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

10162059

July 7, 2006

[redacted]
Thornwood, NY [redacted]

Re: Our File No: 2006-563934
Company: State Line Nissan

Dear [redacted]:

On behalf of Attorney [redacted], I am writing to notify you that we have received your correspondence. We appreciate your alerting us to this matter.

We note that you have already contacted the agency shown below. It appears that your complaint properly falls within that organization's purview and our office must respectfully defer to their expertise in this matter. By a copy of this letter, however, I am requesting that they review your complaint to determine if they can offer further assistance or suggestions.

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

Very truly yours,

Philip Gamma
Bureau of Consumer Frauds
and Protection

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

Edison
7/14/06

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) 416-8362

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.

RECEIVED BY CONSUMER FRAUDS & PROTECTION BUREAU JUL 05 2006 NYS OFFICE OF THE ATTORNEY GENERAL NEW YORK CITY OFFICE

CONSUMER

YOUR NAME [redacted]
HOME TELEPHONE NUMBER [redacted]
STREET ADDRESS [redacted]
BUSINESS TELEPHONE NUMBER [redacted]
CITY/TOWN THORNWOOD COUNTY WESTCHESTER STATE NEW YORK ZIP [redacted]

COMPLAINT

NAME OF SELLER OR PROVIDER OF SERVICES	NAME OF OTHER SELLER OR PROVIDER OF SERVICES
STATE LINE NISSAN	NISSAN NORTH AMERICA
STREET ADDRESS: 530 N. MAIN ST	STREET ADDRESS: 18501 S. FIGUEROA ST.
CITY/TOWN: PORT CHESTER STATE: NY ZIP: 10573	CITY/TOWN: GARDENA STATE: CA. ZIP: 90248
TELEPHONE NUMBER: 914-937-4555	TELEPHONE NUMBER: 1-800-647-7261

DATE OF TRANSACTION: 6/29/04
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.)
WIPERS SHUT OFF AT RANDOM

DATE YOU COMPLAINED TO THE COMPANY OR INDIVIDUAL: 1/31/06 ☐ By Mail ☐ By Telephone ☒ In Person
PERSON CONTACTED: D. NOLL
JOB TITLE: SERVICE MANAGER

NATURE OF RESPONSE: COULD NOT REPLACE PARTS IF UNABLE TO DUPLICATE PROBLEM
DATE OF RESPONSE: 1/31/06

HAS MATTER BEEN SUBMITTED TO ANOTHER AGENCY OR ATTORNEY? (IF "Yes," give name and address.)
☒ Yes ☐ No BBB AUTO LINE 4200 WILSON BLVD. SUITE 800 ARLINGTON VA. 22203

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

ADDITIONAL INFORMATION

MANUFACTURER OF PRODUCT: NISSAN
PRODUCT MODEL OR SERIAL NUMBER
ADDRESS
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 Copies of all attached
include letter sent to Nissan N.A.,
2 work orders for diagnosis, complaint form
sent to NHTSA office of defect investigation.

Vehicle wipers shut off randomly. Dealer has
changed switch, refuses to change any other parts
until able to diagnose problem.
Problem has only occurred 2x in 5 months.
Nissan policy remains same, will not change parts
unless able to diagnose.

WHAT FORM OF RELIEF ARE YOU SEEKING? (e.g., exchange, repair or money back, etc.) I will leave vehicle if loaner is given
All parts related to wipers changed (including computer board).

WHO REFERRED YOU TO THIS OFFICE? Department of Motor Vehicles

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:_____ Date: _____

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

www.nhtsa.dot.gov
nhtsa
people saving people

Office of Defects Investigation

VOQ Confirmation

Your Complaint Information is successfully submitted.

