GENERAL MOTORS

WARRANTY

3640 Stevens Creek Blvd. · San Jose, CA 95117

(408) 490-0013

www.stevenscreekchevy.com

WESTLAKE VILLAGE, CA

PAGE 2

HOME

BUS:

SERVICE ADVISOR: 50112 BRYAN YORKEY

| | | | | | | |
|-------------|------------|----------------|---------------|---|------------------|-----------|
| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN / OUT | TAG |
| SILVER ICE | 16 | CHEVROLET VOLT | [REDACTED] | | 20637/20661 | T2005 |
| DEL. DATE | PROD. DATE | WARR. EXP. | PROMISE | RATE | PAYMENT | INV. DATE |
| 03JAN20 DD | | | 17:00 18MAY20 | 0.00 | CASH | 19MAY20 |
| R.O. OPENED | | READY | | OPTIONS: SOLD-STK:GU120604 ENG:1.5_LITER_DOHC | | |
| 05:23 | 22NOV19 | 12:42 | 19MAY20 | | | |

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL

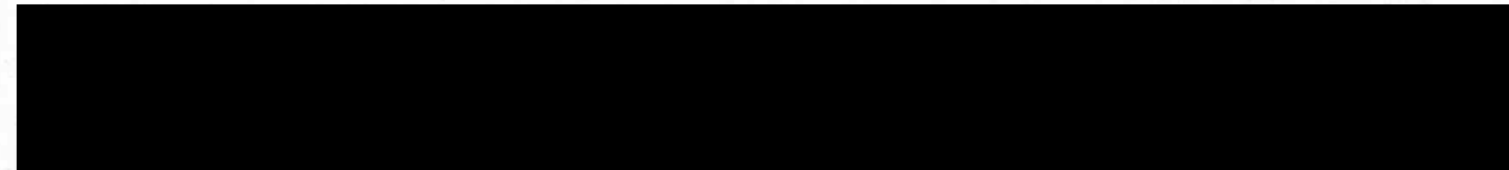
COM. WITH HPCM2. FOUND BULLETIN PERTAINING TO ISSUE - 18-NA-261 WHICH RECOMMEND BECM REPLACEMENT. DISABLED HIGH VOLTAGE. TECH 50075 DRAINED COOLANT, REMOVED COVER, REMOVED MODULE, INSTALLED NEW MODULE, REINSTALLED MODULE, PERFORMED CASE SMOKE TEST - PASSED. REINSTALLED BATTERY, ADDED COOLANT, BLED COOLING SYSTEM. PROGRAMMED BECM WITH SPS BUT PROGRAMMING NOT GOING THROUGH PER TAC REPLACE MODULE FOR POSSIBLE DEFECTIVE MODULE. REMOVED COVER, REMOVED MODULE, INSTALLED NEW MODULE, REINSTALLED MODULE, PERFORMED CASE SMOKE TEST - PASSED. REINSTALLED BATTERY, ADDED COOLANT, BLED COOLING SYSTEM. TRIED REPROGRAMMING WITH SPS BUT STILL NOT PROGRAMMING, CONTACTED BY FIELD ENGINEER JIM TROST - RECOMMEND REPLACING TRANSMISSION AND BATTERY ASSEMBLY FOR OTHER CASES THEY HAVE SEEN. REPLACED COMPONENTS IN LINE E F.

D** UPON INPSECTION AFTER INSTALLING BECM TECH FOUND VEHICLE STILL HAVING SAME CONCERN - TAC RECOMMENDS TO REPLACE BECM AGAIN - REPLACE AND RECHECK

CAUSE: MISCELLANEOUS
CONCERN CODE: 0321

| | | | |
|---|--|--------|--------|
| 5031010 BATTERY ENERGY CONTROL MODULE REPLACEMENT | | | |
| 50078 WG1 4.80 | | 985.63 | 985.63 |
| 1 24296900 (S)MODULE | | 581.86 | 581.86 |
| SLT40 ADD TIME /.4 | | | |
| 50078 WG1 0.40 | | 82.14 | 82.14 |

FC: 6581
PART#: 24296900
COUNT: 1 30968 58186 TPARTS
CLAIM TYPE: ZREG
AUTH CODE: 28080 106777 TLABOR



| | | | | | | | |
|--|--------------------|--|--|---|---|------------------------|--|
| \$ | \$ | | | <input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached) | charge to cover costs associated with the handling, management and disposal of toxic wastes or hazardous substances under California and Federal Law. | PARTS AMOUNT | |
| Revised Estimate | \$ | | | <input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached) | | GAS, OIL, LUBE | |
| <input type="checkbox"/> Tire pressure check/inflation service was performed. RF _____ psi LF _____ psi RR _____ psi LR _____ psi <input type="checkbox"/> Customer declined tire pressure check/inflation service. Initials _____ | | | | | ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED. <input type="checkbox"/> Some Parts Not Returnable | SUBLET AMOUNT | |
| By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. | | | | | | WASTE DISPOSAL COSTS * | |
| DATE | CUSTOMER SIGNATURE | | AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE | | LESS INSURANCE | | |
| | | | | | SALES TAX | | |
| | | | | | PLEASE PAY THIS AMOUNT | | |

