CL-1019614-9561

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OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

Lisa Madigan
ATTORNEY GENERAL

May 15, 2007

Ford Motor Company
Regent Court Building
PO Box 6248, MD 3NE-B
Dearborn, MI 48126

Re: [redacted]
File No: 2007-CONSC-00182268

Dear Sir/Madam:

The Consumer Protection Division, of the Office of Attorney General received a consumer complaint involving your business. We have enclosed a copy of the complaint for your examination.

We would appreciate your review and response to the complaint, as well as any suggestions for a potential resolution. Please include copies of any substantiating documents which relate to this complaint with your response. If the matter has been resolved, we would appreciate knowing it.

Please provide a response within ten days. All communications must be in writing. Direct all correspondence to Consumer Protection Division, Office of Attorney General, 500 South Second Street, Springfield, IL 62706. Refer to the above mentioned file on all correspondence.

Sincerely,

ATTORNEY GENERAL
State of Illinois

Sally Boyle

Sally Boyle
Citizen's Advocate
Consumer Protection Division
(217)782-9243

enclosure
cc: National Highway Traffic and Safety Administration

Bond

LISA MADIGAN

Illinois Attorney General
Consumer Fraud Bureau
500 South Second Street
Springfield, IL 62706
217-782-1090
1-800-243-0618 (Toll free in IL)
TTY: 1-877-844-5461
www.IllinoisAttorneyGeneral.gov

Office Use Only

CLMS: _____

AG: _____

Name: Mr., Mrs., Ms. (circle one) [redacted]

Address: [redacted]

Mulberry Grove, IL [redacted]

City: State: Zip code: County:

Bond

Your Telephone Number
Daytime ( ) [redacted]
Evening ( ) _____

Your e-mail address (optional):

Are you a senior citizen?
Yes (No)

Who referred you to this office?

Name: [redacted]

Address:

Ford Motor

City: State: Zip code:

Telephone ( )
Website:

Additional seller or provider of service involved in transaction:
Name:

Address:

City: State: Zip code:

Telephone ( )
Website:

Has this matter been submitted to another government agency, an arbitration service, or to an attorney? (Yes)
If yes, please give name, address, telephone number #. Hacker Insurance, Greenville, IL 1-618-664-4266
Is court action pending? Yes (No)

Date of Transaction:	Did you sign a contract? Yes No (If yes, please attach a copy)	Date contract was signed:

Was the product or service advertised? Yes No When? (Please attach a copy of the advertisement, if available)

How was the service advertised?
- ☐ Newspaper/magazine
- ☐ Radio advertisement
- ☐ Television advertisement
- ☐ Internet advertisement
- ☐ E-mail solicitation
- ☐ Direct mail solicitation
- ☐ Telephone solicitation
- ☐ Yellow pages of the telephone book
- ☐ Facsimile solicitation
- ☐ Door-to-door solicitation
- ☐ Display at merchant's place of business
- ☐ Display at a trade show/convention, etc.
- ☐ Other _____

Total Cost of product/service: $_____

Amount paid to date/down payment: $_____

Method of payment (circle one) (Please attach a copy)
Cash Check Money Order Credit Card Debit Card Bank Draft
Wire Transfer Automatic Debit Other _____

If you paid with a credit card, have you contacted your credit card company to register a dispute? Yes No

(Under the Federal Fair Credit Billing Act, you have 60 days from the time that you receive your statement to dispute the charge.)

Where did the transaction take place?

- ☐ At my home
- ☐ Over the telephone
- ☐ By mail
- ☐ Over the Internet
- ☐ Trade show/convention/home show
- ☐ At the firm's place of business
- ☐ By facsimile
- ☐ Other (please specify) _____
- ☐ There was no transaction

Have you complained to the company or individual?
(Yes) No

If yes, provide name and phone number of the individual(s):
Ford Motor Company
Customer Assistance Center
1-800-392-3673

FOR COMPLAINTS REGARDING MOTOR VEHICLES, PLEASE COMPLETE THIS BOX:

Make: ford	Model: Ranger	Year: 1994	New: Yes No	As-Is: Yes No
Warranty: Yes (No) Expiration Date:	Name of Extended Warranty:	Purchase Date: 2-97	Current Mileage: 235,000	Mileage at Purchase: 23,000

Briefly describe the transaction and your complaint. You may use additional sheets if necessary. Please attach copies of all contracts, letters, receipts, cancelled checks (front and back), advertisements, or any other documents that relate to your complaint. PLEASE DO NOT SEND ORIGINALS.