Your Confirmation number (ODI Number) is: 10159325

Your Complaint Information

Consumer Information

Name : [redacted]
Org. Name :
Address : [redacted]
City, State, Zip : Thornwood, NY [redacted]
USA
Daytime Phone : [redacted] **Ext :**
Evening Phone : [redacted] **Fax :**
Email : [redacted]

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Complaint Information

Description : On Jan.18, parked vehicle, upon starting up,wipers did not work. I had to drive home in heavy rain over 2 miles with no wipers. 2-3 hours later, I checked on the condition of the wipers,they operated properly.The same situation occurred 3 days later. Vehicle was left at servicedept. on 1/20 to recreate the problem. Service Dept. unable to recreate problem. Called Nissan Cust. serv.on 1/20/06, ticket # 5207119. I filled out survey after problem could not be diagnosed. Service Dept. manager was told by his DSM, not to change parts for the sake of changing parts. On 1/31/06 serv.dept. changed wiper switch under good will. When asked if service mgr. would send replaced part to be tested, he stated that if he reported the part under warranty, he would be charged if the part was not broken. On 5/18, with 2 witnesses, wipers did not go on. A short time later wipers began to work. I brought vehicle on 5/25 service mgr. was going to attempt to recreate the problem again. Unable to do so. On 5/25 called Nissan Cust.Serv. explained situation, proceeded to open ticket # 5343456.Problem would not be forwarded to a regional office unless the situation could be duplicated. 5/31/06, spoke to service mgr, gave him the ticket number to call customer service that he could not duplicate the problem. Spoke to nissan Cust Serv on 6/2/06 at 4:50 pm. I requested to have Nissan change parts to correct the problem. On Tues. 6/6/06 , I spoke to regional office, informed me of same Nissan policy,nothing could be done until the problem was recreated and diagnosed. 6/7/06- Contacted Attorney General, Lemon Law division. Informed that the vehicle not covered under lemon law. I was told to file complaint with Attorney General office 6/8/06 Ã¢Â□Â□ Spoke to technical office of NYDMV,directed me to NHTSA site. Nissan has refused to replace any parts unless they can recreate the problem. This is a safety issue where the wipers have stopped working several times without warning.

Incident Date : 1/18/2006 **Fire :** No

Num. Failures :	4	**Property Damage :**	No
Num. Deaths :	0	**Crash :**	No
Num. Injured :	0	**Police Report :**	No
Referral Source :	STATE DMV		

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Vehicle Information

VIN :	JN8DR09Y54W[redacted]	**Purchase Date :**	6/30/2004
Manufacturer :	NISSAN NORTH AMERICA, INC.		
Year, Make and Model :	2004/NISSAN/PATHFINDER	**Original Owner :**	No
# of Cylinders :	6	**Trans. Type :**	AUTOMATIC
Engine Size :		**VehicleDetails Usage :**	LIGHT TRUCK
Cruise Control :	Yes	**Antilock Brakes :**	Yes
Current Mileage :	31600	**Speed :**	
Failure Mileage :	26000	**Powertrain :**	4 WHEEL DRIVE
Body Style :	4-DOOR	**Fuel System :**	FUEL INJECTION
Fuel Type :	GAS	**Vehicle Type :**	MULTIPURPOSE PASSENGER VEHICLE

Vehicle Component Information

Component 1: VISIBILITY:WINDSHIELD WIPER/WASHER **OEM:** No

Vehicle Dealer Information

☑ Dealer : 1

Name :	State Line Nissan	**Dealer Type :**	SERVICE DEALER
Address :	530 Boston Post Road Port Chester NY 10573		
Dealer Phone:	914-937-4555	**Dealer Fax:**	
Email:			

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NISSAN NORTH AMERICA, INC.
Consumer Affairs
18501 S. Figueroa St.
Gardena, CA 90248
Mailing Address: P.O. Box 191
Gardena, CA 90248-0191
Telephone: 1.800.647.7261

June 21, 2006

[redacted]
Thornwood, NY [redacted]

Re: File No. 5372528
2004 Nissan Pathfinder
JN8DR09Y54W [redacted]

Dear [redacted]

Nissan North America would like to acknowledge receipt of your letter regarding the above referenced vehicle.