CUSTOMER #: [REDACTED]

GENERAL MOTORS

WARRANTY

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PAGE 3

SERVICE ADVISOR: 50112 BRYAN YORKEY

WESTLAKE VILLAGE, CA

HOME

BUS:

| | | | | | | |
|---------------|---------------|----------------|--------------------------------------|---------|----------------|-----------|
| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN/OUT | TAG |
| SILVER ICE | 16 | CHEVROLET VOLT | [REDACTED] | | 20637/20661 | T2005 |
| DEL. DATE | PROD. DATE | WARR. EXP. | PROMISE | RATE | PAYMENT | INV. DATE |
| 03JAN20 DD | | | 17:00 18MAY20 | 0.00 | CASH | 19MAY20 |
| R.O. OPENED | READY | OPTIONS: | SOLD-STK:GU120604 ENG:1.5_LITER_DOHC | | | |
| 05:23 22NOV19 | 12:42 19MAY20 | | | | | |
| LINE OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |

20661 ORIGINAL BECM WOULD NOT PROGRAM FROM LINE A ORIGINAL BECM WOULD NOT PROGRAM FROM LINE A. NECESSARY TO REPLACE THE MODULE WITH ANOTHER NEW UNIT.

E** DURING INSPECTION PER TACH SENT BATTERY PACK DUE TO INTERNAL FAILURE DUE TO TRANSMISSION ISSUE

CAUSE: MISCELLANEOUS

CONCERN CODE: 0630

5031030 DRIVE MOTOR BATTERY REPLACEMENT AND SHIPPING PREPARATION

50075 WG1 0.00

50078 WG1 4.60

4.60

1 24294968 BATTERY

FC: 7071

PART#: 24294968

COUNT: 1

CLAIM TYPE: ZREG

AUTH CODE:

24840 94456 TLABOR

TECH: 50075 ACTUAL HRS.: 0.00 SOLD HRS.: 0.00
TECH: 50078 ACTUAL HRS.: 0.13 SOLD HRS.: 4.60

SALE-LBR: 944.56 PTS: 500.00 MSC: 0.00 LUB: 0.00 SUB: 0.00 TOTAL 1444.56
COST-LBR: 248.40 PTS: 0.00 MSC: 0.00 LUB: 0.00 SUB: 0.00 TOTAL 248.40

20637 TECH DISABLED HIGH VOLTAGE SYSTEM, DISABLED HIGH VOLTAGE, DRAINED COOLANT, REMOVED BATTERY. INSTALLED NEW BATTERY, ADDED COOLANT, BLED COOLING SYSTEM. PROGRAMMED BECM WITH SPS. WARRANTY CLAIM CODE: [REDACTED] TEST DROVE VEHICLE AND NO FURTHER CODES.

E** DURING INSPECTION CODE CAME UP IN REGARDS TO TRANSMISSION FURTHER

| | | | | | | | | |
|--|----------------------------------|--|-------------|---|---|---|--------------|--------|
| Original Estimates (Parts & Labor) | Total Additional Cost Authorized | Approved By: | Date & Time | Authorization Obtained By: | <input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached) | HAZARDOUS WASTE DISPOSAL COSTS: We have added this charge to cover costs associated with the handling, management and disposal of toxic wastes or hazardous substances under California and Federal Law. | DESCRIPTION | TOTALS |
| Revised Estimates | | | | <input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached) | | | LABOR AMOUNT | |
| <input type="checkbox"/> Tire pressure check/inflation service was performed. RF _____ psi LF _____ psi RR _____ psi LR _____ psi <input type="checkbox"/> Customer declined tire pressure check/inflation service. Initials _____ | | | | | <input type="checkbox"/> Some Parts Not Returnable | PARTS AMOUNT | | |
| By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. | | | | | | GAS, OIL, LUBE | | |
| DATE | CUSTOMER SIGNATURE | AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE | | | | SUBLET AMOUNT | | |
| | | | | | | WASTE DISPOSAL COSTS * | | |
| | | | | | | TOTAL CHARGES | | |
| | | | | | | LESS INSURANCE | | |
| | | | | | | SALES TAX | | |
| | | | | | | PLEASE PAY THIS AMOUNT | | |