Tried to start ford Ranger, acted like the battery was dead. checked connections did not work. hooked jumping cables to the battery termals came inside to get my girl friend to help me jump start the truck. by the time I back to the truck to jump start it, it started on its own with the key off and the clutch out and in revers. it took off in revers went across the street. hit a fence post. Scraped a cars bumper went back across the street and struck a telephone pole

What form of relief are you seeking? (E.g. exchange, repair, money back, product delivery, etc.) Repair

READ THE FOLLOWING BEFORE SIGNING BELOW:

In filing this complaint, I understand that the Attorney General is not my private attorney, but rather enforces 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 the person the complaint is directed against, unless box checked below. The [redacted] and accurate to the best of my knowledge.

Signature: [redacted] ON DIV. Date: 4-3-07

APR 05 2007

SPRINGFIELD, ILLINOIS

☐ Check here if you only want to notify our office of your concerns and do not want a mediation process initiated.

Please return the completed form to the address at the top of this complaint form.
Incomplete forms may be returned.

COMPLETE BOTH SIDES OF THIS FORM

Use black ink

ILLINOIS MOTORIST REPORT

For a copy of the Police Report contact the investigating agency.

2436833

INVESTIGATING AGENCY	TYPE OF REPORT		AGENCY CRASH REPORT NO.
BOND COUNTY	[X] ON SCENE / [ ] NOT ON SCENE / [ ] AMENDED	[X] No Injury / Drive Away; [ ] B Injury and / or Tow Due To Crash	07 / 078

ADDRESS NO. (OPTIONAL)	HIGHWAY or STREET NAME	CITY/TOWNSHIP (Circle One)	INTERSECTION RELATED	DATE OF CRASH	TIME	LARS CODE
209	CHURCH ST	MULBERRY GROVE	[ ] Yes [X] No	7/23/07 (mo day yr)	11:00 [X] AM [ ] PM	

(CIRCLE) 200 / MI N E S W	AT INTERSECTION WITH: TOWER ST. (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY: BOND	PRIVATE PROPERTY [ ] Yes [X] No; HIT & RUN [ ] Yes [X] No	ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER $500 [X] Yes [ ] No	NUMBER MOTOR VEHICLES INVOLVED: 1	LARS CODE

UNIT 1

Field	Value
NAME (LAST, FIRST, M.I.) [ ] DRIVER [ ] PED [ ] PEDAL [ ] EQUES [ ] NMV [ ] NCV	DRIVER LESS
DATE OF BIRTH	/ /
STREET ADDRESS	
SEX / SAFT / AIR	
CITY / STATE / ZIP	
INJURY / EJECT	
TELEPHONE	
DRIVER LICENSE NO. / STATE / CLASS	
TAKEN TO / EMS AGENCY	
MAKE	FORD
MODEL	RANGER
YEAR	94
PLATE NO.	[redacted]
STATE	IL
YEAR	08
VIN	1FTCR10A4R[redacted]
VEHICLE OWNER (LAST, FIRST, M.I.)	[redacted]
OWNER ADDRESS (STREET, CITY, STATE, ZIP)	[redacted] MULBERRYGROVE IL
INSURANCE CO.	ERIE INSURANCE
PHONE / POLICY NO.	[redacted]
POINT OF FIRST CONTACT	6
TOWED DUE TO CRASH	Y [ ] N [X]
FIRE	Y [ ] N [X]
HAZMAT SPILL	Y [ ] N [X]
COM VEH	Y [ ] N [X]

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN. FRONT / REAR. *IF YES SEE BELOW

