



CL-10207208-8502

2007 OCT 23 AM 8:11

STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

ANDREW M. CUOMO  
ATTORNEY GENERAL

DIVISION OF REGIONAL OFFICES  
WATERTOWN REGIONAL OFFICE

October 16, 2007

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

Our File Number: 2007-657545  
Company: Dealmaker Auto Group

Dear Sir or Madam:

I enclose a copy of a consumer complaint recently filed with this office.

We will be mediating the complaint with the company. However, it appears this matter may also fall within the jurisdiction of your office. We are forwarding this copy so that you may take whatever action your office deems appropriate.

Thank you for your cooperation.

Very truly yours,

*Carol A. Lively*

Carol A. Lively  
BUREAU OF CONSUMER FRAUDS  
AND PROTECTION

Enclosure

cc:

Watertown, NY

MC  
10/23/07  
KB



ATTORNEY GENERAL ANDREW M. CUOMO  
 STATE OF NEW YORK  
 OFFICE OF THE ATTORNEY GENERAL  
 BUREAU OF CONSUMER FRAUDS AND PROTECTION  
 317 Washington Street  
 Watertown, NY 13601-3744  
 Tel. (315) 785-2444 Fax (315) 785-2294

**COMPLAINT FORM**  
 Consumer Hotline For Hearing Impaired  
 1 (800) 771-7755 TDD (800) 784-9898  
 http://www.oag.ny.gov  
**RECEIVED**

OCT 15 2007

- PLEASE BE SURE TO COMPLAIN TO THE COMPANY OR INDIVIDUAL BEFORE FILING.
- PLEASE TYPE OR PRINT CLEARLY IN DARK INK.
- YOU MUST COMPLETE THE ENTIRE FORM. INCOMPLETE OR UNCLEAR FORMS WILL BE REJECTED IN OUR OFFICE.
- MAKE SURE YOU ENCLOSE COPIES OF IMPORTANT PAPERS CONCERNING YOUR TRANSACTION.

YOUR NAME		HOME TELEPHONE NUMBER	
[REDACTED]		[REDACTED]	
CITY/TOWN		COUNTY	STATE
WATER TOWN		JEFF	NY
NAME OF SELLER OR PROVIDER OF SERVICES		NAME OF OTHER SELLER OR PROVIDER OF SERVICES	
DEALER - FORD			
STREET ADDRESS		STREET ADDRESS	
18392 US Rte 11			
CITY/TOWN	STATE	ZIP	CITY/TOWN
WATER TOWN	NY	13601	
TELEPHONE NUMBER		TELEPHONE NUMBER	
315-762-7200			
DATE OF TRANSACTION	COST OF PRODUCT OR SERVICE	HOW PAID (Check those which apply)	
14 APRIL 2007	\$ [REDACTED]	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other	
DID YOU SIGN A CONTRACT?	WHERE DID YOU SIGN THE CONTRACT?	DATE SIGNED	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	AT DEALERSHIP	14 APRIL 2007	
WAS PRODUCT OR SERVICE ADVERTISED?	WHERE WAS IT ADVERTISED?	DATE ADVERTISED	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TYPE OF COMPLAINT (e.g. car, mail order, etc. Use the reverse side of this form to provide details)			
AUTOMOBILE			
DATE YOU COMPLAINED TO THE COMPANY OR INDIVIDUAL	PERSON CONTACTED	JOB TITLE	
16 APR 07 11 SEP 07 <input type="checkbox"/> By mail <input checked="" type="checkbox"/> By telephone <input type="checkbox"/> In Person	FRANK PERRY	SALES CONSULTANT	
NATURE OF RESPONSE	DATE OF RESPONSE		
BRING CAR IN TO BE CHECKED	16 APRIL 2007		
HAS MATTER BEEN SUBMITTED TO ANOTHER AGENCY OR ATTORNEY? (If "Yes," give name and address)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
IS COURT ACTION PENDING? (Please describe as necessary)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
MANUFACTURER OF PRODUCT	PRODUCT MODEL OR SERIAL NUMBER		
FORD MOTOR COMPANY	FOCUS - 2007		
ADDRESS	WARRANTY EXPIRATION DATE		
116800 EXECUTIVE PLAZA DR (PO BOX 1248) DEARBORN, MI 48121	THRU LEASE		
DID BUSINESS ARRANGE FINANCING? (If "Yes," give name and address of bank or finance company)			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No FORD CREDIT, Box 220564, Pittsburgh, PA 15257-2564			

PLEASE DESCRIBE COMPLAINT ON REVERSE SIDE

BRIEFLY DESCRIBE YOUR COMPLAINT

On the 3d day of driving new car, in a freakish snow storm, I pulled up to stop at Guard gate on Fort Drum. As I depressed ~~gas~~ brake pedal to come to complete stop to slow gate guard, my FO car the ~~gas~~ car <sup>REV'D UP</sup> surged forward just missed hitting the guard (see sworn statement attached). Again, on 11 Sep 07, I pulled into a parking space and again as I was coming to a complete stop, the car rev'd up & surged forward about 3 feet leading toward stream. This car is a potential ~~liability~~ <sup>liability</sup> in my opinion.