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

CUSTOMER #: [REDACTED]

[REDACTED]

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GENERAL MOTORS

WARRANTY

WESTLAKE VILLAGE, CA [REDACTED]

PAGE 4

HOME [REDACTED]
BUS: [REDACTED]

SERVICE ADVISOR: 50112 BRYAN YORKEY

| | | | | | | |
|-------------|------------|---|---------------|---------|------------------|-----------|
| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN / OUT | TAG |
| SILVER ICE | 16 | CHEVROLET VOLT | [REDACTED] | | 20637/20661 | T2005 |
| DEL. DATE | PROD. DATE | WARR. EXP. | PROMISE | RATE | PAYMENT | INV. DATE |
| 03JAN20 DD | | | 17:00 18MAY20 | 0.00 | CASH | 19MAY20 |
| R.O. OPENED | READY | OPTIONS: SOLD-STK:GU120604 ENG:1.5_LITER_DOHC | | | | |
| 05:23 | 22NOV19 | 12:42 | 19MAY20 | | | |

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|----------------------------------|--------|------|------|-------|---------------------|---------|---------|
| INSPECTION REQUIRED. | | | | | | | |
| CAUSE: MISCELLANEOUS | | | | | | | |
| CONCERN CODE: 0395 | | | | | | | |
| 8464670 TRANSMISSION REPLACEMENT | | | | | | | |
| | | | | 50075 | WG1 10.60 | 2176.60 | 2176.60 |
| | | | | 1 | 24293729 TRANSAXLE | 6402.01 | 6402.01 |
| | | | | | SLT150 ADD TIME/1.5 | | |
| | | | | 50075 | WG1 1.50 | 308.01 | 308.01 |
| FC: 6581 | | | | | | | |
| PART#: 24293729 | | | | | | | |
| COUNT: 1 | | | | | | | |
| CLAIM TYPE: ZREG | | | | | | | |
| AUTH CODE: | | | | | | | |
| 52030 248461 TLABOR | | | | | | | |

TECH: 50075 ACTUAL HRS.: 4.15 SOLD HRS.: 12.1

SALE-LBR: 2484.61 PTS: 6402.01 MSC: 0.00 LUB: 0.00 SUB: 0.00 TOTAL 8886.62
 COST-LBR: 520.30 PTS: 3407.32 MSC: 0.00 LUB: 0.00 SUB: 0.00 TOTAL 3927.62

20637 LOSS OF ISOLATION. TECH HAD TO REMOVE TRANSMISSION ASSEMBLY PER FIELD ENGINEER - JIM TROST, DRAINED TRANS FLUID AND COOLANT, REMOVED FRONT CRADLE ASSEMBLY, REMOVED CONNECTORS AND COOLANT HOSES, REMOVED BOTH AXLES, REMOVED TRANS MOUNT, REMOVED TRANSMISSION ASSEMBLY, INSTALLED NEW TRANSMISSION, INSTALLED NEW TORQUE CONVERTER BOLTS, REINSTALLED TRANS LINE WITH NEW SEALS, REINSTALLED COOLANT LINES TO TRANS WITH SEALS, REINSTALLED CRADLE ASSEMBLY, REINSTALLED COOLANT HOSES AND CONNECTORS, REINSTALLED MOUNT WITH NEW BOLTS, ADDED COOLANT TO ALL COOLING SYSTEMS, AND BLEED AIR, ADDED TRANS FLUID. PERFORMED POWER INVERTER PROGRAM WITH SPS, WARRANTY CLAIM CODE:0SYN41513554, TEST DROVE VEHICLE AND NO FURTHER CODES PRESENT.

 G** Product Emission Recall (N192273600): Emissions Pipe May Rub Against A/C Hose Connector (Release Date 3/25/2020)

| | | | | | | | |
|--|----------------------------------|--|-------------|---|--|---|--------|
| Original Estimate (Parts & Labor) | Total Additional Cost Authorized | Approved By: | Date & Time | Authorization Obtained By: <input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached) | * HAZARDOUS WASTE DISPOSAL COSTS: We have added this charge to cover costs associated with the handling, management and disposal of toxic wastes or hazardous substances under California and Federal Law. | DESCRIPTION | TOTALS |
| Revised Estimate | | | | <input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached) | | LABOR AMOUNT | |
| <input type="checkbox"/> Tire pressure check/inflation service was performed. RF _____ psi LF _____ psi RR _____ psi LR _____ psi <input type="checkbox"/> Customer declined tire pressure check/inflation service. Initials _____ | | | | | ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED. <input type="checkbox"/> Some Parts Not Returnable | PARTS AMOUNT | |
| By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. | | | | | | GAS, OIL, LUBE SUBLET AMOUNT WASTE DISPOSAL COSTS * TOTAL CHARGES LESS INSURANCE SALES TAX | |
| DATE | CUSTOMER SIGNATURE | AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE | | | | PLEASE PAY THIS AMOUNT | |

