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STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

ELIOT SPITZER
Attorney General

845-485-3924

REGIONAL OFFICE DIVISION
POUGHKEEPSIE REGIONAL OFFICE

July 25, 2006

[redacted]
Youngsville, NY[redacted]

Our File Number:[redacted]
Company: M& M Buick

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

Very truly yours,

Mark Hoops
Mark T. Hoops
Bureau of Consumer Frauds
and Protection

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

ana marie
8/14/06

R-451 001A/04 566770

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) [illegible] TDD (800) 788-9898
http://www.oag.state.ny.us

RECEIVED
NYS OFFICE OF THE ATTORNEY GENERAL
JUL 19 2006
CLAIMS & LITIGATION
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 Youngsville COUNTY Sullivan STATE NY ZIP [redacted]

COMPLAINT

NAME OF SELLER OR PROVIDER OF SERVICES: GMAC	NAME OF OTHER SELLER OR PROVIDER OF SERVICES: M+M Buick
STREET ADDRESS: —	STREET ADDRESS: 120 East Main Street
CITY/TOWN: — STATE: ZIP:	CITY/TOWN: Liberty STATE: NY ZIP: 12754
TELEPHONE NUMBER:	TELEPHONE NUMBER: 845 292 3500

DATE OF TRANSACTION: 4-28-06
COST OF PRODUCT OR SERVICE: $ Lease
HOW PAID (Check those which apply): ☐ Cash ☐ Check ☐ Credit Card ☒ Other payments

DID YOU SIGN A CONTRACT? ☒ Yes ☐ No
WHERE DID YOU SIGN THE CONTRACT? in dealership
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)
product defect

DATE YOU COMPLAINED TO THE COMPANY OR INDIVIDUAL: _____ ☐ By Mail ☒ By Telephone ☐ In Person
PERSON CONTACTED: Jamia Price
JOB TITLE: service claim rep.

NATURE OF RESPONSE: None yet
DATE OF RESPONSE:

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: General Motors
PRODUCT MODEL OR SERIAL NUMBER: Buick Rendevous
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 vehicle in for repairs in 1 year more than 30 days, defect occured when vehicle rolled from park with keys out injuring my then pregnant wife No action has yet to be taken after 3 months and phone calls every week

Since the day of purchase, vehicle has needed repairs at leat once every month

Have been waiting for claim to be resolved, and havent got anywhere yet

WHAT FORM OF RELIEF ARE YOU SEEKING? (e.g., exchange, repair or money back, etc.) out of lease, they take the vehicle back

WHO REFERRED YOU TO THIS OFFICE? NA

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: July 17, 2006

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

Page 1 of 1 Pages

Local Codes: CE# 3833-06 Goldberg

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (7/01)

☐ AMENDED REPORT

DMV COPY

1	Accident Date Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Accident Reconstructed ☐	Left Scene ☐	Police Photos ☐ Yes ☒ No
	04	28	2006	Fri.	1725	1	1	0			

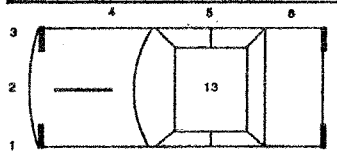
	VEHICLE 1	☐ VEHICLE 2 ☐ BICYCLIST ☒ PEDESTRIAN ☐ OTHER PEDESTRIAN
2 14	VEHICLE 1 - Driver License ID Number / State of Lic.	VEHICLE 2 - Driver License ID Number [redacted] / State of Lic. NY
	Driver Name - exactly as printed on license	Driver Name - exactly as printed on license [redacted]
	Address (Include Number & Street) / Apt. No.	Address [redacted] / Apt. No.
	City or Town / State / Zip Code	City or Town YOUNGSVILLE / State [redacted]
3 1	Date of Birth Month Day Year / Sex / Unlicensed ☐ / No. of Occupants / Public Property Damaged ☐	Date of Birth [redacted] / Sex F / Unlicensed ☐ / No. of Occupants 1 / Public Property Damaged ☐
	Name - exactly as printed on registration [redacted] / Sex M / Date of Birth [redacted]	Name - exactly as printed on registration / Sex / Date of Birth Month Day Year
4 1	Address (Include Number & Street) [redacted] / Apt. No. / Haz. Mat Code / Released ☐	Address (Include Number & Street) / Apt. No. / Haz. Mat Code / Released ☐
	City or Town YOUNGSVILLE / State NY / Zip Code [redacted]	City or Town / State / Zip Code
	[redacted] / State of Reg. NY / Vehicle Year & Make 05 BUICK / Vehicle Type SUBN / Ins. Code [redacted]	Plate Number / State of Reg. / Vehicle Year & Make / Vehicle Type / Ins. Code
5 2	Ticket/Arrest Number(s) / Violation Section(s)	Ticket/Arrest Number(s) / Violation Section(s)

6 1	VEHICLE 1	VEHICLE 2
	Check if involved vehicle is: ☐ more than 95 inches wide; ☐ more than 34 feet long; ☐ operated with an overweight permit; ☐ operated with an overdimension permit.	Check if involved vehicle is: ☐ more than 95 inches wide; ☐ more than 34 feet long; ☐ operated with an overweight permit; ☐ operated with an overdimension permit.
7 1	VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES
	Box 1 - Point of Impact / Box 2 - Most Damage: 1 4 / 2 8	Box 1 - Point of Impact / Box 2 - Most Damage: 1 / 2
	Enter up to three more Damage Codes: 3 / 4 / 5	Enter up to three more Damage Codes: 3 / 4 / 5
	Vehicle Towed: By Sam's / To Mom	Vehicle Towed: By / To

VEHICLE DAMAGE CODING:

1-13. SEE DIAGRAM ON RIGHT.

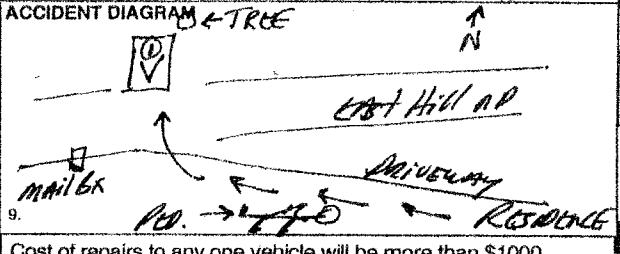
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER



Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

Rear End 1. | Left Turn 3. | Right Angle 4. | Right Turn 5. | Head On 7.
Overtaking 2. | Left Turn 0. | | Right Turn 6. | Sideswipe 8.

ACCIDENT DIAGRAM



Cost of repairs to any one vehicle will be more than $1000.
☒ Unknown/Unable to Determine ☐ Yes ☐ No

Reference Marker	Coordinates (if available)	Place Where Accident Occurred
	Latitude/Northing:	County Sullivan ☐ City ☐ Village ☒ Town of Liberty
	Longitude/Easting:	Road on which accident occurred Driveway 528 East Hill (Route Number or Street Name)
		at 1) intersecting street East Hill Road (Route Number or Street Name)
		or 2) ___ Feet ___ Miles ☐N ☐S ☐E ☐W of ___ (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's Notes

Vehicle was in park with t&w off. Ped. offered pass frt door & vehicle began to roll backwards. Ped was dragged app. 60' under vehicle.

