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STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

2005 SEP 16 AM 7:34
ELIOT SPITZER
Attorney General

845-485-3924

REGIONAL OFFICE DIVISION
POUGHKEEPSIE REGIONAL OFFICE

September 7, 2005

[REDACTED]
Matamoras, PA [REDACTED]

Our File Number: **2005--506161**
Company: 2005 Volkswagen Passat

[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 writing to our office. We will keep your correspondence on file for future reference.

Very truly yours,

Mark T. Hoops

Bureau of Consumer Frauds
and Protection

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

Manio
9/29/05



ATTORNEY GENERAL ELIOT SPITZER
STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
BUREAU OF CONSUMER FRAUDS AND PROTECTION
235 Main Street
Poughkeepsie, NY 12601-3194
Tel. (845) 485-3920 Fax (845) 452-3303

COMPLAINT FORM

Consumer Hotline For Hearing Impaired
1 (800) 771-7755 (800) 788-9898

AUG 22 2005

CONSUMER FRAUDS
POUGHKEEPSIE DISTRICT

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 [REDACTED]	
CITY/TOWN MIDDLETOWN	COUNTY Alb	STATE PA	[REDACTED]
COMPLAINT SL: 2005 Volkswagen Passat			
NAME OF SELLER OR PROVIDER OF SERVICES MIDDLETOWN MAZDA VOLKSWAGEN		NAME OF OTHER SELLER OR PROVIDER OF SERVICES VW CUSTOMER CARE LISA McGEEN	
STREET ADDRESS 200 DOLSON AVE		STREET ADDRESS 3499 W HAMLIN RD	
CITY/TOWN MIDDLETOWN	STATE NY	CITY/TOWN ROCHESTER	STATE MI
ZIP 10940		ZIP 48309	
TELEPHONE NUMBER 845 344 4440		TELEPHONE NUMBER 800 822 8987	
DATE OF TRANSACTION 05/21/05	COST OF PRODUCT OR SERVICE \$ [REDACTED]	HOW PAID (Check those which apply) ☒ Cash ☐ Check ☐ Credit Card ☐ Other [REDACTED]	
DID YOU SIGN A CONTRACT? ☒ Yes ☐ No	WHERE DID YOU SIGN THE CONTRACT? MIDDLETOWN MAZDA VOLKSWAGEN	DATE SIGNED 05/21/05	
WAS PRODUCT OR SERVICE ADVERTISED? ☒ Yes ☐ No	WHERE WAS IT ADVERTISED? LOCAL & NATIONAL MEDIA	DATE ADVERTISED ONGOING	
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 7/13/05		PERSON CONTACTED RANDAL ZWERT LISA McGEEN	JOB TITLE SERVICE ADVISOR - MIDDLETOWN SUPV. VW CUSTOMER CARE
NATURE OF RESPONSE DAMAGE WAS DUE TO OUTSIDE CIRCUMSTANCES		DATE OF RESPONSE 7/15/05	
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 VOLKSWAGEN		PRODUCT MODEL OR SERIAL NUMBER PASSAT GLS	
ADDRESS 3499 W HAMLIN RD ROCHESTER HILLS MI 48309		WARRANTY EXPIRATION DATE 05/2010	
DID BUSINESS ARRANGIE FINANCING? (If "Yes," give name and address of bank or finance company) ☒ Yes ☐ No VOLKSWAGEN CREDIT PO Box 650301 COCKEYSVILLE MD 21065-0301			

PLEASE DESCRIBE COMPLAINT ON REVERSE SIDE

BRIEFLY DESCRIBE YOUR COMPLAINT PLEASE SEE ATTACHED

RECEIVED
ALBANY COUNTY CLERK
JAN 10 2006

2005 2 8 2006

RECEIVED
ALBANY COUNTY CLERK
JAN 10 2006

WHAT FORM OF RELIEF ARE YOU SEEKING? (e.g., exchange, repair or money back, etc.) Money back or
PERMANENT REPAIR SO CAR IS SAFE TO DRIVE IN RAIN

WHO REFERRED YOU TO THIS OFFICE? [REDACTED]

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

Signature: [REDACTED]

Date: 8-19-05

HAVE YOU ENCLOSED COPIES OF IMPORTANT PAPERS?