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

CUSTOMER #: [REDACTED]

[REDACTED]

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GENERAL MOTORS

WARRANTY

PAGE 5

WESTLAKE VILLAGE CA

HOME

BUS:

SERVICE ADVISOR: 50112 BRYAN YORKEY

| | | | | | |
|---------------|-------------------|---|---------------|------------------|---------|
| CC | MAKE/MODEL | VIN | LICENSE | MILEAGE IN / OUT | TAG |
| SILVER ICE | 16 CHEVROLET VOLT | [REDACTED] | | 20637/20661 | T2005 |
| DEL. DATE | PROD. DATE | WARR. EXP. | PROMISE | RATE | PAYMENT |
| 03JAN20 DD | | | 17:00 18MAY20 | 0.00 | CASH |
| R.O. OPENED | READY | OPTIONS: SOLD-STK:GU120604 ENG:1.5_LITER_DOHC | | | |
| 05:23 22NOV19 | 12:42 19MAY20 | | | | |

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|--|--------|-------|-------------------|-------|------|--------|--------|
| CAUSE: COMPLETE PER FACTORY INSTRUCTIONS | | | | | | | |
| 9104663 INSTALL TIW WRAPS ON EZVAP HOSE | | | | | | | |
| | | 50078 | WG1 | 0.80 | | 164.28 | 164.28 |
| | | 3 | 11509086 (S)STRAP | | 1.01 | 1.01 | 3.03 |
| FC: PART#: COUNT: | | | | | 162 | 303 | TPARTS |
| CLAIM TYPE: ZFAT | | | | | | | |
| AUTH CODE: | | | | | 4320 | 16428 | TLABOR |

| | | |
|------------------|-------------------|-----------------|
| TECH: 50078 | ACTUAL HRS.: 0.13 | SOLD HRS.: 0.80 |
| SALE-LBR: 164.28 | PTS: 3.03 | MSC: 0.00 |
| LUB: 0.00 | SUB: 0.00 | TOTAL 167.31 |
| COST-LBR: 43.20 | PTS: 1.62 | MSC: 0.00 |
| LUB: 0.00 | SUB: 0.00 | TOTAL 44.82 |

| | | |
|-------------------|--------------------|------------------|
| TECH: 50078 | ACTUAL HRS.: 1.10 | SOLD HRS.: 11.07 |
| TECH: 50075 | ACTUAL HRS.: 12.05 | SOLD HRS.: 16.93 |
| SALE-LBR: 5749.53 | PTS: 8269.31 | MSC: 0.00 |
| LUB: 0.00 | SUB: 0.00 | TOTAL 14018.84 |
| COST-LBR: 1325.77 | PTS: 4215.51 | MSC: 0.00 |
| LUB: 0.00 | SUB: 0.00 | TOTAL 5541.28 |

| DATE | START | FINISH | DURATION | TYPE | TECH | LINE(S) | CHG |
|----------|-------|--------|----------|------|-------|---------|-----|
| 04-02-20 | 11:07 | 19:01 | 7.90 | W | 50075 | A | |
| 05-06-20 | 14:52 | 19:01 | 4.15 | W | 50075 | F | |
| 05-18-20 | 14:56 | 15:46 | 0.84 | W | 50078 | A | |
| | 15:46 | 15:54 | 0.13 | W | 50078 | G | |
| | 15:54 | 16:02 | 0.13 | W | 50078 | E | |



| | | | | | | |
|--|--------------------|--|---|--|-------------------------------|-----------------|
| (Parts & Labor) | Cost Authorized | Date & Time | Authorization Obtained By: | HAZARDOUS WASTE DISPOSAL COSTS: We have added this charge to cover costs associated with the handling, management and disposal of toxic wastes or hazardous substances under California and Federal Law. | DESCRIPTION | TOTALS |
| \$ | \$ | | <input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached) | ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED. <input type="checkbox"/> Some Parts Not Returnable | LABOR AMOUNT | 5749.53 |
| Revised Estimate | \$ | | <input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached) | | PARTS AMOUNT | 8269.31 |
| <input type="checkbox"/> Tire pressure check/inflation service was performed. RF _____ psi LF _____ psi RR _____ psi LR _____ psi <input type="checkbox"/> Customer declined tire pressure check/inflation service. Initials _____ | | | | | GAS, OIL, LUBE | 0.00 |
| By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. | | | | | SUBLET AMOUNT | 0.00 |
| DATE | CUSTOMER SIGNATURE | AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE | | | WASTE DISPOSAL COSTS * | 0.00 |
| | | | | | TOTAL CHARGES | 14018.84 |
| | | | | | LESS INSURANCE | 0.00 |
| | | | | | SALES TAX | 0.00 |
| | | | | | PLEASE PAY THIS AMOUNT | 14018.84 |