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Or
A	P	8	1	1	-	F	12	11	6		5204	[redacted]	
B													
C													
D													
E													
F													

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat/ Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full: Sgt. Michael A. Schramm	302	05000	F	602	M. M. Schramm	04-29-06 1745

1. Agency	2. Div/Precinct	New York State	3. ORI	5. Case No.	6. Incident No.
SULLIVAN CO. SHERIFF'S DEPT	5358	**INCIDENT REPORT**	NY0520000	[redacted]	[redacted]

7,8,9. Date Reported (Day, Date, Time)	10,11,12. Occurred On/From (Day, Date, Time)	13,14,15. Occurred To (Day, Date, Time)
FRIDAY 04/28/2006 17:25	FRIDAY 04/28/2006 17:25	

16. Incident Type	17. Business Name
ACCIDENT-PERSONAL INJURY	[redacted]

19. Incident Address (Street Name, Bldg. No., Apt. No.)
528 EAST HILL ROAD

20. City/State/Zip
YOUNGSVILLE NEW YORK 12791

21. Location Code (TSLED)	23. No. of Victims	24. No. of Suspects	26. Victim also Complainant?
LIBERTY TOWN 5358	1	0	NO

Location Type
YARD

ASSOCIATED PERSONS

25. TYPE	Name (Last, First, Middle, Title)	DOB	Street Name Bldg., Apt.No., City, State, Zip	Res Phone Bus Phone
VICTIM	[redacted]	[redacted]	[redacted] YOUNGSVILLE NY [redacted]	[redacted]
WITNESS	[redacted]	[redacted]	[redacted] JEFFERSONVILLE NY [redacted]	

VICTIM

Name	27. DOB	28. Age	29. Gender	30. Race	31. Ethnicity	32. Handicap	33. Residence
[redacted]	[redacted]	[redacted]	FEMALE	WHITE	NOT HISPANIC	NO	RESIDENT