Return to: Office of the Attorney General
Bureau of Consumer Frauds and Protection
235 Main Street
Poughkeepsie, NY 12601-3194

I was driving home from work on 7/06/05 on Kennedy Boulevard, a main thoroughfare in Jersey City, NJ. It was raining heavily and traffic was moderate. There were puddles of water on the highway but no flooding or major flooding. With cars behind me and in front of me my car stalled. No other cars stalled. I tried to start my car but it would not restart. I let the car rest for approx. ten minutes and tried to start it again. The car started so I drove to my apartment in Bayonne, NJ. The next day it was not idling right so I drove the car to Metropolitan Volkswagen in Jersey City NJ to service the problem. I was told by Randall Zuest, service advisor at Metropolitan VW, the engine was damaged and the cost to fix it was around \$7000. dollars. I contacted Volkswagen customer care who told me the problem was due to outside circumstances and not covered under warranty.

Two days later while telling these events to my parents at their restaurant I was told by an auto body shop owner, who was at their restaurant, that my problem was a common one with Volkswagen and Hondas ever since they moved the engine air in-take from the top of the engine to a lower location in those cars.

I bought a new car for its dependability to get me to and from work. I don't need a car I cannot drive in the rain.

Sincerely

[REDACTED]

2005-07-06 10:00:00

2005-07-06 10:00:00
2005-07-06 10:00:00
2005-07-06 10:00:00
2005-07-06 10:00:00



Customer Care Phone Number 1-800-428-4034

Payment Address Only:
Volkswagen Credit
P.O. BOX 7247-0136
PHILADELPHIA, PA 19170-0136

See reverse side for correspondence address

Account Statement

TOTAL AMOUNT DUE:

PAYMENT DUE DATE: August 21, 2005
Monthly Payment: \$439.10

012669H810R

MATAMORAS PA



Customer Information

Statement Date: August 02, 2005
Account Number: [REDACTED]
Borrower: [REDACTED]
Vehicle: [REDACTED]
VIN: WWWW63E [REDACTED]
Vehicle Garaging Address: MATAMORAS, PA [REDACTED]

Account Summary

Last Payment Received: July 27, 2005
Amount: [REDACTED]
Payments Made: [REDACTED]
Payments Remaining: [REDACTED]
Year to Date Principal 2005: [REDACTED]
Year to Date Interest 2005: [REDACTED]

Important Messages

We Thank You for Your Business

Need an idea of how much equity you have in your home? Go to www.vwbankusa/homevalue to get an estimate of what your home is worth.

VW Credit, Inc. (f/k/a Volkswagen Credit, Audi Financial Services, and Bentley Financial Services) services for VW Credit Leasing, Ltd. and Volkswagen Bank USA (f/k/a Audi Bank USA)

FAX

TO:

[REDACTED]

Company:

Fax Number:

[REDACTED]

Phone Number:

FROM:

[REDACTED]

Fax Number:

[REDACTED]

Phone Number:

NOTES:

Date and time of transmission: Tuesday, August 09, 2005 11:58:46 AM

Number of pages including this cover sheet: 06

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MECHANICAL FAILURE SERVICE CONTRACT NEW VEHICLE COVERAGE

VEHICLE INFORMATION

CONTRACT NUMBER		VEHICLE NUMBER	
YEAR	MAKE	MODEL	CURRENT COORDINATE NUMBER
2005	VOLKSWAGEN		
ADDITIONAL EQUIPMENT (Check All That Apply)			
TURBO	DISC	CD	