UNIT 2

Field	Value
NAME (LAST, FIRST, M.I.) [ ] DRIVER [ ] PED [ ] PEDAL [ ] EQUES [X] PARKED	PARKED
DATE OF BIRTH	/ /
STREET ADDRESS	
SEX / SAFT / AIR	
CITY / STATE / ZIP	
INJURY / EJECT	
TELEPHONE	
DRIVER LICENSE NO. / STATE / CLASS	
TAKEN TO / EMS AGENCY	
MAKE	CHEVROLET
MODEL	MONTECARLO
PLATE NO.	[redacted]
STATE	IL
YEAR	07
VIN	2G1WX15K4Y[redacted]
VEHICLE OWNER (LAST, FIRST, M.I.)	[redacted]
OWNER ADDRESS	[redacted] MULBERRY GROVE
INSURANCE CO.	STATE FARM
PHONE / POLICY NO.	[redacted]
POINT OF FIRST CONTACT	4
TOWED DUE TO CRASH	Y [ ] N [X]
FIRE	Y [ ] N [X]
HAZMAT SPILL	Y [ ] N [X]
COM VEH	Y [ ] N [X]

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN. FRONT / REAR. *IF YES SEE BELOW

Was driver (owner) of other vehicle insured? YES [ ] NO [ ] NOT KNOWN [ ]

Were you driving a vehicle owned by your employer, in the course of your employment? If yes, check square. [ ]

DID POLICE OFFICER INVESTIGATE ACCIDENT? YES [ ] NO [ ] APPROXIMATE COST TO REPAIR YOUR VEHICLE $____

LIST PERSONS KILLED OR INJURED

NAME	UNIT	AGE	SEX	ADDRESS
DESCRIBE INJURIES				
NAME				ADDRESS
DESCRIBE INJURIES				
NAME				ADDRESS
DESCRIBE INJURIES				

DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES | APPROXIMATE COST TO REPAIR $____ | PROPERTY OWNER'S NAME | PROPERTY OWNER'S ADDRESS

INSURANCE INFORMATION

If you fail to give full information below it will be assumed that you did not have automobile liability insurance, and you may be subject to further application of the Safety Responsibility Law.

Were you covered by a liability insurance policy at the time of the crash? [X] YES [ ] NO

Full name of your insurance company (not agency) which issued policy to cover liability for damages or injury to others.
Erie Insurance Exchange
100 Erie Insurance Place
Erie, PA 16530

Name and address of representative who sold policy
[illegible] Insurance Services
315 W. College Ave.
Greenville, IL 62246

Policy No. [redacted]

Policy Period From: 12/03/06 To: 12/03/07

M0198

SIGN HERE [redacted] ADDRESS [redacted] DATE 9/26/2010

Name [redacted]

Person completing report

691 SR (REPRINT 10/05)

Printed by authority of the State of Illinois

DIAGRAM WHAT HAPPENED

INSTRUCTIONS

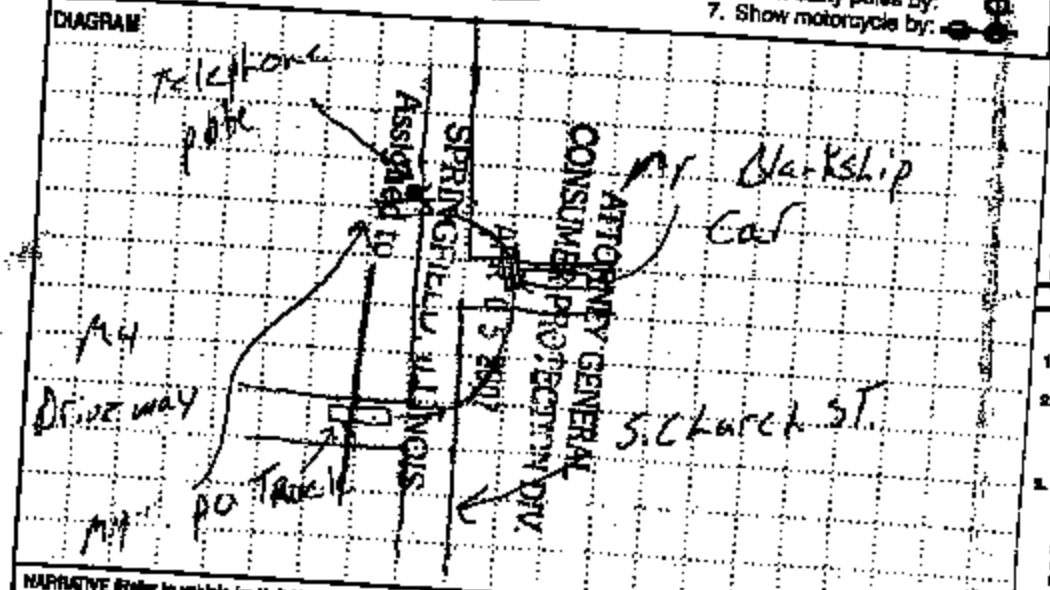
1. Follow dotted lines to draw outline of roadway at place of crash.
2. Number each vehicle and show direction of travel by arrow.
3. Use solid line to show path before crash:

dotted line after crash:

4. Show pedestrian by:
5. Show railroad by:
6. Show utility poles by:
7. Show motorcycle by:

INDICATE NORTH BY ARROW

DIAGRAM



NARRATIVE (Refer to vehicle by Unit No.)