VEHICLE

59. Vehicle Status	60. License Plate No.	61. State	62. Exp. Yr.	64. Value
TOWED	[redacted]	NY	2008	$ 25,000.00

63. Plate Type	65. Year	66. Make 67. Model
PASSENGER AUTOMOBILE (REGULAR PLATES)	2005	BUICK UNKNOWN

68. Style	69. VIN	70. Color(s)
HARDTOP, 4 DOOR*	3G5DB03EX5S[redacted]	BLUE

71a. Towed By	71b. Towed To
SAMS	

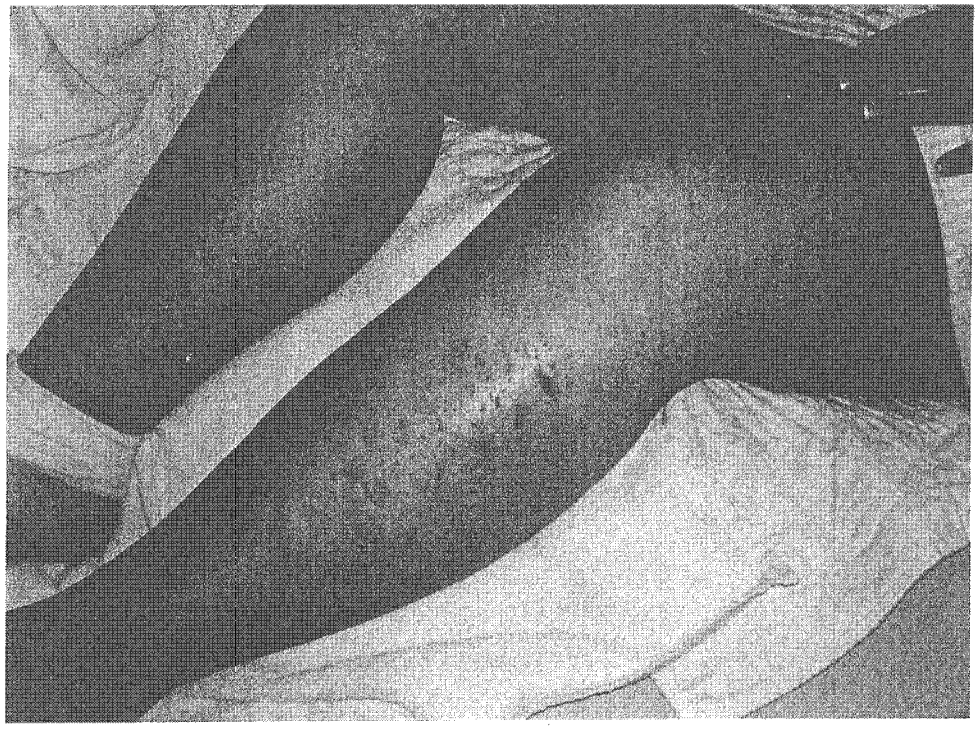
72. Vehicle Notes

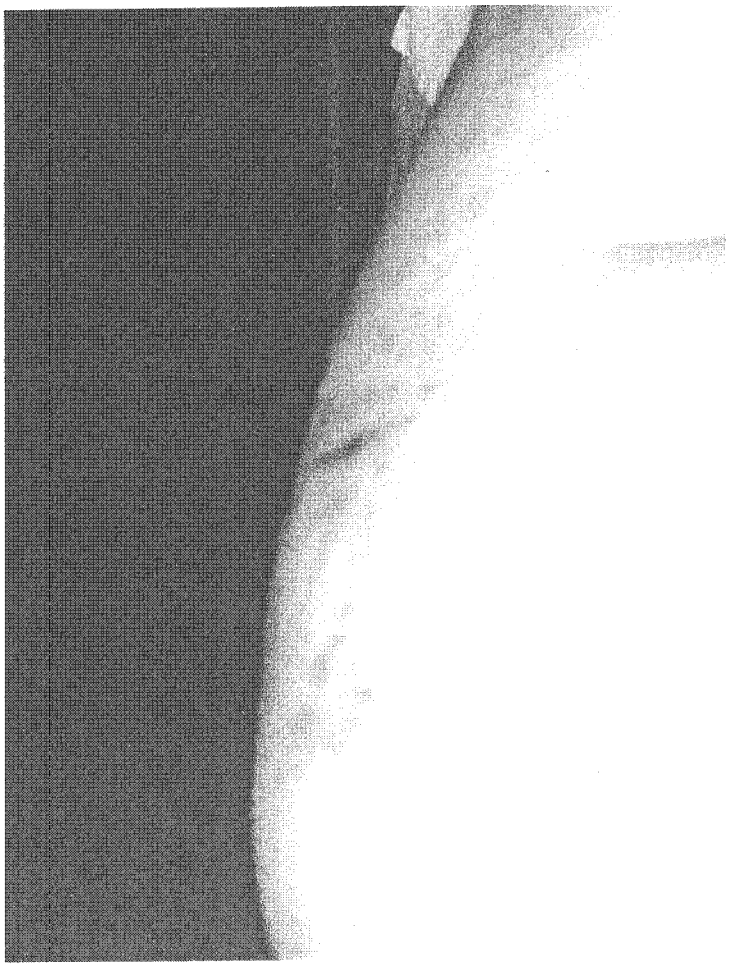
NARRATIVE

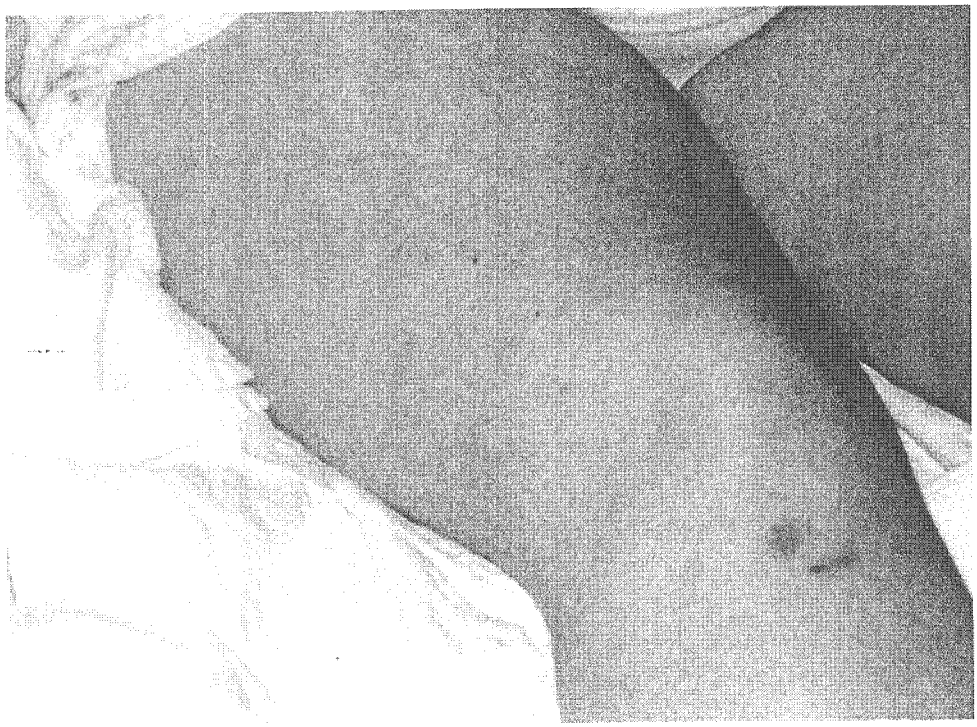
Date of Action	Date Written	Officer Name & Rank
04/29/2006	04/29/2006	SCHNEIDER, MICHAEL (CPL)