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

CUSTOMER #: [REDACTED]

GENERAL MOTORS

WESTLAKE VILLAGE, CA

HOME

BUS:

WORKORDER
REPRINT
PAGE 1

Stevens Creek Chevrolet

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B.A.R. REG.# ARD295673 EPA# CAL00044881

SERVICE ADVISOR: 50112 YORKEY, BRYAN

| | | | | | | | |
|---------------|------------|----------------|---------------|---|---------|-----------------|-------|
| SILVER ICE 16 | | CHEVROLET VOLT | | VIN | LICENSE | MILEAGE IN/ OUT | TAG |
| DEL DATE | PROD. DATE | WARR. EXP. | PROMISE | RATE | PAYMENT | INV. DATE | |
| 03JAN20 DD | | | 17:00 06MAY20 | 0.00 | CASH | | T2005 |
| R.O. OPENED | | READY | | OPTIONS: SOLD-STK:GU120604 ENG:1.5_LITER_DOHC | | | |

22NOV2019 05:23

LINE OP CODE TECH. TYPE DESCRIPTIONS/INSTRUCTIONS

A MISC MULT WGI **075** GM BUYBACK CASE # [REDACTED] ----- CUSTOMER STATES CHECK ENGINE LIGHT IS ON, SERVICE STABILITRAK LIGHT ON, SERVICE PARKING, AND SHIFT TO PARK MESSAGE DISPLAYED. VEHICLE IS INOP AND NOT DRIVEABLE PERFORM INSPECTION AND ADVISE WAS TOWED IN FROM ANOTHER DEALER

B *MPI **075** ISA PERFORM MULTI POINT VEHICLE INSPECTION

C *TP **075** ISP SET TIRE PRESSURE TO FACTORY SETTINGS

D *MISC **075** WGI UPON INPSECTION AFTER INSTALLING BECM TECH FOUND VEHICLE STILL HAVING SAME CONCERN - TAC RECOMMENDS

Non-GM Parts/Accessories installed by the Dealer: Non-GM parts and accessories are not covered under the GM New Vehicle Limited Warranty. They also may damage the vehicle, compromise its compliance with safety standards or void the GM Warranty on the vehicle itself. GM is not responsible for the consequences of installing any non-GM equipment, parts or accessories on the vehicle. A list of non-GM parts is available to you upon request.

CUSTOMER SIGNATURE

BY LAW, YOU MAY CHOOSE ANOTHER LICENSED SMOG CHECK FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY.

TEARDOWN/REASSEMBLY: If you authorize teardown of the vehicle or commencement of repairs, but do not authorize completion of a repair or service, a charge may be imposed for teardown, reassembly or partially completed work and you agree to pay the same.

It is necessary to disassemble the vehicle to provide an estimated price for repairs. The estimated teardown and reassembly charge (including parts and labor) is \$ _____. The maximum time for reassembly will be _____ X.

You understand that disassembly may prevent restoration of the vehicle to its former condition. X

SUBLET REPAIRS: Some repairs must be sublet due to the type of service required. The location will be disclosed upon request.

PAYMENT TERMS: I agree to pay for all labor and materials simultaneously with delivery of the vehicle to me or 3 days after receiving notice that the vehicle is ready to be picked up. An express mechanics lien is hereby acknowledged on the vehicle to secure the cost of labor, materials, storage and/or towing charges. I understand that a storage charge equal to \$30.00 will be assessed and shall accrue daily if I fail to pick up the vehicle within 3 days from the date I am notified that the repairs have been completed or after the communication of an estimate if I fail to authorize repairs.

POWER-OF-ATTORNEY: I hereby appoint the Dealership as my attorney-in-fact and authorize it to sign my name upon any checks, drafts or other forms of payment issued in payment of this Repair Order. X

I hereby grant the Dealership permission to use my name and likeness for advertising and research purposes. I am responsible for loss or damage to my vehicle from any other cause beyond its control. I authorize the Dealership to facilitate vehicle repair, as well as to use my name and likeness for advertising and research purposes.

