



# IMPORTANT SAFETY RECALL

October 2016

Rev Ambulance Group  
2737 Forsyth Rd.  
Winter Park, FL 32792-6673

This notice applies to your vehicle, **VIN: 1GB3CZC81GF237604.**

Dear Rev Ambulance Group:

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 2016 model year Chevrolet Silverado vehicles. 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

- Your vehicle is involved in GM recall 16007.
- Schedule an appointment with your Chevrolet dealer.
- This service will be performed for you at **no charge**.

### Why is your vehicle being recalled?

The sensing and diagnostic module (SDM) in your vehicle, which controls airbag and pretensioner deployment, contains a software defect which may prevent the deployment of frontal airbags and pretensioners in certain rare circumstances. If the frontal airbags and seatbelt pretensioners do not deploy when required, there is an increased risk of injury to occupants in a crash.

### What will we do?

Your Chevrolet dealer will reprogram the SDM with new software that eliminates this defect. If your vehicle has any previous deployment events recorded in the SDM, your dealer will replace the existing SDM with a new SDM containing the latest software. This service will be performed for you at **no charge**. Because of service scheduling requirements, it is likely that your dealer will need your vehicle longer than the actual service correction time of approximately 20 minutes up to two hours.

### What should you do?

You should contact your Chevrolet dealer to arrange a service appointment as soon as possible.



**Did you already  
pay for this  
repair?**

Even though you may have already had repairs for this condition, you will still need to take your vehicle to your dealer for additional repairs. If you have paid for repairs for the recall condition, 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 October 31, 2017, 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 Chevrolet Customer Assistance Center at 1.800.222.1020 (TTY 1.800.833.2438).

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 16V651.

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



Jeffrey M. Boyer  
Vice President  
Global Vehicle Safety

Enclosure  
GM Recall 16007

## 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.

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**

Customer Reimbursement Request Form  
General Motors Financial Field Action

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

Customer Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Product Description: \_\_\_\_\_  
Date of Purchase: \_\_\_\_\_

Manufacturer's Suggested Retail Price (MSRP): \_\_\_\_\_  
Actual Price Paid: \_\_\_\_\_

THE FOLLOWING INFORMATION IS FOR YOUR INFORMATION ONLY

Customer's name, address, and telephone number are for your information only.

- The information on this form is for your information only.
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General Motors Financial Field Action

Customer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_