STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
120 Broadway, New York, NY 10271

ELIOT SPITZER
Attorney General

THOMAS G. CONWAY
Assistant Attorney General In Charge
Consumer Frauds and Protection Bureau

212-416-8294

June 7, 2005

[redacted]
Waverly, NY [redacted]

10119374

Our File Number: 2005-490164
Company: Coil Spring Failure

Dear [redacted]:

On behalf of Attorney General Eliot Spitzer, I am writing to notify you that we have received your correspondence.

We appreciate your alerting us to this matter. We believe the organization shown below may be able to assist you and we are forwarding your correspondence there.

If you do not receive a response in the near future, please follow up directly with that organization. I suggest you attach a copy of this letter or, if appropriate, mention that you are adding new information.

Thank you for contacting us.

Very truly yours,

Philip Gamma/cl

Philip Gamma
Bureau of Consumer Frauds
And Protection

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

Heather 6/22/05

ATTORNEY GENERAL ELIOT SPITZER
STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
BUREAU OF CONSUMER FRAUDS AND PROTECTION
120 Broadway, 3rd Floor
New York, NY 10271-0332
Tel. (212) 416-8345 Fax (212) 416-8787

COMPLAINT FORM

Consumer Hotline 1 (800) 771-7755 For Hearing Impaired TDD (800) 788-9898
http://www.oag.state.ny.us

1. **PLEASE BE SURE TO COMPLAIN TO THE COMPANY OR INDIVIDUAL BEFORE FILING.**
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.**

CONSUMER

YOUR NAME [redacted]
HOME TELEPHONE NUMBER [redacted]
STREET ADDRESS [redacted]
BUSINESS TELEPHONE NUMBER
CITY/TOWN: WAVERLY | COUNTY: TIOGA | STATE: NY | ZIP [redacted]

COMPLAINT

NAME OF SELLER OR PROVIDER OF SERVICES	NAME OF OTHER SELLER OR PROVIDER OF SERVICES
MONRO MUFFLER/BRAKE SERVICE	FORD MOTOR COMPANY
STREET ADDRESS: 1008 N. ELMIRA ST.	STREET ADDRESS: P.O. BOX 1904
CITY/TOWN: SAYRE STATE: PA ZIP: 18840	CITY/TOWN: DEARBORN STATE: MICHIGAN ZIP: 48121
TELEPHONE NUMBER: (570) 888-7718	TELEPHONE NUMBER: (866) 436-7332

DATE OF TRANSACTION: 4/7/05
COST OF PRODUCT OR SERVICE: $ 1,300
HOW PAID (Check those which apply): ☐ Cash ☐ Check ☒ Credit Card ☐ Other _____

DID YOU SIGN A CONTRACT? ☒ Yes ☐ No
WHERE DID YOU SIGN THE CONTRACT? MONRO MUFFLER & BRAKE
DATE SIGNED: 4/7/05

WAS PRODUCT OR SERVICE ADVERTISED? ☐ Yes ☒ No
WHERE WAS IT ADVERTISED? N/A
DATE ADVERTISED

TYPE OF COMPLAINT (e.g. car, mail order, etc. Use the reverse side of this form to provide details)
CAR DAMAGES FROM A LEFT FRONT COIL SPRING FAILURE

DATE YOU COMPLAINED TO THE COMPANY OR INDIVIDUAL: COMPANY ☐ By Mail ☒ By Telephone ☐ In Person
PERSON CONTACTED: FORD CUSTOMER SERVICES
JOB TITLE

NATURE OF RESPONSE
DATE OF RESPONSE: NONE

HAS MATTER BEEN SUBMITTED TO ANOTHER AGENCY OR ATTORNEY? (If "Yes," give name and address)
☒ Yes ☐ No MICHIGAN'S OFFICE OF THE ATTORNEY GENERAL, NHTSA
P.O. BOX 30213, LANSING MI 489009
400 SEVENTH ST, S.W. WASHINGTON, DC 20590

IS COURT ACTION PENDING? (Please describe as necessary)
☐ Yes ☒ No

ADDITIONAL INFORMATION

MANUFACTURER OF PRODUCT: FORD MOTOR COMPANY
PRODUCT MODEL OR SERIAL NUMBER: VIN # 1FAFP6634YW[redacted]
ADDRESS: P.O. BOX 1904, DEARBORN, MICHIGAN 48121
WARRANTY EXPIRATION DATE: 5/2008 OR 150,000 MILES (SEE RECALL)

