

**INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)**

Subject: FW: FW: NHTSA: Follow up to ODI Complaint: 10322380
Date: Thursday, May 06, 2010 9:27:00 AM
Attachments: [NYS Attorney GeneralComplaint Dec 2009 Volvo scan.pdf](#)

From: DataQuality, DataQuality (NHTSA)
Sent: Wednesday, May 05, 2010 9:45 AM

Subject: FW: FW: NHTSA: Follow up to ODI Complaint: 10322380

Sent: Tuesday, May 04, 2010 4:41 PM
To: DataQuality, DataQuality (NHTSA)
Subject: Re: FW: NHTSA: Follow up to ODI Complaint: 10322380



Please see the attached copy of your recent complaint and instructions. Please make any necessary edits and return via email to dataquality@dot.gov or fax to (202) 366-1767. Due to the volume of complaints we receive and our limited resources, we can not respond to every complaint.

NHTSA/Office of Defects Investigation



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ATTORNEY GENERAL ANDREW M. CUOMO
 STATE OF NEW YORK
 OFFICE OF THE ATTORNEY GENERAL
 BUREAU OF CONSUMER FRAUDS AND PROTECTION
 300 MOTOR PARKWAY, SUITE 205
 HAUPPAUGE, NY 11788-5127
 Tel. (631) 231-2401 Fax (631) 435-0745

COMPLAINT FORM
 Consumer Hotline For Hearing Impaired
 1 (800) 771-7755 TDD (800) 788-9898
 http://www.oag.state.ny.us

- 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 RETURNED TO YOU.
- MAKE SURE YOU ENCLOSE COPIES OF IMPORTANT PAPERS CONCERNING YOUR TRANSACTION.

CONSUMER

Your Name [REDACTED] Home Tel. [REDACTED]
 [REDACTED]
 City/Town Sound Beach County Suff State NY Zip [REDACTED]

COMPLAINT

Name of Seller or Provider of Services <u>VOLVO cars of North America, LLC</u>	Name of Other Seller or Provider of Services <u>Georgetown Volvo (Leslie)</u>
Street Address <u>1 volvo drive P.O. Box 914</u>	Street Address <u>633 middle country rd</u>
City/Town State Zip <u>Rockleigh NJ 07647</u>	City/Town State Zip <u>St. James Smithtown NY 11780</u>
Tel.# <u>1.800.458.1552</u>	Tel.# <u>631.724.0400</u>

Date of Transaction N/A Cost of Product or Service _____ How paid (Check those which apply)
 Cash Check Credit card Other

Did you sign a contract? Yes No Where? _____ Date _____

Was product or service advertised? Yes No Where? _____ Date _____

Type of Complaint (e.g., car, mail order, etc. Use reverse to provide details)
Auto recall/warranty for throttle body

Date you complained to company or individual Aug. 21, 09 Person Contacted "Bill" Volvo customer service rep Job Title _____
 By Mail By Telephone In person Other

Nature of Response Warranty expired on Aug. 10, 09 Date of Response Aug. 21, 09

Has matter been submitted to another agency or attorney? Yes No If yes, give name and address:

Is court action pending? Yes No If yes, please describe as necessary:

ADDITIONAL INFORMATION

Manufacturer of Product VOLVO Address Via # YV1 TS9 4D4 Y1 [REDACTED]

Product Model or Serial Number 980 Warranty Expiration Date Aug. 10, 09

Did business arrange financing? Yes No If yes, name and address of bank or finance company:
N/A

PLEASE DESCRIBE COMPLAINT ON REVERSE SIDE

Briefly describe your complaint After being told by "Leslie" at Georgetown Volvo that the warranty expired on Aug. 10, 09, I was directed to contact Volvo cust. service. Despite it having expired only 9 business days prior, I was told there's nothing they can/will do about it.

The car has a defective throttle body that makes it have an iratic idle when stopped or going very slow. As a result it lunges forward presenting a serious risk.

I never received anything informing me of a recall and only called them on a suggestion from a friend. You would think that "VOLVO" would want to reinforce their reputation of being the safest vehicles,

What form of relief are you seeking? (e.g., exchange, repair or money back, etc.) I'm asking that Volvo stands behind the vehicle and the warranty/recall.

Who referred you to this office? Self

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

[Redacted Signature]

Date:

12/28/2009

HAVE YOU ENCLOSED COPIES OF IMPORTANT PAPERS?

Return to: Office of the Attorney General
Bureau of Consumer Frauds and Protection
300 Motor Parkway, Suite 205
Hauppauge, NY 11788