DEALER INFORMATION

DEALER NAME		DEALER	
ADDRESS		CITY	
STATE		ZIP	
PHONE		FAX	
E-MAIL			

SERVICE CONTRACT INFORMATION

TERM / MILEAGE SELECTED		COVERAGE SELECTED	
4 YEARS / 50,000 MILES	☐	PLATINUM	☐
5 YEARS / 60,000 MILES	☐	GOLD PLUS	☒
5 YEARS / 75,000 MILES	☒	SILVER	☐
6 YEARS / 100,000 MILES	☒	DEDUCTIBLE SELECTED	
7 YEARS / 100,000 MILES	☐	\$0	☐
8 YEARS / 100,000 MILES	☐	\$250	☐
		\$500	☒
SEE "SERVICE CONTRACT PERIOD" TO DETERMINE COVERAGE PERIOD AND MILEAGE		VOLKSWAGEN CERTIFIED PRE-OWNED VEHICLE	

*THIS SERVICE CONTRACT MAY PROVIDE CERTAIN COVERAGE WHICH ALREADY MAY BE INCLUDED IN ANY APPLICABLE MANUFACTURER'S WARRANTY.

SERVICE CONTRACT HOLDER INFORMATION

FIRST NAME		LAST NAME	
ADDRESS		CITY	
STATE		ZIP	
PHONE		FAX	
E-MAIL			

YOU UNDERSTAND THAT THE PURCHASE OF THIS SERVICE CONTRACT IS NOT NECESSARY IN ORDER TO PURCHASE OR TO PURCHASE THIS VEHICLE AND HAS A SEPARATE COST DEDUCTIBLE.

OPTIONAL CAR CARE SERVICE PLAN INFORMATION

SEE OWNER'S MANUAL FOR COMPLETE LISTING OF FULL FACTORY RECOMMENDED SERVICES	SELECT SERVICE INTERVAL			
	EVERY 5,000 MILES		EVERY 10,000 MILES	
SELECT BOTH TERM (YEARS) MILEAGE AND PLAN TYPE	200,000	☐	200,000	☐
	325,000	☐	340,000	☐
CAR CARE PURCHASE PRICE	340,000	☐	400,000	☐
	450,000	☐	500,000	☐
CAR CARE PURCHASE PRICE	600,000	☐		

Washington Residents Only: By checking this box, YOU acknowledge YOU have reviewed with Selling Dealer the sections of this Service Contract that: SERVICE CONTRACT COVERAGE, VEHICLE COVERED PARTS, SERVICE CONTRACT PERIOD, EXCLUSIONS FROM COVERAGE, HOW TO MAKE A CLAIM, CANCELLATION, DEDUCTIBLE AND UNCOVERED COSTS and IMPLIED WARRANTY. CONTRACTUAL LIABILITY POLICY # 02-00-0001.

SERVICE COMPANY AND ADMINISTRATOR:

FIDELITY WARRANTY SERVICES, INC.

P.O. BOX 8667 • DEERFIELD BEACH, FLORIDA 33443 • 1-877-690-0268



GREAT AMERICAN INSURANCE COMPANY

380 Walnut Street, Cincinnati, OH 45202

3610
15118138

CERTIFICATE OF COVERAGE

"BEACON INDUSTRIES WORLDWIDE" THEFT DETERRENT SYSTEM

CERTIFICATE HOLDER NAME(S)			SYSTEM REGISTRATION CODE	
[REDACTED]				
ADDRESS [REDACTED]				
CITY	STATE	ZIP		
MATAMORAS	PA	[REDACTED]		
YEAR	MAKE	MODEL		
2005	VOLKSWAGEN	PASSAT		
VIN [REDACTED]				
CERTIFICATE PURCHASE DATE			VEHICLE PURCHASE PRICE	
05/21/05			[REDACTED]	
AMOUNT FINANCED			SYSTEM SALES PRICE	
[REDACTED]			[REDACTED]	
USE NEW VEHICLE ☐ USED VEHICLE ☐		COVERAGE PERIOD: 36 Months	REPLACEMENT BENEFIT	
DEALER NAME				
MIDDLETON AUTO WORKS INC.				
CITY	STATE	ZIP		
MIDDLETON	NV	89400		
CONTACT		PHONE		
KENNETH RICK		[REDACTED]		