After a careful review of the information provided, Nissan will continue to honor the terms and conditions of the New Vehicle Limited Warranty. If an authorized Nissan dealership is able to duplicate your concern and diagnose the concern being warrantable, the Nissan dealership will service your vehicle under the New Vehicle Limited Warranty.

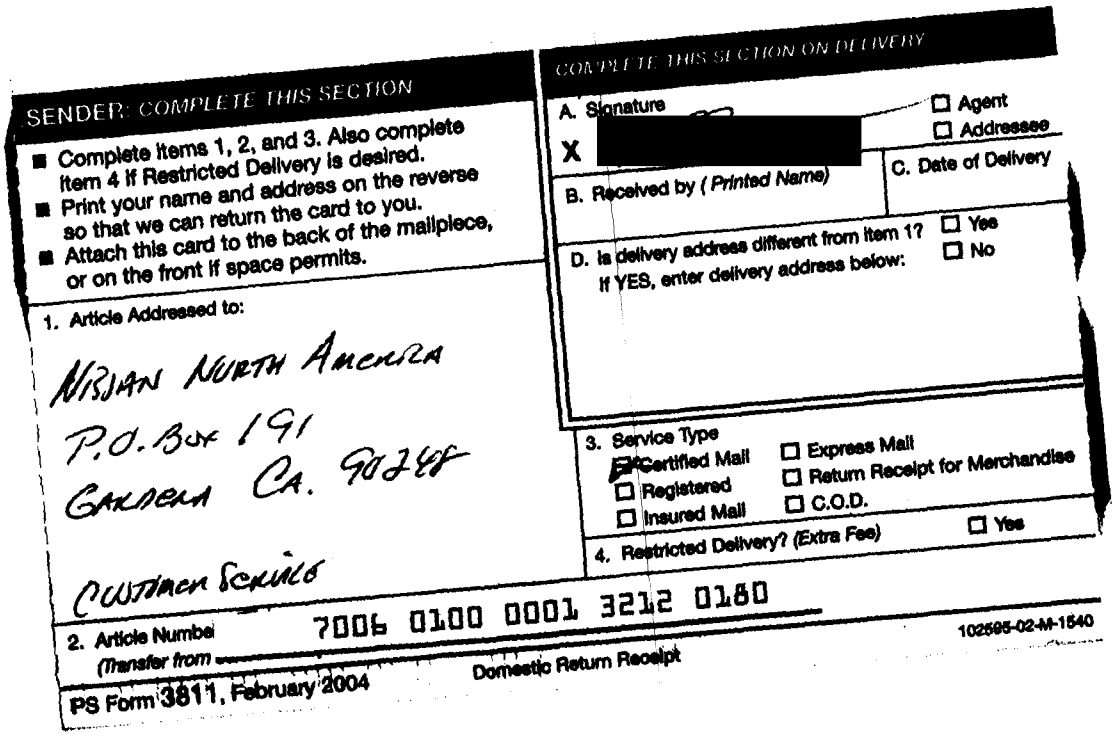
Be advised, if you wish to pursue your claim, you may contact the Council of Better Business Bureaus (CBBB). Nissan subscribes, through the CBBB, to a special automotive complaint resolution program called Auto Line. Nissan is contractually obligated to abide by whatever decision is rendered by the CBBB, although you are under no obligation to do the same. The program is free to consumers. If you choose to contact the Auto Line program, they can be reached at (800) 955-5100.

We realize this may not be the answer you were looking for but hope you understand our position.

Thank you,

Scott Yary
Arbitration Specialist
Dispute Resolution Programs
Nissan North America, Inc.

BBB.org
NI50653422
complaint #



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NISSAN NORTH AMERICA
P.O. BOX 191
GARDENA CA. 90248

CUSTOMER SERVICE

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [redacted]
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 0100 0001 3212 0180

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

[redacted]

TARRYTOWN NY [redacted]

C002

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).