



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

ELIOT SPITZER
Attorney General

REGIONAL OFFICE DIVISION
WATERTOWN REGIONAL OFFICE

10118895

March 30, 2005

National Highway Traffic and Safety Administration
400 7th Street SW
Washington, DC 20590

Our File Number: 2005-478739
Company: Fuccillo AutoMall

Dear Sir or Madam:

I enclose a copy of a consumer complaint recently filed with this office.

We will be mediating the complaint with the company. However, it appears this matter may also fall within the jurisdiction of your office. We are forwarding this copy so that you may take whatever action your office deems appropriate.

Thank you for your cooperation.

Very truly yours,

Carol A. Lively

Carol A. Lively
BUREAU OF CONSUMER FRAUDS
AND PROTECTION

Enclosure

cc:

[Redacted]

Lyons Falls, NY [Redacted]

2005 APR 12 10 08 38

Ana Muni
4/13/05



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
BUREAU OF CONSUMER FRAUDS AND PROTECTION
317 Washington Street
Watertown, NY 13601-3744
Tel. (315) 785-2444 Fax (315) 785-2294

COMPLAINT FORM
Consumer Hotline For Hearing Impaired
(800) 971-7333 TDD (800) 788-9898
RECEIVED
ATTORNEY GENERAL'S OFFICE
OCT 21 2004
SYRACUSE DISTRICT
CONSUMER FRAUDS BUREAU

MAR 29 2005

NY STATE DEPARTMENT OF LAW
WATERLOO REGIONAL OFFICE

1. PLEASE BE SURE TO COMPLAIN TO THE COMPANY OR INDIVIDUAL YOU ARE COMPLAINING ABOUT.
2. PLEASE TYPE OR PRINT CLEARLY IN DARK INK.
3. YOU MUST COMPLETE THE ENTIRE FORM. INCOMPLETE OR UNCLEAR FORMS WILL BE RETURNED TO YOU.
4. MAKE SURE YOU ENCLOSE COPIES OF IMPORTANT PAPERS CONCERNING YOUR TRANSACTION.

YOUR NAME		HOME TELEPHONE NUMBER	
STREET ADDRESS		BUSINESS TELEPHONE NUMBER	
CITY/TOWN LYONS FALLS	COUNTY Lewis	STATE N.Y.	ZIP
NAME OF SELLER OR PROVIDER OF SERVICES FUCILLO FORD, INC.		NAME OF OTHER SELLER OR PROVIDER OF SERVICES	
STREET ADDRESS Route 11		STREET ADDRESS	
CITY/TOWN ADAMS	STATE N.Y.	ZIP 13605	CITY/TOWN STATE ZIP
TELEPHONE NUMBER (315) 232-3222 OR (800)-235-8037		TELEPHONE NUMBER	
DATE OF TRANSACTION 5-17-2003	COST OF PRODUCT OR SERVICE \$16,280.00	HOW PAID (Check those which apply) <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other <u>CONTRACT</u>	
DID YOU SIGN A CONTRACT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WHERE DID YOU SIGN THE CONTRACT? DEALER'S SHOW ROOM	DATE SIGNED 5-17-2003	
WAS PRODUCT OR SERVICE ADVERTISED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WHERE WAS IT ADVERTISED? DEALER'S SHOW ROOM	DATE ADVERTISED 5-17-2003	
TYPE OF COMPLAINT (e.g. car, mail order, etc. Use the reverse side of this form to provide details) New FORD RANGER EDGE TRUCK			
DATE YOU COMPLAINED TO THE COMPANY OR INDIVIDUAL 3 Times in 2003	PERSON CONTACTED JERRY (HUCK) BERRY	JOB TITLE SALES PERSON	
NATURE OF RESPONSE DEALER would NOT CORRECT THE PROBLEM		DATE OF RESPONSE 1st-10-16-04 3 Times 2003 + 2004	
HAS MATTER BEEN SUBMITTED TO ANOTHER AGENCY OR ATTORNEY? (If "Yes," give name and address) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No FORD MOTOR CO, 16800 EXEC PLAZA DR., DEARBORN, MI 48121		1-(800)392-3673 (Ford)	
IS COURT ACTION PENDING? (Please describe as necessary) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF PROBLEM CAUSES ACCIDENT OR DEATH.			
MANUFACTURER OF PRODUCT Ford MOTOR CO.		PRODUCT MODEL OR SERIAL NUMBER 1FTYR10473T	
ADDRESS Edison, N.J.		WARRANTY EXPIRATION DATE 3 YRS OR 36,000 Miles	
DID BUSINESS ARRANGE FINANCING? (If "Yes," give name and address of bank or finance company) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Key BANK U.S.A., N.A. 601 OAKMONT LANE, Suite 110, WESTMONT, I.L., 60559-5523			

PLEASE DESCRIBE COMPLAINT ON REVERSE SIDE

oof

BRIEFLY DESCRIBE YOUR COMPLAINT SPARE TIRE + WHEEL IS NOT
SIZE PROPERLY OR MATCHED TO REST OF THE WHEELS ON TRUCK
TIRE NOT RATED TO CARRY FULL LOAD OF TRUCK LOADED.
DOES'NT SAY "TEMP SPARE" ON TIRE OR RIM AS FORD MTR. CO. SAID.
TRUCK HAS 4 WHEEL ANTI-LOCK BRAKES, USE OF THIS
RENDERS ANTILOCK INOPERATIVE TO BRAKES, PUTTING MY
LIFE + PASSENGERS AT RISK OF DEATH OR ACCIDENT.

WHAT FORM OF RELIEF ARE YOU SEEKING? (e.g., exchange, repair or money back, etc.) UNDER NEW YORK
STATE (LEMON LAW), I HAVE TRIED (3) TIMES TO HAVE PROBLEM
 WHO REFERRED YOU TO THIS OFFICE? CORRECTED. I NOW DESERVE A NEW TRUCK

READ THE FOLLOWING BEFORE SIGNING BELOW

PLEASE ATTACH TO THIS FORM PHOTOCOPIES of any papers involved (contracts, warranties, bills received, canceled checks, correspondence, etc.). DO NOT SEND ORIGINALS.

NOTE: In order to resolve your complaint, we may send a copy of this form to the person or firm about whom you are complaining.

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public in enforcing 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 person the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

I also understand that any false statements made in this complaint are punishable as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

Signature:  Date: OCTOBER 20, 2004

HAVE YOU ENCLOSED COPIES OF IMPORTANT PAPERS?

Return to: Office of the Attorney General
 Bureau of Consumer Frauds and Protection
 317 Washington Street
 Watertown, NY 13601-3744

**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).**