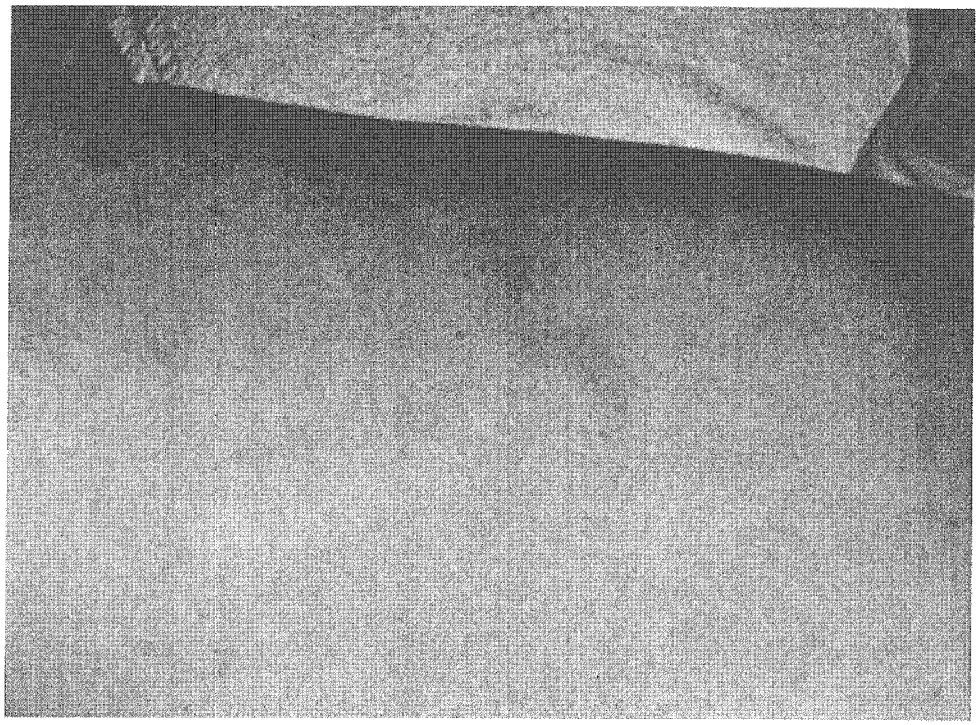
Narrative

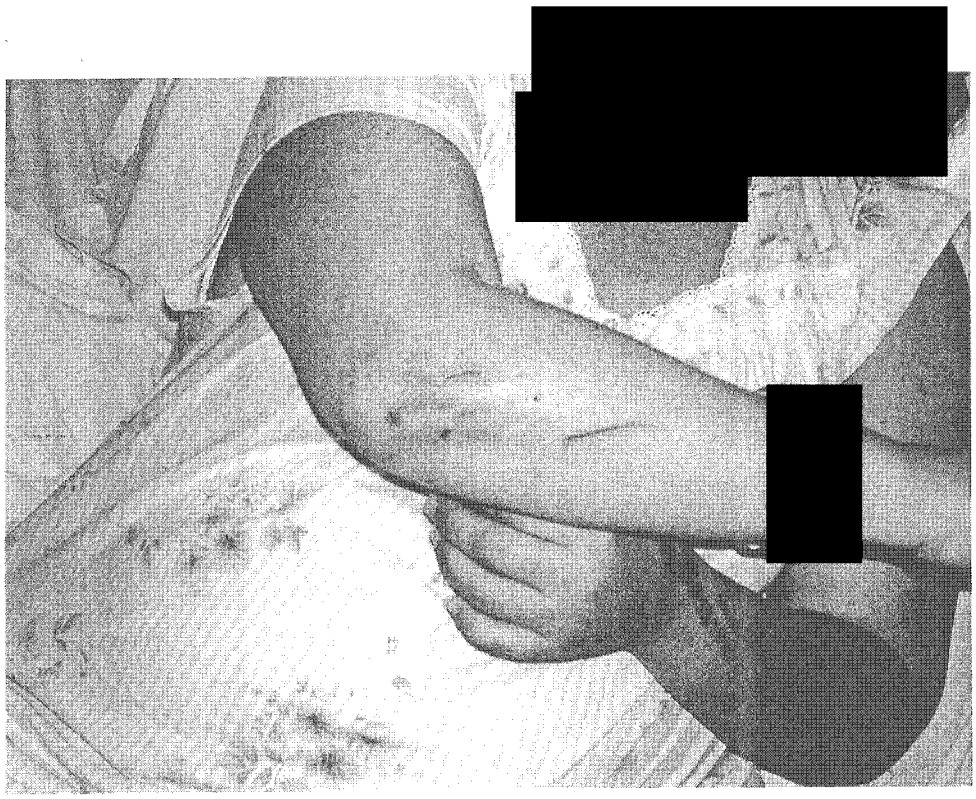
DISPATCHED BY 911 TO A CAR- PEDESTRIAN MVA ON EAST HILL ROAD. ASSISTED BY DEP. SHERWOOD. THE VEHICLE A BUICK RENDEZVOUS CXL AND WAS IN PARK WITH THE IGN OFF. THE VICTIM REMOVED BOTH CHILDREN FROM THE REAR CAR SEATS AND OPENED PASSENGER FRONT DOOR. AS VICTIM REACHED IN FOR A DRINK IN THE BEVERAGE HOLDER THE CAR BEGAN TO ROLL BACKWARDS. VICTIM WAS UNABLE TO GET FREE DUE TO THE OPEN DOOR AND WAS DRAGGED APPROX. 60FT UNDER VEHICLE. VEHICLE CONTINUED TO ROLL DOWN DRIVEWAY & ACROSS LAWN. VEHICLE THEN CROSSED EAST HILL RD AND COME TO A STOP AFTER STRIKING A TREE. TOTAL APPROX. DISTANCE WAS 130 FT. VICTIM WAS TRANSPORTED TO C.R.M.C. BY AMBULANCE. VEHICLE WAS TOWED BY SAMS TO M&M.

