

Representative Letter – Customer letters are brand, model and model year specific; listing the 17-digit VIN and are personalized.



# IMPORTANT SAFETY RECALL

August 2014

Dear General Motors Customer:

This notice is sent to you in accordance with the National Traffic and Motor Vehicle Safety Act.

General Motors has decided that a defect, which relates to motor vehicle safety, exists in certain 2011 model year Cadillac CTS vehicles equipped with All-Wheel Drive. As a result, GM is conducting a safety recall. We apologize for this inconvenience. However, we are concerned about your safety and continued satisfaction with our products.

## IMPORTANT

- This notice applies to your 2011 model year Cadillac CTS, VIN: \_\_\_\_\_.
- Your vehicle is involved in GM safety recall 14233.
- Schedule an appointment with your GM dealer.
- This service will be performed for you at **no charge**.

### Why is your vehicle being recalled?

Some of these vehicles may have a condition in which loss of grease from the center constant velocity (CV) joint over time results in vibrations of the propeller shaft that are transferred to the roll over sensor located on the floor above it. The signal produced by the vibrations in the rollover sensor may result in deployment of the roof rail airbags (RRAB). The deployment of the RRAB could cause airbag deployment related injury to the occupants of the vehicle, and increase the risk of a crash.

### What will we do?

PARTS ARE NOT CURRENTLY AVAILABLE. When parts are available, your Cadillac will replace the rear prop shaft assembly. This service will be performed for you at **no charge**.

We are working as quickly as possible to correct this condition. And expect to have sufficient parts to begin repairs by September 1, 2014.

### What should you do?

You should contact your Cadillac dealer to arrange a service appointment on or after September 1, 2014.

### Did you already pay for this repair?

Even though you may have already have had a repair to the RRAB you will still need to take your vehicle to your dealer for inspection or additional recall repairs. If you have paid for repairs for the condition described in this letter, please complete the enclosed

reimbursement form and present it to your dealer with all required documents. Working with your dealer will expedite your request, however, if this is not convenient, you may mail the completed reimbursement form and all required documents to Reimbursement Department, PO Box 33170, Detroit, MI 48232-5170. The completed form and required documents must be presented to your dealer or received by the Reimbursement Department by September 1, 2015, unless state law specifies a longer reimbursement period.

**Do you have questions?**

If you have questions or concerns that your dealer is unable to resolve, please contact the appropriate Customer Assistance Center at the number listed below.

Division	Number	Text Telephones (TTY)
Cadillac	1-800-458-8006	1-800-833-2622

If after contacting your dealer and the Customer Assistance Center, you are still not satisfied we have done our best to remedy this condition without charge and within a reasonable time, you may wish to write the Administrator, National Highway Traffic Safety Administration, 1200 New Jersey Avenue, SE, Washington, DC 20590, or call the toll-free Vehicle Safety Hotline at 1.888.327.4236 (TTY 1.800.424.9153), or go to <http://www.safercar.gov>. The National Highway Traffic Safety Administration Campaign ID Number for this recall is 14V341.

Federal regulation requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee within ten days.

Jim Moloney  
General Director,  
Customer and Relationship Services

GM Recall #14233

# General Motors Product Field Action Customer Reimbursement Request Form

This section to be completed by customer (please print)

Customer Name: \_\_\_\_\_

Street Address or P. O. Box Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone Number (include Area Code): \_\_\_\_\_

Evening Telephone Number (include Area Code): \_\_\_\_\_

Date Request Form and Supporting Documentation Submitted to Dealer: \_\_\_\_\_

Vehicle Identification Number of Involved Vehicle: \_\_\_\_\_  
(17 Characters)

Mileage at Time of Repair: \_\_\_\_\_ Date of Repair: \_\_\_\_\_

Amount of Reimbursement Requested: \$ \_\_\_\_\_

## THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS REQUEST FORM.

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

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- Description of problem, the repair performed, date of repair and who performed the repair.
- The total cost of the repair expense that is being requested.
- Proof of payment for the repair in question and the date of payment.  
(Copy of cancelled check, copy of credit card receipt or receipt for cash payment)

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.

Customer's Signature: \_\_\_\_\_

Submit this request form and the required documents to your GM dealer for processing. All reasonable and customary costs to correct the condition described in the letter that came with this form will be considered for reimbursement. If your request is approved, you will receive a check from your dealer. If your request is denied, you will receive a written explanation for the denial from your dealer. If your request is incomplete, your dealer will advise you what documentation is needed to complete the request and offer you the opportunity to resubmit the request when the missing documents are available. If you have any questions about this process or have waited 30 or more days for a response from your dealer, please contact the GM Customer Assistance Center at 1-800-204-0261.

This section to be completed by dealer (please print)

Bulletin No.: \_\_\_\_\_ Request Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Request Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Reason: \_\_\_\_\_

If denied, please provide a copy of this form to the customer and retain original for your files