WHAT FORM OF RELIEF ARE YOU SEEKING? (e.g., exchange, repair or money back, etc.) MONEY BACK to purchase TRUSTWORTHY VEHICLE.

WHO REFERRED YOU TO THIS OFFICE? EVERYONE I HAVE DISCUSSED CAR PROBLEM WITH. MY DWIGHT AUSTON ATTORNEY.

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:  Date: 8 Oct 2007

HAVE YOU ENCLOSED COPIES OF IMPORTANT PAPERS?

Return to: Office of the Attorney General  
Bureau of Consumer Friends and Protection  
317 Washington Street  
Watertown, NY 13601-3744

# Certificate of Insurance

Account #

VIN # 1F14D34N27B247278

Policy # 099-0110

Effective Date 04/14/2007

Expiration Date

### LESSEE INFORMATION

Name:

If company, Guarantor

S.S. #

Self Insured  Yes  No

D.L. #

Expiration Date 11/19/2012 State NY

Address

City WATERLOO

Phone

State NY Zip Code 13501

### AGENT / COMPANY INFORMATION (To be completed by dealer)

Company PREFERRED MOTOR

Address WASHINGTON ST

Agent Name HAYLOR PFEYER AND COON

City WATERLOO

Phone 315-782-3290

State NY Zip Code 13501

### VEHICLE INFORMATION

Year 2007

Make FORD

Model FORD

Capitalized cost 21061.75

Est. date of delivery 04/14/2007

Is Coverage on current vehicle being deleted  Yes  No

If yes, Please provide: Year

Make Model

### DEALERSHIP INSURANCE VERIFICATION (POLICY REQUIREMENTS)

#### Car & Light Truck (16,000 Lb GVW and Less)

	Coverage	Minimum	Actual
L I M I B T I S L O T F Y	Bodily Injury & property damage or single limit	As shown in your lease agreement	
	Collision	up to \$1,000 deductible or as shown in your lease agreement	500.00
	Comprehensive	up to \$1,000 deductible or as shown in your lease agreement	500.00

#### Medium & Heavy Truck (over 16,000 Lb GVW)

	Coverage	Minimum	Actual
L I M I B T I S L O T F Y	Single limit	\$1,000,000 (Tractors) \$500,000 other	
	Collision	up to \$2,500 deductible	
	Comprehensive	up to \$2,500 deductible	

COB EAST LLC

(to be identical to full name of HOLDER noted on lease agreement)

shall be listed as Additional Insured.

COB EAST LLC

(to be identical to full name of HOLDER noted on lease agreement)

shall be listed as Loss Payee.

XXXXXX  
P.O. Box 300558, Minneapolis, MN 55439-0558

P.O. Box 398058  
MINNEAPOLIS MN 55439-8058

**Additional Insured and Loss Payee will be notified in writing at least 10 days in advance of a policy cancellation, non-renewal, or reduction in coverage.**

### TO BE COMPLETED BY LESSEE

This is to certify to COB EAST LLC that, I VERGINIA A MARSHALL  
(holder noted on lease agreement) (please print full name)  
 lessee of the leased vehicle above, authorize you (agent) to provide the requested coverage and to forward the appropriate documents to COB EAST LLC  
(holder noted on lease agreement)

Lessee signature

Date

04/14/2007

### TO BE COMPLETED BY DEALER

We certify that we have verified insurance coverage as listed above with the agent for the insurer on the described vehicle.

Dealer signature

Spoke to (print)

info. taken by (print)

Phone #

Date

04/14/2007

### BRANCH USE ONLY

Processed By

Date

# WE OWE

NAME: [REDACTED] STK. NO. **F7179** NEW  USED   
 ADDRESS: [REDACTED] YEAR **2007** MAKE **FORD**  
 CITY **WATERTOWN** STATE **NY** ZIP [REDACTED] MODEL **FOCUS 455D**  
 PHONE [REDACTED] SERIAL NO. **1PFD34E274**  
 SALESMAN **FRANK PERRY** DEL. DATE **04/14/2007**

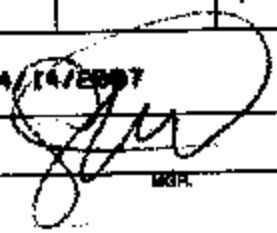
QTY.	NAME OF ITEM	PART	LABOR
		N/A	N/A
		N/A	N/A
	<b>CAR STARTER @ NO Expense to</b>	N/A	N/A
	<b>Customer.</b>	N/A	N/A
		N/A	N/A
		N/A	N/A

I hereby accept this WE-OWE with the understanding that it is valid for only (30) THIRTY DAYS FROM DATE OF ISSUANCE, and that I must make an ADVANCE APPOINTMENT WITH THE SERVICE DEPARTMENT before the above work can be performed.