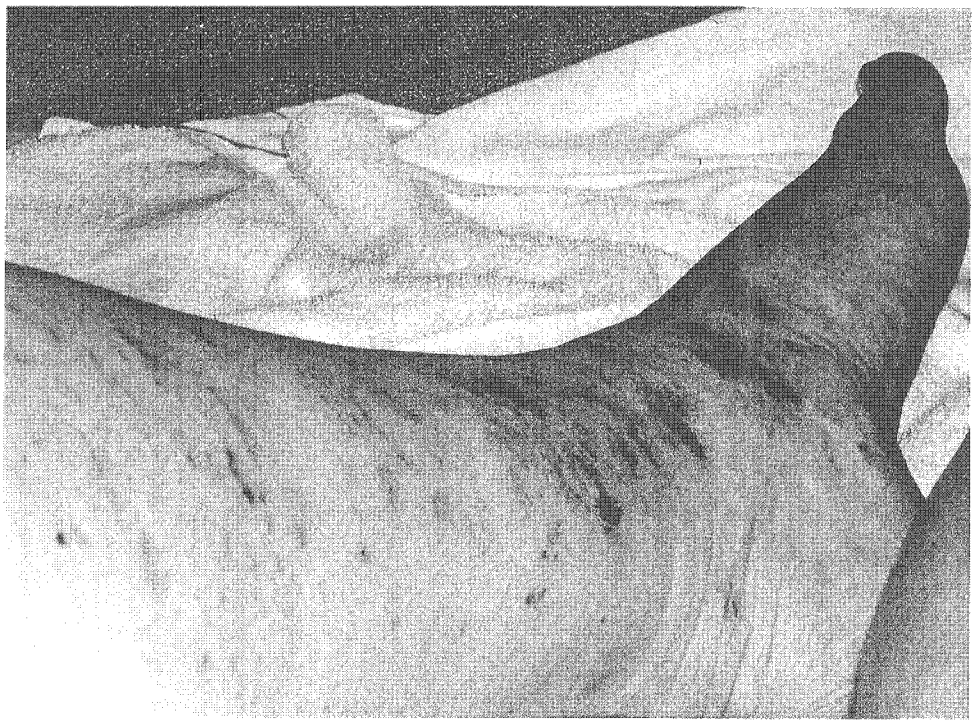


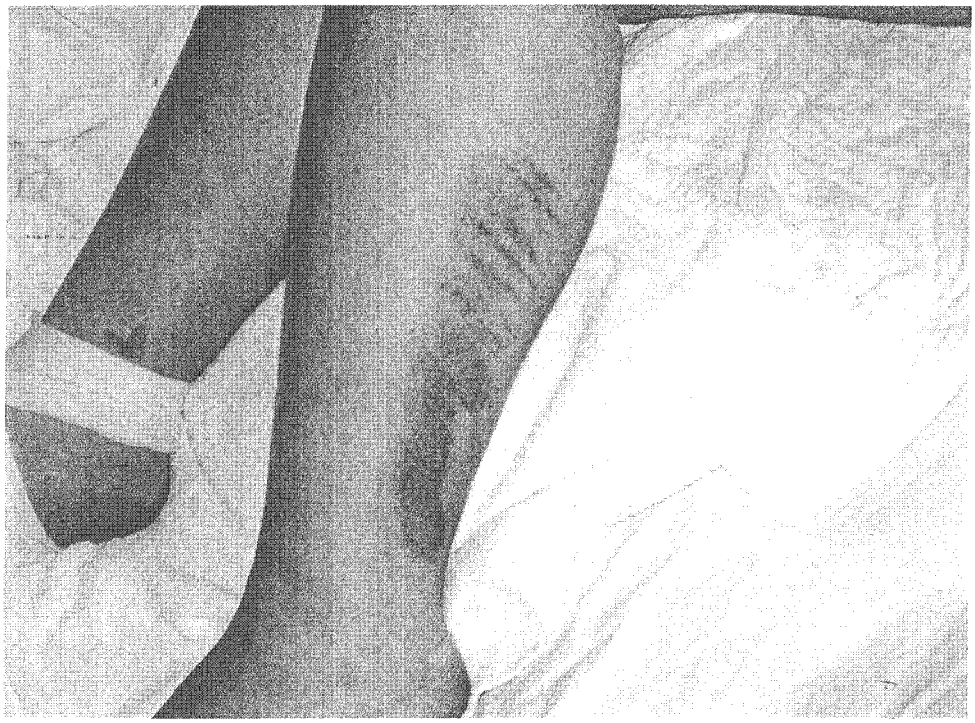


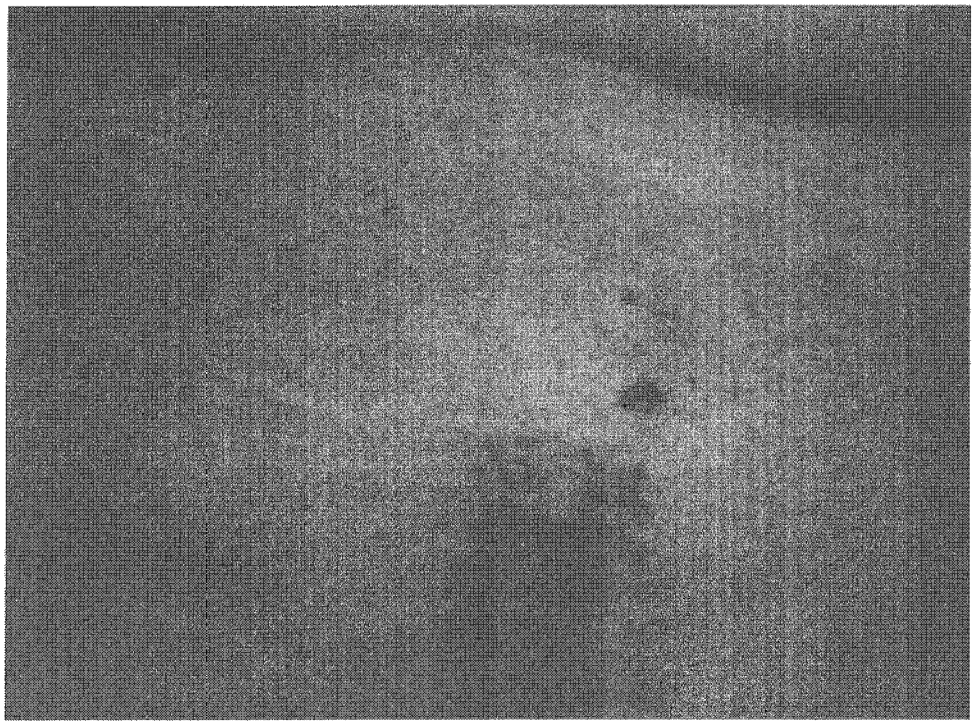


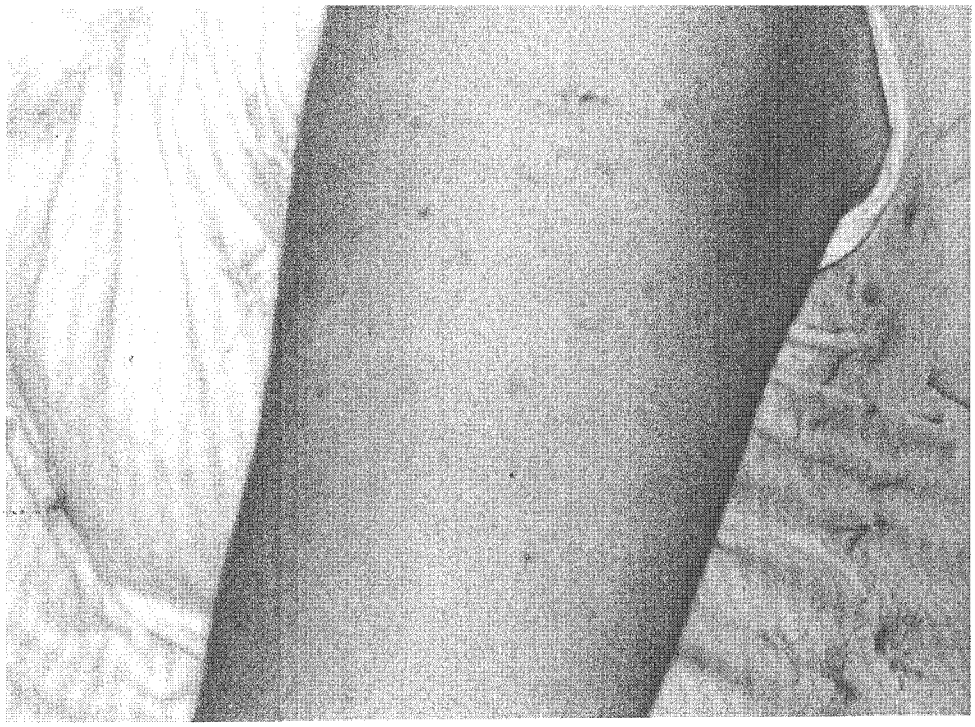