Customer [REDACTED]
Dealer CAR 2015 CDK Global, LLC WORKOR

PARTS: All parts are new unless otherwise indicated. You may inspect all parts removed from the vehicle upon request. If our Dealership does not have to return the parts to the manufacturer or distributor under a warranty arrangement and they are not exempt due to their size, weight or other factors, they will be returned to you upon request.
 Some Parts Not Returnable Please Save Replaced Parts

ESTIMATE: PLEASE CHOOSE THE KIND OF ESTIMATE YOU WANT TO RECEIVE BY INITIALING BESIDE ONE OF THE FOLLOWING CHOICES AND INDICATE THE BEST WAY TO CONTACT YOU IF NECESSARY.

_____ WRITTEN ESTIMATE _____ ORAL ESTIMATE _____ ELECTRONIC EST.

By Telephone at: _____ By Fax to: _____
By E-Mail to: _____

PRELIMINARY ESTIMATE \$ _____
DESIGNATION OF PERSON TO AUTHORIZE ADDITIONAL WORK OR PARTS.

I hereby designate the individual named below to authorize any additional work not specified or parts not included in the original written estimated price for parts and labor:

Name of Designee: _____ Phone Number: _____

Fax Number: _____ E-Mail Address: _____

Customer [REDACTED] Date: _____

| Total Additional Cost Authorized | Approved By: | Date & Time | Authorization Obtained By: |
|----------------------------------|--------------|-------------|---|
| \$ _____ | | | <input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached) |
| \$ _____ | | | <input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached) |

_____ give notice and oral approval of an increase in the original estimated price.

IMPORTANT INFORMATION ON BACK. TECHNICIAN COPY

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WORKORDER
REPRINT
PAGE 2

B.A.R. REG.# ARD295673 EPA# CAL00044881
SERVICE ADVISOR: 50112 YORKEY, BRYAN

HOME [REDACTED]
BUS: [REDACTED]

| | | | | | | |
|-------------|------------|---|---------------|---------|-----------------|-----------|
| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN/ OUT | TAG |
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22NOV2019 05:23
 LINE OP CODE TECH... TYPE DESCRIPTIONS/INSTRUCTIONS
 TO REPLACE BECM AGAIN - REPLACE AND RECHECK

E *MISC

WG1
(075)

DURING INSPECTION PER TACH SENT BATTERY PACK DUE TO INTERNAL FAILURE
ION ISSUE

4.8

F *MISC

WG1
(075)

DURING INSPECTION CODE CAME UP IN REGARDS TO TRANSMISSION FURTHER INSPECTION REQUIRED.

GM Recall
50078

Non-GM Parts/Accessories installed by the Dealer: Non-GM parts and accessories are not covered under the GM New Vehicle Limited Warranty. They also may damage the vehicle, compromise its compliance with safety standards or void the GM Warranty on the vehicle itself. GM is not responsible for the consequences of installing any non-GM equipment, parts or accessories on the vehicle. A list of non-GM parts is available to you upon request.

CUSTOMER SIGNATURE _____

BY LAW, YOU MAY CHOOSE ANOTHER LICENSED SMOG CHECK FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY.

TEARDOWN/REASSEMBLY: If you authorize teardown of the vehicle or commencement of repairs, but do not authorize completion of a repair or service, a charge may be imposed for teardown, reassembly or partially completed work and you agree to pay the same.

It is necessary to disassemble the vehicle to provide an estimated price for repairs. The estimated teardown and reassembly charge (including parts and labor) is \$ _____. The maximum time for reassembly will be _____ X _____.

You understand that disassembly may prevent restoration of the vehicle to its former condition. X _____

SUBLET REPAIRS: Some repairs must be sublet due to the type of service required. The location will be disclosed upon request.

PAYMENT TERMS: I agree to pay for all labor and materials simultaneously with delivery of the vehicle to me or 3 days after receiving notice that the vehicle is ready to be picked up. An express mechanics lien is hereby acknowledged on the vehicle to secure the cost of labor, materials, storage and/or towing charges. I understand that a storage charge equal to \$30.00 will be assessed and shall accrue daily if I fail to pick up the vehicle within 3 days from the date I am notified that the repairs have been completed or after the communication of an estimate if I fail to authorize repairs.

POWER-OF-ATTORNEY: I hereby appoint the Dealership as my attorney-in-fact and authorize it to sign my name upon any checks, drafts or other forms of payment issued in payment of this Repair Order. X _____

I hereby grant the Dealership permission to operate the vehicle on streets, highways or public roadways for the purpose of testing and/or inspecting the vehicle. The Dealership is not responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond its control. I authorize the retrieval of on-board data as needed to facilitate vehicle repair, as well as sharing that data with the vehicle manufacturer for diagnostic and research purposes.