(FOR APPOINTMENT) CUSTOMER [REDACTED]

DATE **04/14/2007**

APPROVED



MGR.

CUSTOMER COPY

# GOOD NEWS!

Roadside Assistance coverage has now been extended to:

**Ford and Mercury Vehicles:** 5 years or 60,000 miles (whichever occurs first)

**Lincoln Vehicles:** 6 years or 70,000 miles (whichever occurs first)

Please refer to the Roadside Assistance section of your Warranty Guide (Customer Information Guide for Canadian customers) for the complete list of benefits.

# BONNE NOUVELLE!

La couverture offerte par l'Assistance dépannage a été prolongée à :

**Véhicules Ford :** 5 ans ou 100 000 kilomètres (selon le premier terme atteint)

**Véhicules Lincoln :** 6 ans ou 110 000 kilomètres (selon le premier terme atteint)

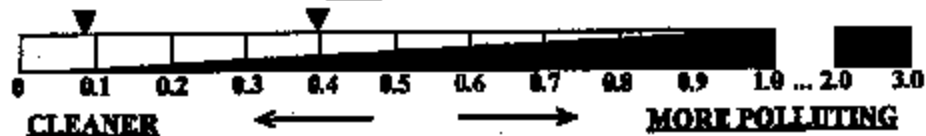
Consultez la section Assistance dépannage de votre Guide d'information du client pour connaître la liste complète des avantages.



797J-18B148-A6

### SMOG EMISSIONS INFORMATION

The SMOG Index of this vehicle is: **0.09**      The SMOG Index of the average new vehicle is: **0.40**



Note: The SMOG Index (SI) indicates the relative level of ozone-forming pollutants emitted by the vehicle. The lower the SI, the lower the vehicle's emissions.

### BUMPER QUALITY LABEL

THIS VEHICLE IS EQUIPPED WITH A BUMPER SYSTEM THAT CAN WITHSTAND A FRONTAL BARRIER IMPACT SPEED OF 5.0 MILES PER HOUR AND A REAR IMPACT SPEED OF 5.0 MILES PER HOUR WITH NO MORE DAMAGE THAN ALLOWED BY THE FEDERAL BUMPER STANDARD. THE FEDERAL BUMPER STANDARD ALLOWS DAMAGE TO THE BUMPERS AND ATTACHING HARDWARE AND SPECIFIES BARRIER TESTS TO BE CONDUCTED AT 2.5 MILES PER HOUR.

### PARTS CONTENT INFORMATION

FOR VEHICLES IN THIS CARLINE:  
U.S./CANADIAN PARTS CONTENT: **75%**

NOTE: PART CONTENT DOES NOT INCLUDE FINAL ASSEMBLY, DISTRIBUTION, OR OTHER NON-PARTS CODES.

FOR THIS VEHICLE:  
FINAL ASSEMBLY POINT:  
**WAYNE, MICHIGAN, U.S.**  
COUNTRY OF ORIGIN:  
ENGINE: **U.S.**  
TRANSMISSION: **U.S.**

WHEN ASSEMBLY COSTS ARE INCLUDED, THE U.S. AND CANADIAN CONTENT FOR FORD'S FLEET OF VEHICLES OFFERED FOR SALE IN THE UNITED STATES IS PROJECTED TO BE 85 PERCENT.

1FAHP34N27W



# SWORN STATEMENT

For use of this form, see AR 190-4E; the proponent agency is PMG.

## PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10 USC Section 201; Title 5 USC Section 2061; E.O. 8387 dated November 22, 1943 (SSM).  
**PRINCIPAL PURPOSE:** To provide commanders and law enforcement officials with means by which information may be accurately identified.  
**ROUTINE USES:** Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.  
**DISCLOSURE:** Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE (YYYYMMDD) 2007 Sept.	3. TIME	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]			7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

9. I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

While doing my duty as a security guard at Fort Drum I witnessed a ford focus grey in color (pewter) with a tenap reg still on the car. Mrs [REDACTED] stopped to show me her Id card and the car lunged forward and almost hit me and the curb I was standing on. I feel this is unsafe.

[REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 1 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"  
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

**Marshall, Ginny Ms CIV USA FORSCOM**

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**Subject:** FW: 2007 ford focus

-----Original Message-----

**From:** [REDACTED]  
**Sent:** Monday, September 17, 2007 8:31 AM  
**To:** [REDACTED]  
**Subject:** 2007 Ford Focus

**To:** Whom it may concern,

I bought my car in November of 2006 from Fuccillo in Adams NY. It is a 2007 Ford Focus. In the month of August 2007, I was driving my car down the road. When I went to make a stop, my car accelerated instead of stopping, almost causing a major accident in a major intersection. This is not the first I have heard of this happening with this model car. :

Please make a recall on this car, provide us with free rentals during the repairs and free us from any worries we may have of this happening again and causing any harm not only to ourselves but to others.

Thank you

[REDACTED]

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