DID BUSINESS ARRANGE FINANCING? (If "Yes," give name and address of bank or finance company)
☐ Yes ☐ No _____

PLEASE DESCRIBE COMPLAINT ON REVERSE SIDE

BRIEFLY DESCRIBE YOUR COMPLAINT MY CAR RECENTLY SUFFERED A FAILURE IN THE LEFT FRONT COIL SPRING. THE FRACTURE OF THE SPRING CAUSED OTHER DAMAGES TO MY VEHICLE. THE CAR IS A 1998 FORD CONTOUR PURCHASED IN APRIL OF 1999. FORD HAS TWO RECALLS RELATED TO THIS ITEM, THEY ARE RECALL ID NUMBERS 01I013000 AND 01V255000 (SEE ATTACHMENT). WHEN I CONTACTED FORD REGARDING THIS MATTER, THEY INDICATED THAT I AM OUTSIDE THE RECALL PERIOD GIVEN AS 6/27/1996 - 4/31/1998. MY CAR WAS MANUFACTURED IN 5/1998. THEY HAVE WARRANTED THE REPAIRS UNDER THESE RECALLS TO 10 YEARS FROM ORIGINAL DATE OF SALE OR 150,000 MILES WHICHEVER COMES FIRST. MY CAR HAD APPROXIMATELY 77,000 MILES ON IT WHEN THE FAILURE OCCURED AND IT IS NOW 7 YEARS OLD. I FEEL THAT THE DAMAGES TO THE BRAKE HOSE AND THE COIL SPRING REPAIR COSTS SHOULD BE PAID FOR BY FORD SINCE MY CAR HAD DEFECTIVE PARTS AS REFERENCED IN THE RECALL

WHAT FORM OF RELIEF ARE YOU SEEKING? (e.g., exchange, repair or money back, etc.) MONEY BACK FOR DAMAGES INCURRED BY THIS FAILURE.

WHO REFERRED YOU TO THIS OFFICE? MYSELF

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: [redacted] Date: 5/27/2005

HAVE YOU ENCLOSED COPIES OF IMPORTANT PAPERS?

Return to: **Office of the Attorney General**
Bureau of Consumer Frauds and Protection
120 Broadway, 3rd Floor
New York, NY 10271-0332

1998 Ford Contour SVT NHTSA Recall ID Number: 01I013000

Recall Date: AUG 08, 2001
Component: SUSPENSION:FRONT:SPRINGS:COIL SPRINGS
Potential Units Affected: 203426
Summary: THIS IS NOT A SAFETY RECALL IN ACCORDANCE WITH THE SAFETY ACT. HOWEVER, IT SAFETY IMPROVEMENT CAMPAIGN BY THE AGENCY. VEHICLE DESCRIPTION: 1998 FORD CONTOUR, MYSTIQUE PASSENGER VEHICLES BUILT AT THE KANSAS CITY ASSEMBLY PLANT. THE FRONT COIL COULD POTENTIALLY FRACTURE DUE TO CORROSION.
Consequence: SOME TIRES HAVE DEFLATED DUE TO CONTACT WITH A BROKEN SPRING.
Remedy: FORD IS EXTENDING THE WARRANTY FOR FRONT COIL SPRING REPLACEMENT FOR THE I SPRINGS FOR 10 YEARS FROM ORIGINAL DATE OF SALE OF A VEHICLE OR 150,000 MILES, WHICHI FIRST.
Notes: FORD MOTOR COMPANY,

1998 Ford Contour SVT NHTSA Recall ID Number: 01V255000

Recall Date: AUG 08, 2001
Component: SUSPENSION:FRONT:SPRINGS:COIL SPRINGS
Potential Units Affected: 108000
Summary: VEHICLE DESCRIPTION: PASSENGER VEHICLES BUILT AT THE KANSAS CITY ASSEMBLY CURRENTLY REGISTERED IN THE STATES OF CONNECTICUT, DELAWARE, ILLINOIS, INDIANA, IOWA MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSOURI, NEW HAMPSHIRE, NEW JERSEY OHIO, PENNSYLVANIA, RHODE ISLAND, VERMONT, WEST VIRGINIA, AND WISCONSIN, AND THE DI COLUMBIA. THE FRONT COIL SPRINGS MAY FRACTURE AS A RESULT OF CORROSION IN HIGH CORI ENVIRONMENTS. DEPENDING ON THE LOCATION OF THE FRACTURE, A BROKEN SPRING COULD MC SPRING SEAT AND CONTACT A FRONT TIRE.
Consequence: SOME TIRES HAVE DEFLATED DUE TO CONTACT WITH A BROKEN SPRING.
Remedy: DEALERS WILL INSTALL SPRING CATCHER BRACKETS. OWNER NOTIFICATION BEGAN OC 2001. OWNERS WHO TAKE THEIR VEHICLES TO AN AUTHORIZED DEALER ON AN AGREED UPON SE AND DO NOT RECEIVE THE FREE REMEDY WITHIN A REASONABLE TIME SHOULD CONTACT FORD A 7332.
Notes: FORD MOTOR COMPANY, 01S23

