



STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

2008 OCT 16 PM 3:17

ANDREW M. CUOMO  
ATTORNEY GENERAL

CL-10245952-9876

212-416-8381

DIVISION OF ECONOMIC JUSTICE  
BUREAU OF CONSUMER FRAUDS AND PROTECTION

September 16, 2008

[REDACTED]  
Ozone Park, NY [REDACTED]

Our File Number: [REDACTED]  
Company: Nemet Motors

Dear [REDACTED]

On behalf of Attorney General Andrew M. Cuomo, 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,

*Judy Blumenberg/cl*

Judy Blumenberg  
Bureau of Consumer Frauds  
And Protection

✓ cc: National Highway Traffic Safety Administration  
Office of Defects Investigation  
1200 New Jersey Avenue SE West Bldg.  
Washington, DC 20590

ET  
3:18  
10/16/08  
NJ



ATTORNEY GENERAL ANDREW M. CUOMO  
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) 416-8787

## COMPLAINT FORM

Consumer Hotline For Hearing Impaired  
1 (800) 771-7755 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.

|                                                                                                                         |                                  |                                                                                                                                             |                         |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>CONSUMER</b>                                                                                                         |                                  |                                                                                                                                             |                         |
| YOUR NAME                                                                                                               |                                  | HOME TELEPHONE NUMBER                                                                                                                       |                         |
| STREET ADDRESS                                                                                                          |                                  | BUSINESS TELEPHONE NUMBER                                                                                                                   |                         |
| CITY/TOWN                                                                                                               | COUNTY                           | STATE                                                                                                                                       | ZIP                     |
| Ozone Park N.Y.                                                                                                         |                                  | N.Y.                                                                                                                                        |                         |
| <b>COMPLAINT</b>                                                                                                        |                                  |                                                                                                                                             |                         |
| NAME OF SELLER OR PROVIDER OF SERVICES                                                                                  |                                  | NAME OF OTHER SELLER OR PROVIDER OF SERVICES                                                                                                |                         |
| NEMET MOTORS                                                                                                            |                                  |                                                                                                                                             |                         |
| STREET ADDRESS                                                                                                          |                                  | STREET ADDRESS                                                                                                                              |                         |
| 15312 Hillside                                                                                                          |                                  |                                                                                                                                             |                         |
| CITY/TOWN                                                                                                               | STATE                            | ZIP                                                                                                                                         |                         |
| Jamaica                                                                                                                 | N.Y.                             | 11432                                                                                                                                       |                         |
| TELEPHONE NUMBER                                                                                                        |                                  | TELEPHONE NUMBER                                                                                                                            |                         |
| 718-523-5858                                                                                                            |                                  |                                                                                                                                             |                         |
| DATE OF TRANSACTION                                                                                                     | COST OF PRODUCT OR SERVICE       | HOW PAID (Check those which apply)                                                                                                          |                         |
| October, 29, 2005                                                                                                       | \$ 39,730.70                     | <input type="checkbox"/> Cash <input checked="" 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                                                     | yes                              | October, 29, 2005                                                                                                                           |                         |
| 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)                     |                                  |                                                                                                                                             |                         |
| "MANUFACTURE DEFECTIVE CAR"                                                                                             |                                  |                                                                                                                                             |                         |
| DATE YOU COMPLAINED TO THE COMPANY OR INDIVIDUAL                                                                        |                                  | PERSON CONTACTED                                                                                                                            | JOB TITLE               |
| <input type="checkbox"/> By Mail <input type="checkbox"/> By Telephone <input checked="" type="checkbox"/> In Person    |                                  | Nemet outcenter                                                                                                                             | Manager - Vince Keshish |
| NATURE OF RESPONSE                                                                                                      |                                  | DATE OF RESPONSE                                                                                                                            |                         |
| He told us to get small claims make a complain                                                                          |                                  |                                                                                                                                             |                         |
| HAS MATTER BEEN SUBMITTED TO ANOTHER AGENCY OR ATTORNEY? (If "Yes," give name and address)                              |                                  |                                                                                                                                             |                         |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No New York State Insurance Department Consumer Bureau |                                  |                                                                                                                                             |                         |
| IS COURT ACTION PENDING? (Please describe as necessary)                                                                 |                                  |                                                                                                                                             |                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                |                                  |                                                                                                                                             |                         |
| <b>ADDITIONAL INFORMATION</b>                                                                                           |                                  |                                                                                                                                             |                         |
| MANUFACTURER OF PRODUCT                                                                                                 |                                  | PRODUCT MODEL OR SERIAL NUMBER                                                                                                              |                         |
| 2005 NISSAN XTERRA                                                                                                      |                                  | 5N1AN08W75C                                                                                                                                 |                         |
| ADDRESS                                                                                                                 |                                  | WARRANTY EXPIRATION DATE                                                                                                                    |                         |
|                                                                                                                         |                                  |                                                                                                                                             |                         |
| DID BUSINESS ARRANGE FINANCING? (If "Yes," give name and address of bank or finance company)                            |                                  |                                                                                                                                             |                         |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No NISSAN MOTOR ACCEPTANCE CORPORATION                 |                                  |                                                                                                                                             |                         |
| 8900 FREEMONT PARKWAY                                                                                                   |                                  |                                                                                                                                             |                         |
| IRVING, TEXAS 75063                                                                                                     |                                  |                                                                                                                                             |                         |

PLEASE DESCRIBE COMPLAINT ON REVERSE SIDE

BRIEFLY DESCRIBE YOUR COMPLAINT

WHAT FORM OF RELIEF ARE YOU SEEKING? (e.g., exchange, repair or money back, etc.)

money back, or another car.

WHO REFERRED YOU TO THIS OFFICE?

Internet, and Consumer Services Bureau Department

## 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:

9/1/2008

## 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

9/1/2008

To whom it may concern:

We worked hard to save money, we save<sup>6</sup> 11,000.00 to buy a new car. We worked hard really hard and we paid our monthly car payment 377.00 each month plus a full cover for it.

We felt great when we bought our car. We bought our car October 2005. A Nissan Xterra.

But, 3 months ago 6/27/2008 our car got on fire at 230 am in the morning in front of our house. people from our neighborhood call us in the middle of the night and they call the fire department. The firefighters stop the fire the captain fireman in charge he told us the car got on fire because electrical wire problem. The car was completely loss and destroy.

We call the insurance and they told us they going to do investigation, and they give us a rent car.

for 23 days 6/30 to 7/22. and Also, they told  
they going to pay the car what we owed with it  
was 15,000. We call the Nissan Department also  
and they told me, that they have to wait for  
the insurance to do they job. and they going to see what  
they going to do. Now, the Insurance say they job for  
and the Nissan also they did they job to. and  
they sent us a check for only \$85.59

Now, I want to know who is going to pay us all the money  
that we invest in our car approximately \$20,000 when we  
bought it cost \$39,000.00 I can believe the Nissan they  
just send a check for only \$85.59 After we really spent  
of money and work <sup>hard</sup> for it. I want the Nissan to give me all  
the money correspond me Why? Why? They sold us a defect  
car! and I hope no other person got in this situation  
that I went through. Thanks, God that Nobody of my  
family got hurt. And also the rest of car that was next to  
mine because the car was in the middle of lot of cars

Please, do not sell car that is not in good condition and Please, I want my money back, what I spent in this car. I have no car at all and my money is gone.

Sincerely,

"We are frustrated and desperate customer."