Customer _____ Date _____

PARTS: All parts are new unless otherwise indicated. You may inspect all parts removed from the vehicle upon request. If our Dealership does not have to return the parts to the manufacturer or distributor under a warranty arrangement and they are not exempt due to their size, weight or other factors, they will be returned to you upon request.
 Some Parts Not Returnable Please Save Replaced Parts

ESTIMATE: PLEASE CHOOSE THE KIND OF ESTIMATE YOU WANT TO RECEIVE BY INITIALING BESIDE ONE OF THE FOLLOWING CHOICES AND INDICATE THE BEST WAY TO CONTACT YOU IF NECESSARY.

_____ WRITTEN ESTIMATE _____ ORAL ESTIMATE _____ ELECTRONIC EST.

By Telephone at: _____ By Fax to: _____
By E-Mail to: _____

PRELIMINARY ESTIMATE \$ _____

DESIGNATION OF PERSON TO AUTHORIZE ADDITIONAL WORK OR PARTS.
I hereby designate the individual named below to authorize any additional work not specified or parts not included in the original written estimated price for parts and labor:

Name of Designee: _____ Phone Number: _____
Fax Number: _____ E-Mail Address: _____
Customer _____ Date: _____

| Original Estimate (Parts & Labor) | Total Additional Cost Authorized | Approved By: | Date & Time | Authorization Obtained By: |
|-----------------------------------|----------------------------------|--------------|-------------|---|
| \$ _____ | \$ _____ | | | <input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached) |
| Revised Estimate | \$ _____ | | | <input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached) |

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

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK. TECHNICIAN COE

504556



CHEVROLET

Stevens Creek Chevrolet

3640 Stevens Creek Blvd. · San Jose, CA 95117
(408) 490-0013

www.stevenscreekchevy.com

WORKORDER
REPRINT
PAGE 1

B.A.R. REG.# ARD295673 EPA# CAL00044881

SERVICE ADVISOR: 50112 YORKEY, BRYAN

| | | | | | | |
|-----------------|------------|---|---------------|---------|-----------------|---------|
| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN/ OUT | TAG |
| SILVER ICE | 16 | CHEVROLET VOLT | | | 20637/ | T2005 |
| DEL DATE | PROD. DATE | WARR. EXP. | PROMISE | PO NO. | RATE | PAYMENT |
| 22NOV15 DD | | | 17:00 03JAN20 | | 0.00 | CASH |
| R.O. OPENED | READY | OPTIONS: SOLD-STK:GU120604 ENG:1.5_LITER_DOHC | | | | |
| 22NOV2019 05:23 | | | | | | |

| LINE OF CODE | TECH... | TYPE | DESCRIPTIONS/INSTRUCTIONS |
|--------------|---------|------|---|
| # A MISC | | 1 | GM BUYBACK CASE # [REDACTED] ----- CUSTOMER STATES CHECK ENGINE LIGHT IS ON, SERVICE STABILITRAK LIGHT ON, SERVICE PARKING, AND SHIFT TO PARK MESSAGE DISPLAYED. VEHICLE IS INOP AND NOT DRIVEABLE PERFORM INSPECTION AND ADVISE WAS TOWED IN FROM ANOTHER DEALER |

50070

Install BECM

| | | |
|----------|-----|--|
| # B *MPI | ISA | PERFORM MULTI POINT VEHICLE INSPECTION |
|----------|-----|--|

50070

| | | |
|---------|-----|-------------------|
| # C *TP | ISP | SET TIRE PRESSURE |
|---------|-----|-------------------|

Buy Back

Non-GM Parts/Accessories installed by the Dealer: Non-GM parts and accessories are not to be used on the vehicle, compromise its compliance with safety standards or void the GM Warranty on non-GM equipment, parts or accessories on the vehicle. A list of non-GM parts is available to you upon request.

CUSTOMER SIGNATURE _____

BY LAW, YOU MAY CHOOSE ANOTHER LICENSED SMOG CHECK FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY.

TEARDOWN/REASSEMBLY: If you authorize teardown of the vehicle or commencement of repairs, but do not authorize completion of a repair or service, a charge may be imposed for teardown, reassembly or partially completed work and you agree to pay the same.

It is necessary to disassemble the vehicle to provide an estimated price for repairs. The estimated teardown and reassembly charge (including parts and labor) is \$ _____. The maximum time for reassembly will be _____ X _____.

You understand that disassembly may prevent restoration of the vehicle to its former condition. X

SUBLET REPAIRS: Some repairs must be sublet due to the type of service required. The location will be disclosed upon request.