1998 Ford Contour SVT NHTSA Recall ID Number: 98V028000

Recall Date: FEB 10, 1998
Component: EXTERIOR LIGHTING:HEADLIGHTS
Potential Units Affected: 571800
Summary: VEHICLE DESCRIPTION: PASSENGER VEHICLES. THE TEXT AND/OR GRAPHICS FOR THE HEADLAMP AIMING INSTRUCTIONS PROVIDED IN THE OWNER GUIDES ARE NOT SUFFICIENTLY CLE NOT MEET THE REQUIREMENTS OF FMVSS NO. 108, "LAMPS, REFLECTIVE DEVICES, AND ASSOCIAT EQUIPMENT."
Consequence: IF THE HEADLAMP ASSEMBLIES ARE REPLACED, CUSTOMERS MAY BE CONFUSED B INSTRUCTIONS PROVIDED IN THE OWNER GUIDES CAUSING THE HEADLAMPS TO BE IMPROPERLY
Remedy: OWNER GUIDES CONTAINING REVISED AIMING INSTRUCTIONS WILL BE MAILED TO OWI VEHICLES.

[redacted]
Waverly, NY [redacted]

May 27, 2005

Ford Motor Company
P.O. Box 1904
Dearborn, Michigan 48121

Re: FORD Contour, Model Year 1998, VIN 1FAFP6634WK[redacted]

Dear Sir/Madam

On April 1st, 1999, I bought the subject used vehicle from Feduke Ford, Inc., located in Vestal, NY.

Unfortunately, your vehicle has not performed well because of a recent left front Coil Spring Assembly failure. This failure has resulted in significant out of pocket expenses as well as a significant safety concern. I am disappointed because when I contacted FORD Customer Service regarding this problem I was informed that my VIN number did not qualify under the 2 listed **SVT NHSTA Recall ID Numbers, 01I013000 & 01V255000** that directly related to failures I experienced. The recall period for this particular Make & Model is listed for period 6/27/1996 – 4/31/1998. The date of manufacture for subject vehicle is listed as 5/1998. For vehicles covered under these recalls, FORD has extended the warranty for these items, front coil spring replacement for 10 years from original date of sale of the vehicle or 150,000 Miles whichever comes first. I fall outside of this window by a matter of days.

Overall I am very disappointed with the handling of this matter on part of the FORD Customer Service group. There was a lack of interest to review my concerns and investigate this matter any further and to address my concerns relating to this matter.

To resolve the problem, I would appreciate your reimbursement for the related repair expenses regarding this failure. These damages include the coil spring, brake hose and CV Joint Boot. Enclosed are copies of the repair bills with the associated part details related to this situation.

I look forward to your reply and a resolution to my problem. A formal complaint has been filed against FORD concerning this matter in both New York's and Michigan's Office of the Attorney General. I hope that you will attend to this matter, so that I will not have to take any additional course of action. Please contact me at the above address or by phone at [redacted].

Sincerely,

[redacted]

U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
02-MAY-2005	Reference No. 10119374

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number	
City WAVERLY	State NY	Zip Code [redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FAFP6634WK[redacted]	FORD	CONTOUR	1998

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
28-MAR-99	FEDUKE FORD			No: Cylinders 4	Gas
Original Owner ☐	Dealer's City VESTAL	State NY	Zip Code 13850		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	021210 SUSPENSION:FRONT:SPRINGS:COIL SPRINGS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
19-APR-2005	77159		

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

THE VEHICLE WAS TAKEN IN FOR INSPECTION ABOUT A MONTH AGO AND NOW THE COIL SPRING HAS BROKEN AND DAMAGED THE BRAKE LINE. THE VEHICLE HAS BEEN REPAIRED. FORD HAS RECALLED SOME OF THIS YEAR MODEL BUT NOT THIS VEHICLE BECAUSE OF THE VIN.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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).