Unit #1 would not start; with auto off & in gear, it began to charge battery with jumper cables. Unit 1 started on its own, struck neighbors vehicle, then struck telephone pole.

PRINT OR TYPE ALL INFORMATION ON THIS FORM.

YOUR REPORT IS CONFIDENTIAL AND CANNOT BE USED AS EVIDENCE IN ANY TRIAL.

LEGAL REQUIREMENTS

The driver of any motor vehicle involved in a crash which results in injury, death, or damage to any one person's property in excess of $500 must complete this report within 10 days after the crash.

If the driver is physically incapable of completing the report, the owner or another occupant of the vehicle should do so.

INSTRUCTIONS

OBSERVE THE FOLLOWING RULES:

1. PRINT ALL NAMES AND ADDRESSES.
2. Answer all questions to the best of your knowledge. If unable to answer any questions, mark "NK" for "not known."
3. The nature and extent of all damages and injuries must be clearly and completely stated. Whenever a doctor's statement of injuries or a garage estimate of the cost of repairs is immediately available, give this information; otherwise, give your own careful estimate.
4. Use a second report form or a sheet of paper the same size to report additional vehicles, injured persons, witnesses, or any other information for which there is not sufficient space.
5. SIGN THIS REPORT in the space at the bottom of the front side of this report form.

Important - This crash should also be reported to your insurance representative. Failure to report may jeopardize your automobile liability insurance.

THE PROVIDING OF FALSE INFORMATION IS A CLASS C MISDEMEANOR AND CAN RESULT IN A $500 FINE AND A 30-DAY SENTENCE.

The Safety Responsibility Law

For general information only

(See Sections 625 ILCS 5/7-100 through 5/7-216 of the Illinois Vehicle Code for complete statute.)

In certain cases drivers and owners may be required to prove financial responsibility, usually by presenting evidence of automobile liability insurance.

When any person sustains property damage in excess of $500 or personal injuries, the names of uninsured motorists are sent to the Secretary of State with a legal notice of possible security deposit. The notice names all potential property damage and bodily injury claimants, and lists the evaluated amounts of the potential claims. The evaluations are based on information shown in the reports filed by drivers or owners. It is important that reports be filed promptly and that complete and accurate descriptions of property damage and bodily injuries be shown in the spaces provided on the report form.

The accident file, which usually contains a police report and a report from each driver, will be sent to the Secretary of State. That office will review the reports to ascertain if the uninsured driver was legally at fault. If the driver was clearly not at fault, the file will be closed; otherwise a Notice of Suspension will be mailed. The notice of Suspension outlines the Methods of Compliance with the Illinois Safety Responsibility Law; it also advises the uninsured motorist of the right within 15 days of the Notice of Suspension to request a hearing. If a request for hearing is not received, the suspension becomes effective 45 days from the date of the Notice of Suspension. If a hearing is held and the Hearing Officer concludes, after considering all written and oral evidence, that there is a reasonable possibility of legal fault, the uninsured motorist has the following options: 1. Deposit security; 2. Present evidence of releases from liability (or signed agreements to pay for damages in installments) from all potential claimants named on the security deposit notice; 3. Show evidence of a final adjudication of nonliability. If the uninsured motorist fails to comply with any of the above options, his/her drivers license (if driver) and vehicle registration privileges (if owner) would be suspended.

(None of the above affects any persons right to sue to recover damages.)

(Security deposits, releases, or installment agreements are to be submitted to the Secretary of State.)

THIS SPACE FOR FLEET OPERATORS ONLY

If your vehicle operated in compliance with the Federal "Motor Carrier's Act," show the Interstate Commerce Commission docket number.

Has the Department of Insurance issued a certificate of self-insurance covering your vehicle?

☐ YES ☐ NO