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OFFICE OF THE ATTORNEY GENERAL  
STATE OF ILLINOIS

Lisa Madigan  
ATTORNEY GENERAL

March 2, 2005

General Motors Corporation\*\*  
Post Office Box 217060  
Auburn Hills, MI 48321

Re: [REDACTED]  
File No: [REDACTED]

Dear Sir/Madam:

The Consumer Protection Division, of the Office of Attorney General received a consumer complaint involving your business. We have enclosed a copy of the complaint for your examination.

We would appreciate your review and response to the complaint, as well as any suggestions for a potential resolution. Please include copies of any substantiating documents which relate to this complaint with your response. If the matter has been resolved, we would appreciate knowing it.

Please provide a response within ten days. All communications must be in writing. Direct all correspondence to Consumer Protection Division, Office of Attorney General, 500 South Second Street Springfield, IL 62706. Refer to the above mentioned file on all correspondence.

Sincerely,

ATTORNEY GENERAL  
State of Illinois

*Sarah Schackmann*

Sarah Schackmann  
Citizen's Advocate  
Consumer Protection Division  
(217) 782-1090

enclosure  
cc: National Highway Traffic and Safety Commission

500 South Second Street, Springfield, Illinois 62706 • (217) 782-1090 • TTY: (217) 785-2771 • Fax: (217) 782-7046  
100 West Randolph Street, Chicago, Illinois 60601 • (312) 814-3000 • TTY: (312) 814-3374 • Fax: (312) 814-3806  
1001 East Main, Carbondale, Illinois 62901 • (618) 529-6400 • TTY: (618) 529-6403 • Fax: (618) 529-6416

NAR  
608  
3/21/05



# LISA MADIGAN

Illinois Attorney General  
Consumer Fraud Bureau  
500 South Second Street  
Springfield, IL 62706  
217-782-1090

1-800-243-0618 (Toll free in IL)

TTY: 1-877-844-5461

[www.IllinoisAttorneyGeneral.gov](http://www.IllinoisAttorneyGeneral.gov)

Office Use Only	
CLM#:	_____
AG:	_____

## YOUR INFORMATION

Name: <u>Mr.</u> , Mrs., Ma. (circle one)		Name: <u>GM Oldsmobile</u>	
[Redacted]		Address: _____	
City: <u>Lella baldo IL</u> State: <u>[Redacted]</u> Zip code: <u>[Redacted]</u> County: <u>Piatt</u>		City: <u>PO Box 33171</u> State: _____ Zip code: _____	
Your Telephone Number: Daytime: _____ Evening: ( ) <u>same</u>		Telephone ( ) _____ Website: _____	
Your e-mail address (optional): _____		Additional seller or provider of service involved in transaction: Name: _____	
Are you a senior citizen? Yes <input checked="" type="checkbox"/>		Address: _____	
Who referred you to this office? _____		City: _____ State: _____ Zip code: _____	
		Telephone ( ) _____ Website: _____	

Has this matter been submitted to another government agency, an arbitration service, or to an attorney? Yes  No

If yes, please give name, address, telephone number #. \_\_\_\_\_

Is court action pending? Yes  No

Date of Transaction: <u>1/3/05</u>	Did you sign a contract? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please attach a copy)	Date contract was signed: _____
Was the product or service advertised? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> When? _____ (Please attach a copy of the advertisement, if available)		

How was the service advertised? <input type="checkbox"/> Newspaper/magazine <input type="checkbox"/> Radio advertisement <input type="checkbox"/> Television advertisement <input type="checkbox"/> Internet advertisement <input type="checkbox"/> E-mail solicitation <input type="checkbox"/> Direct mail solicitation <input type="checkbox"/> Telephone solicitation <input type="checkbox"/> Yellow pages of the telephone book <input type="checkbox"/> Facsimile solicitation <input type="checkbox"/> Door-to-door solicitation <input type="checkbox"/> Display at merchant's place of business <input type="checkbox"/> Display at a trade show/convention, etc. <input type="checkbox"/> Other _____	Total Cost of product/service: \$ <u><del>3</del></u>
	Amount paid to date/down payment: \$ _____
	Method of payment (circle one) (Please attach a copy) Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Bank Draft <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Automatic Debit <input type="checkbox"/> Other _____
	If you paid with a credit card, have you contacted your credit card company to register a dispute? Yes <input type="checkbox"/> No <input type="checkbox"/>

(Under the Federal Fair Credit Billing Act, you have 60 days from the time that you receive your statement to dispute the charge.)

Where did the transaction take place?

- At my home
- Over the telephone
- By mail
- Over the Internet
- Trade show/convention/home show
- At the firm's place of business
- By facsimile
- Other (please specify) \_\_\_\_\_
- There was no transaction

Have you complained to the company or individual?

Yes  No

If yes, provide name and phone number of the individual(s):

LOWA Toyota 255 W. Pershing Road  
PO Box 3370 Dealer IL 62524 (317) 871-5050  
and GM

**FOR COMPLAINTS REGARDING MOTOR VEHICLES, PLEASE COMPLETE THIS BOX:**

Make: <u>Oldsmobile</u>	Model: <u>Intrigue</u>	Year: <u>1998</u>	New: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	As-Is: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Warranty: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Name of Extended Warranty:	Purchase Date: <u>1998</u>	Current Mileage: <u>72,000</u>	Mileage at Purchase: <u>400</u>

Briefly describe the transaction and your complaint. You may use additional sheets if necessary. Please attach copies of all contracts, letters, receipts, cancelled checks (front and back), advertisements, or any other documents that relate to your complaint. PLEASE DO NOT SEND ORIGINALS.

I was driving in my car with my wife and 1 1/2 yr old. I was trying to make a right hand turn and my steering started sticking. It almost caused me to wreck. I call GM and their was a recall on the steering rack. But not on my VIN #1G3US5AR9W6374. This is the second time that it went out on me. This needs to be addressed so no one has a serious wreck.

What form of relief are you seeking? (E.g. exchange, repair, money back, product delivery, etc.)

For my car to be on the recall list and cost for repairs \$505.52

**READ THE FOLLOWING BEFORE SIGNING BELOW:**

In filing this complaint, I understand that the Attorney General is not my private attorney, but rather enforces laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or the person the complaint is directed against, unless box checked below. The above complaint is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: 1/30/05

- Check here if you only want to notify our office of your concerns and do not want a mediation process initiated.

Please return the completed form to the address at the top of this complaint form.

INCOMPLETE FORMS MAY BE RETURNED.

ATTORNEY GENERAL  
CONSUMER PROTECTION DIV.

**THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**