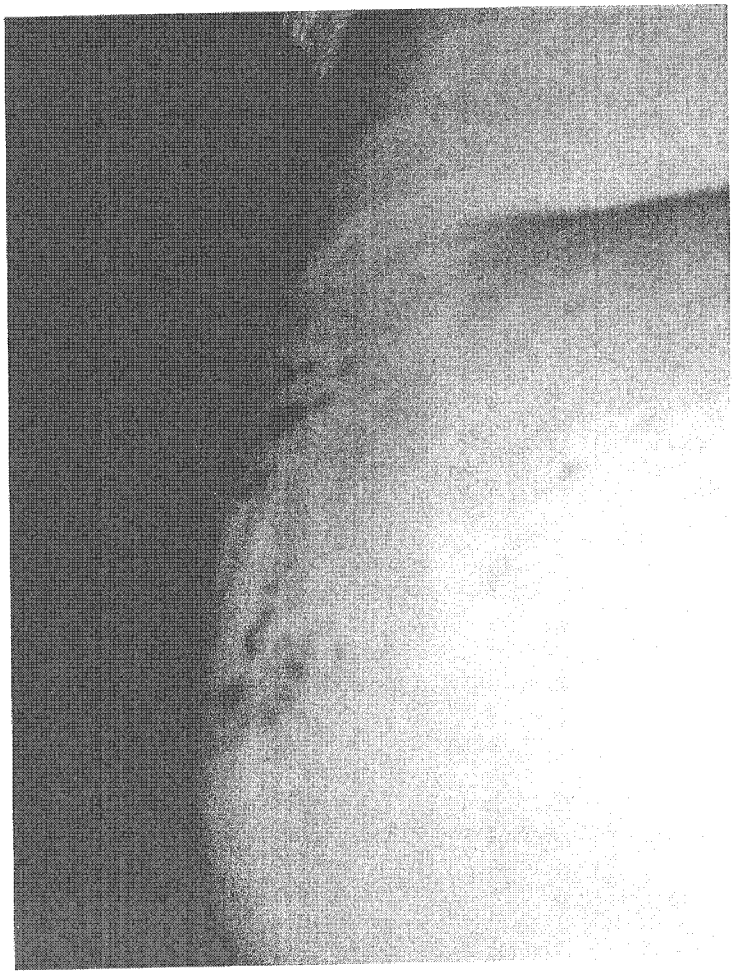


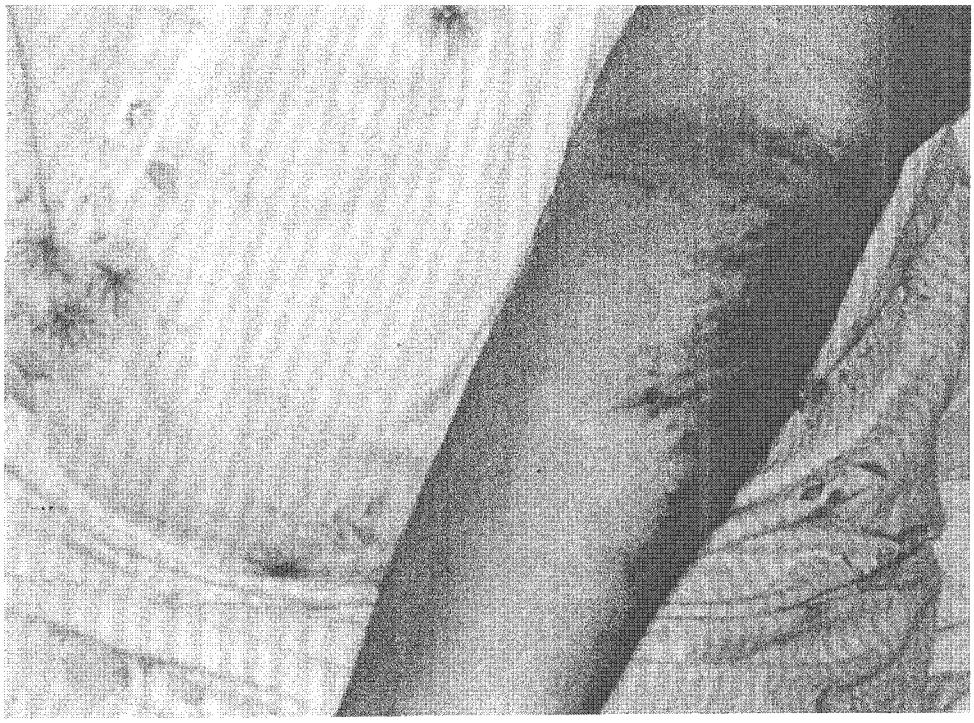


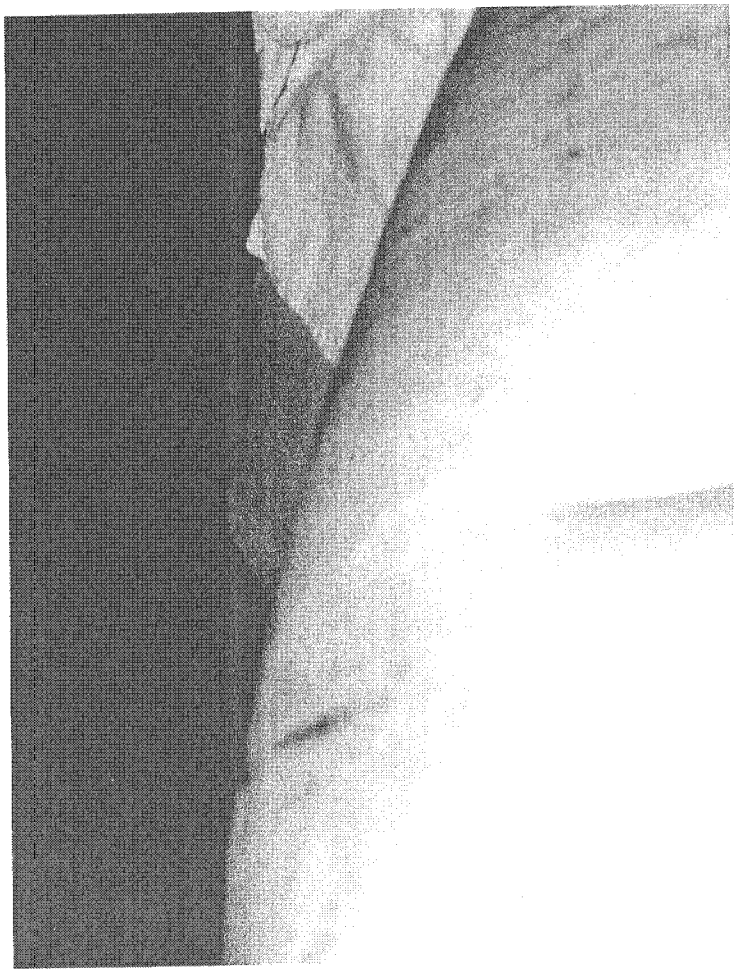


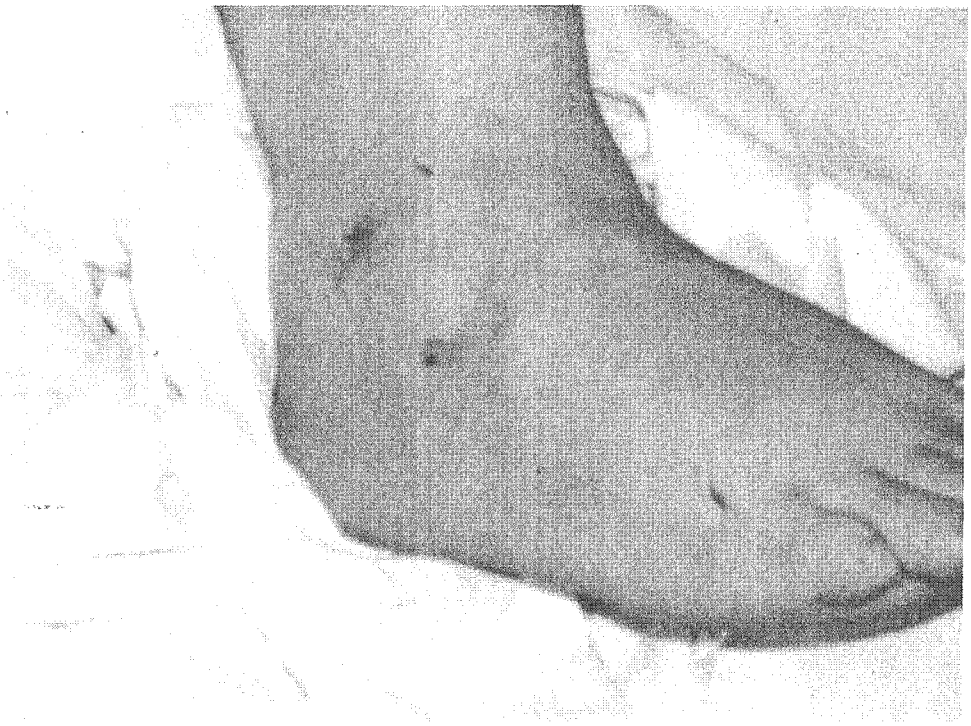


