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

August 29, 2005

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2005 SEP -9 AM 5:22

[redacted]
Fulton, NY [redacted]

Our File Number: [redacted]
Company: Route 104 Ford

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/dl

Philip Gamma
Bureau of Consumer Frauds
And Protection

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

Edison
9/15/05

5049413

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://[illegible]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 [redacted]

CITY/TOWN Fulton COUNTY Oswego STATE NY [redacted]

COMPLAINT

NAME OF SELLER OR PROVIDER OF SERVICES	NAME OF OTHER SELLER OR PROVIDER OF SERVICES
Route 104 Ford	Ford Motor Comp.
STREET ADDRESS: Route 104	STREET ADDRESS: Michigan
CITY/TOWN: Oswego STATE: N.Y. ZIP: 13126	CITY/TOWN STATE ZIP
TELEPHONE NUMBER: 315-207-1000	TELEPHONE NUMBER

DATE OF TRANSACTION	COST OF PRODUCT OR SERVICE	HOW PAID (Check those which apply)
Sept. 2003	$ 18000.00	☐ Cash ☐ Check ☐ Credit Card ☒ Other Loan

DID YOU SIGN A CONTRACT?	WHERE DID YOU SIGN THE CONTRACT?	DATE SIGNED
☒ Yes ☐ No	Dealership	

WAS PRODUCT OR SERVICE ADVERTISED?	WHERE WAS IT ADVERTISED?	DATE ADVERTISED
☒ Yes ☐ No	Various	

TYPE OF COMPLAINT (e.g. car, mail order, etc. Use the reverse side of this form to provide details)
Car

DATE YOU COMPLAINED TO THE COMPANY OR INDIVIDUAL	PERSON CONTACTED	JOB TITLE
June 05 ☐ By Mail ☒ By Telephone ☐ In Person	Ask Kate	Online Help

NATURE OF RESPONSE	DATE OF RESPONSE
None	

HAS MATTER BEEN SUBMITTED TO ANOTHER AGENCY OR ATTORNEY? (If "Yes," give name and address)
☐ Yes ☒ No

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

ADDITIONAL INFORMATION

MANUFACTURER OF PRODUCT	PRODUCT MODEL OR SERIAL NUMBER
Ford Motor Comp	1FTRW08L31KA49610
ADDRESS: Detroit, Michigan	WARRANTY EXPIRATION DATE

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 Aprox. last yr. 2004, I heard Ford was re-calling a number of model yr & models trucks. Mine was the 2001 Ford F-150 SuperCrew. for Cruse ~~on~~ control problems. The cruse control on my truck burnt out shortly after. I called the dealership & Ford several times. They instructed me to wait. After a year of waiting, I recalled Ford. They told me that my truck wasn't covered because of ~~the~~ where it was manufactered or where it had been assembled. My question is did they (Ford) use different parts or assemble the truck differently at another site? [redacted]

WHAT FORM OF RELIEF ARE YOU SEEKING? (e.g., exchange, repair or money back, etc.) I would like them to fix my truck!

WHO REFERRED YOU TO THIS OFFICE? _____

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: 8-24-05

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