STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

ELIOT SPITZER
Attorney General

120 Broadway, New York, NY 10271 2006 APR 19 AM 9:07

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

212-416-8294

101 56 261

April 10, 2006

[redacted]
Lackawanna, NY[redacted]

Our File Number: 2006-547161
Company: 2002 Ford Explorer

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 4/20/06

Consumer Complaint Form

New York State Office of the Attorney General
Eliot Spitzer
Consumer Protection Bureau
120 Broadway, 3rd floor
New York, New York 10271
(212) 416-8345 (phone)
(212) 416-8787 (fax)

CONSUMER COMPLAINT FORM

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	HOME PHONE
[redacted]	[redacted]
STREET ADDRESS [redacted]	BUSINESS PHONE

CITY/TOWN	COUNTY	STATE	ZIP
LACKAWANNA	ERIE	NY	14218

COMPLAINT

NAME OF SELLER OR PROVIDER OF SERVICES	NAME OF OTHER SELLER OR PROVIDER OF SERVICES
FORD MOTOR Company	WEST-HERR FORD
2006 FORD EXPLORER	STREET ADDRESS 5025 Camp Rd
[redacted]	

CITY/TOWN	STATE ZIP	CITY/TOWN	STATE ZIP
DEARBORN	MI [redacted]	Hamburg	NY 14075

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Consumer Complaint Form

TELEPHONE NUMBER	TELEPHONE NUMBER [redacted]
DATE OF TRANSACTION	COST OF PRODUCT OR SERVICE $
	HOW PAID (Check those which apply) ___Cash ___Check ___Credit ___Card Other_____
DID YOU SIGN A CONTRACT? ___Yes ___No	WHERE DID YOU SIGN THE CONTRACT?
	DATE SIGNED
WAS PRODUCT OR SERVICE ADVERTISED? ___Yes ___No	WHERE WAS IT ADVERTISED?
	DATE ADVERTISED
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 ✓By Mail ✓By Telephone ___In Person	PERSON CONTACTED
	JOB TITLE CUSTOMER REP.
NATURE OF RESPONSE I Have to pay $100.00 + TAX	DATE OF RESPONSE April 4 2006
HAS MATTER BEEN SUBMITTED TO ANOTHER AGENCY OR ATTORNEY? (IF "Yes," give name and address) ___Yes ✓No	
IS COURT ACTION PENDING? (Please describe if necessary) ___Yes ✓No	
ADDITIONAL INFORMATION	
MANUFACTURER OF PRODUCT Ford Motor Company	PRODUCT MODEL OR SERIAL NUMBER 1FMZU72E5 [redacted]

Consumer Complaint Form

ADDRESS [redacted] Dearborn, MI [redacted]	WARRANTY EXPIRATION DATE
DID BUSINESS ARRANGE FINANCING? (If "Yes," give name and address of bank or finance company) __Yes __No	

BRIEFLY DESCRIBE YOUR COMPLAINT my 2002 Ford Explorer Hatch Cracked. Took To West-Herr Ford Collision. I was informed that this Happens Due to ~~Paint~~ window and panel Being Glued together and Contract at Different Rates Causing to Crack - Ford motor said I would Have to pay $100.00 + Tax. This is a poor Design of Ford Should not Have to pay

WHAT FORM OF RELIEF ARE YOU SEEKING? (e.g., exchange, repair or money back, etc.)
Repaired By Ford Due to poor Design.

WHO REFERRED YOU TO THIS OFFICE?
Nobody

READ THE FOLLOWING BEFORE SIGNING BELOW

PLEASE ATTACH TO THIS FORM PHOTOCOPIES of any papers involved (contracts, warranties, bills received, cancelled 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: 4-10-06

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