PAYMENT TERMS: I agree to pay for all labor and materials simultaneously with delivery of the vehicle to me or 3 days after receiving notice that the vehicle is ready to be picked up. An express mechanics lien is hereby acknowledged on the vehicle to secure the cost of labor, materials, storage and/or towing charges. I understand that a storage charge equal to \$30.00 will be assessed and shall accrue daily if I fail to pick up the vehicle within 3 days from the date I am notified that the repairs have been completed or after the communication of an estimate if I fail to authorize repairs.

POWER-OF-ATTORNEY: I hereby appoint the Dealership as my attorney-in-fact and authorize it to sign my name upon any checks, drafts or other forms of payment issued in payment of this Repair Order. X

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Customer _____ Date _____

PARTS: All parts are new unless otherwise indicated. You may inspect all parts removed from the vehicle upon request. If our Dealership does not have to return the parts to the manufacturer or distributor under a warranty arrangement and they are not exempt due to their size, weight or other factors, they will be returned to you upon request. Some Parts Not Returnable Please Save Replaced Parts

ESTIMATE: PLEASE CHOOSE THE KIND OF ESTIMATE YOU WANT TO RECEIVE BY INITIALING BESIDE ONE OF THE FOLLOWING CHOICES AND INDICATE THE BEST WAY TO CONTACT YOU IF NECESSARY.

WRITTEN ESTIMATE _____ ORAL ESTIMATE _____ ELECTRONIC EST. _____

By Telephone at: _____ By Fax to: _____
By E-Mail to: _____

PRELIMINARY ESTIMATE \$ _____
DESIGNATION OF PERSON TO AUTHORIZE ADDITIONAL WORK OR PARTS.

I hereby designate the individual named below to authorize any additional work not specified or parts not included in the original written estimated price for parts and labor:

Name of Designee: _____ Phone Number: _____
Fax Number: _____ E-Mail Address: _____
Customer _____ Date: _____

| Original Estimate (Parts & Labor) | Total Additional Cost Authorized | Approved By: | Date & Time | Authorization Obtained By: |
|-----------------------------------|----------------------------------|--------------|-------------|---|
| \$ _____ | \$ _____ | [REDACTED] | | <input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached) |
| Revised Estimate | \$ _____ | | | <input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached) |

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



December 3, 2019

ATTN: Service Manager
CHEVROLET OF STEVENS CREEK
3640 STEVENS CREEK BLVD
SAN JOSE, CA 95117

RE: Repurchase Transaction for [REDACTED]
2016 Chevrolet Volt
VIN: [REDACTED]
GM RVDC Case [REDACTED]

General Motors has repurchased the above-referenced vehicle. Please schedule the vehicle in your service department in a reasonable time frame, to address the following concern(s) that led to the repurchase: **C/s engine warning light on, service stabiltrak, service parking brake, shift to park warning message on DIC. No propulsion and unable to turn off without brake pedal applied. Drive unit failure. Replacement of the drive unit. The part is on delay which is the reason vehicle has been down..** RATIONALE: Days Out of Service/Parts Availability; 65 confirmed DOS (including part delay); still unrepaired.

The final R.O. must state that the vehicle was inspected for the concern(s) it was repurchased for and **the DATE must be after the vehicle was repurchased.** If the alleged concern(s) cannot be duplicated, the final repair order (R.O.) must contain the steps used to verify the concern.

If Repairs ARE related to the Repurchase Reason, AND is a Defect:

- **If within** the applicable warranty - Repair and use normal labor ops
- **If OUT of Warranty** - Prior to completing repairs, the dealer is required to run the Policy Evaluation Tool in order to get usage credit on the job card for the PASE program.
 - If the policy tool results does not indicate 100% GM Participation, dealer should submit an on-line pre-approval, checking the policy related box on the form, as the repairs related to the repurchase reason should be covered 100% GM participation.
 - These policy related pre-approvals will route to the dealer's DMA/DMC, and should be approved by them.

If Repairs are NOT Related to Repurchase Reason: OR something other than a manufacturer's defect exist,

Please send an email to your respective **Regional Warranty Team** listed below, for either PRIOR authorization to repair the vehicle, or confirmation to allow the vehicle to go to auction as is. The auction conducts a thorough inspection and will decide which repairs may increase the value of the vehicle upon resale.

- South Central: scrwarranty@gm.com
- South East: regional.warranty.help@gm.com
- North East: ner.warranty@gm.com
- West: west.region.warranty@gm.com
- North Central: northcentralregion.warrantydept@gm.com

will:

- Provide a Final R.O. that addresses the repurchase concern(s) listed above
- **Email or FAX** the final R.O. to GM RVDC the information below in a timely manner after the repairs are complete
- Provide the dealer contact person to RVDC who has the keys and vehicle location, for carrier pickup

Service Management Signature _____

Date: _____