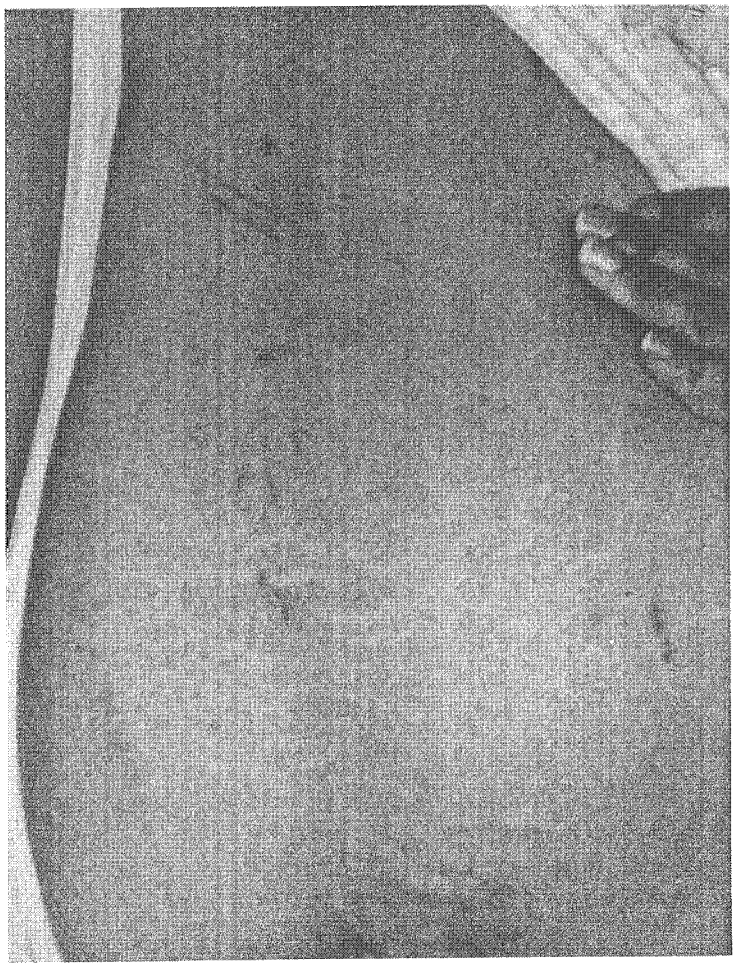


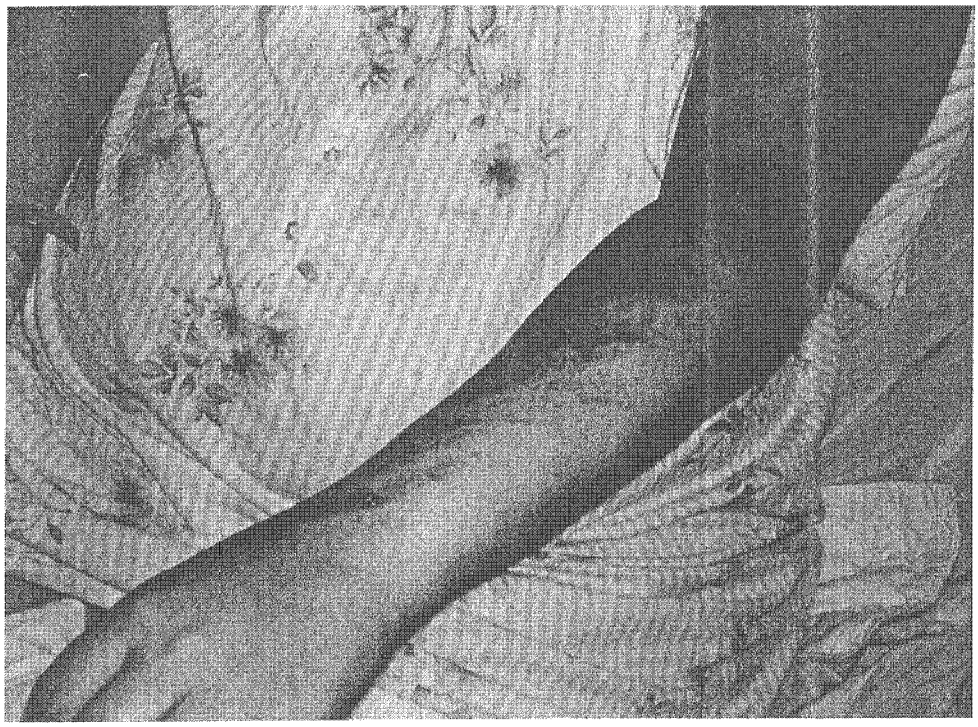


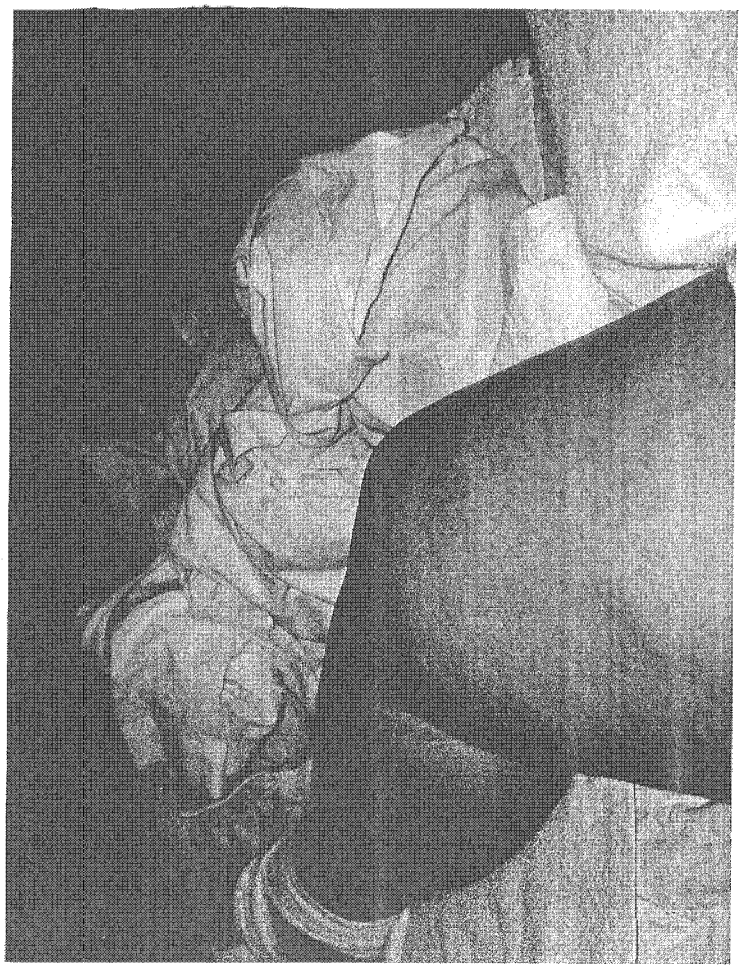


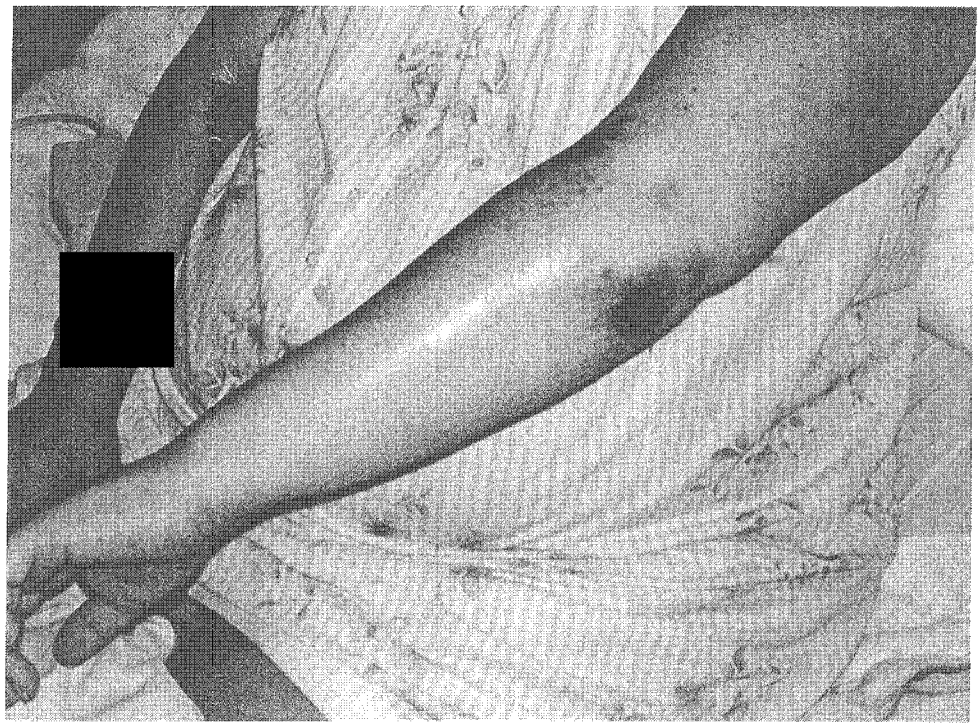