CLAIMS PROCEDURES

In the event of theft, You must contact Us to establish a claim file by calling 1-888-722-3824 within five days of the Date of Theft. Within sixty (60) days of the Date of Theft, You must provide Us or Our Agent with proof of claim to include a copy of:

1. This Certificate of Coverage;
2. Primary Insurance documents clearly identifying the Vehicle and specifying insurance coverage;
3. Primary Insurance claim settlement check(s) showing final payment as applicable;
4. Police report;
5. Purchase/lease agreement for Replacement Vehicle as applicable;
6. Such other documents as may be reasonably requested by Us or Our Agent listed below.

BEACON INDUSTRIES WORLDWIDE, INC.
PO BOX 3637
FORT LAUDERDALE, FL 33310
1-888-722-3824

DATE

05/21/05

This certifies that a Theft Deterrent System has been installed on the Vehicle listed above.

DEALER AUTHORIZED SIGNATURE

DATE

05/21/05

WHAT WE WILL PAY

We will pay You up to the Maximum Replacement Benefit amount if the Stolen Vehicle is not recovered or, if recovered, deemed a total loss by the Primary Carrier and You purchase a Replacement Vehicle equal to or greater than the Vehicle Purchase Price.

MAH0015.0000

NOTICE OF REQUIREMENT TO PROVIDE INSURANCE



1. TO BE COMPLETED BY CUSTOMER

CUSTOMER NAME (Last, First, MI) [REDACTED]		HOME ADDRESS (P.O. Box, Street, Apt, etc.) [REDACTED]	
CITY, STATE, ZIP [REDACTED] HATBORO, PA [REDACTED]		CITY, STATE, ZIP [REDACTED]	
HOME PHONE NO. [REDACTED]		BUSINESS PHONE NO. [REDACTED]	
INSURANCE AGENT [REDACTED]		INSURANCE COMPANY [REDACTED]	
POLICY NO. [REDACTED]		POLICY NO. [REDACTED]	
EFFECTIVE DATE 05/21/85		EXPIRATION DATE 11/22/85	
COVERAGE YES ☐ NO ☐		COVERAGE YES ☐ NO ☐	

I have recently financed the purchase of a motor vehicle and agree to the following conditions (a. through e.) as required by "VW Credit, Inc.:

- I must maintain physical damage coverage on the financed vehicle for the entire term of the contract.
- The physical damage coverage must not exceed a maximum of \$750.00 Deductible Comprehensive (or Fire, Theft and Combined Additional Coverage), and a maximum of \$750.00 Deductible Collision.
- Coverage must be in effect on the date of my contract and the policy must name Loss Payee as Volkswagen Credit.
- The following will not be considered acceptable insurance coverage: Maintenance or Repair Contracts, One Month Policies or Insurance Certificates that make reference to a "Renter's Insurance Agreement".
- The Insurance Agent must be instructed to send the Policy Endorsement or Certificate to: VOLKSWAGEN CREDIT, P.O. BOX 850301, COCKEYSVILLE, MARYLAND 21085-0301.

*In the state of New York, physical damage coverage must not exceed a maximum of \$1,000.00 Deductible Comprehensive.

The vehicle described in section 2 is replacing the following vehicle presently covered under the policy mentioned above:

YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NO.
1985	VW	Passat	WV8063875P853211

2. TO BE COMPLETED BY DEALER (If customer has written proof of acceptable insurance coverage, please attach)

VEHICLE IDENTIFICATION NO.	YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NO.
WV8063875P853211	1985	VW	Passat	WV8063875P853211
NAME OF PERSON CONNECTED AT INSURANCE AGENCY	DATE	DATE		
KENNETH ROCK	05/21/85	05/21/85		

*VW Credit, Inc. (d.b.a. Volkswagen Credit, Audi Financial Services, and Bentley Financial Services) services for VW Credit Leasing, Ltd. and Volkswagen Bank USA (d.b.a. Audi Bank USA).