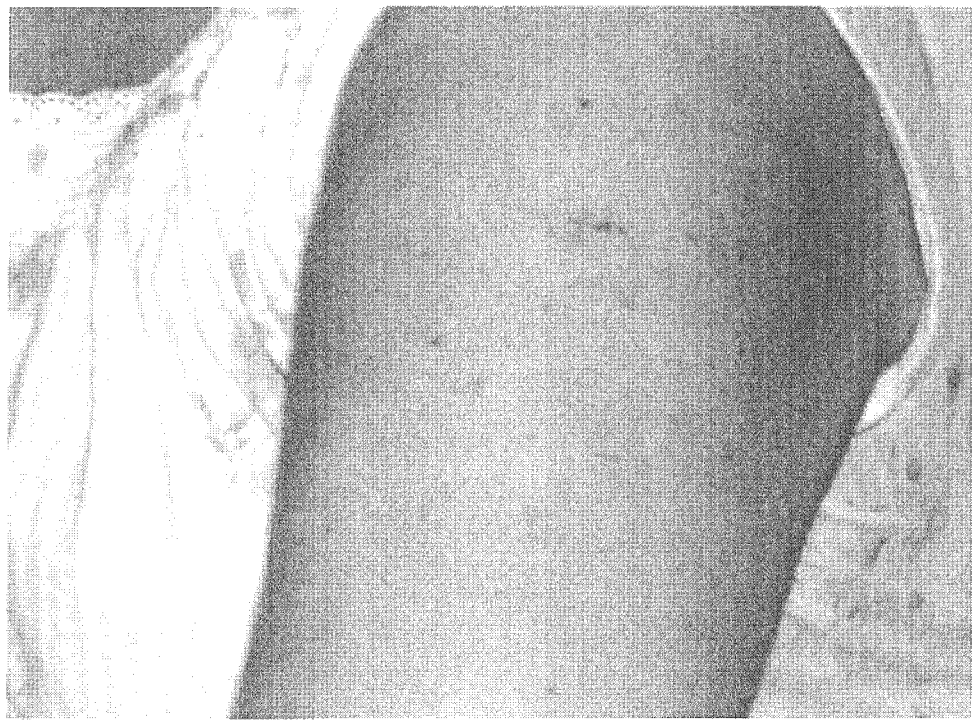


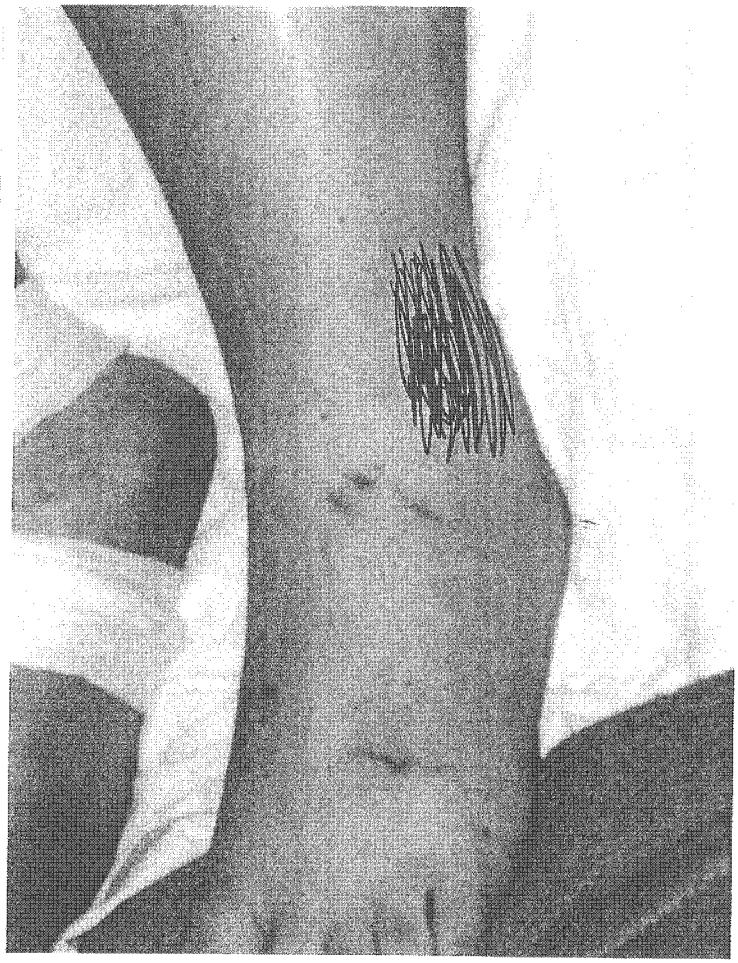












THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).