



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

CL-10564119-6814

FEB 11 2014

ERIC T. SCHNEIDERMAN
ATTORNEY GENERAL

DIVISION OF REGIONAL OFFICES
HARLEM REGIONAL OFFICE

February 3, 2014

[REDACTED]
Astoria, NY [REDACTED]

Our File Number: 2014 -**1153619**
Company: Toyota Parkway

Dear [REDACTED]

On behalf of Attorney General Eric T. Schneiderman, 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,

Martin Forero
HARLEM REGIONAL OFFICE

cc:
National Highway Traffic Safety Administration
1200 New Jersey Ave, SE, West Building
Washington DC 20590

NAM
21214
SMD

CASE ASSIGNMENT FORM

1153619

PART A (Interviewer)

CONSUMER: [REDACTED]

DATE: 2/28/14

INTERVIEWER: _____

TIME SPENT: _____

COMMENTS: Consumer took her car to a repair shop to
get the transmission changed. Consumer believes that
her car was one that should have been recalled.
Toyota has done nothing about this and tells the
consumer that he needs to make repairs.

PART B (JOEL)

CASE TYPE: _____ INDUSTRY CODE: 001B ISSUE OT

ATTORNEY / MEDIATOR ASSIGNED: _____

DATE (Case Received): _____ REFERRED TO: NATIONAL SAFETY BOARD

COMMENTS: Safecar.gov, National Highway Safety
Commission (NSTFA)

CF-32

TYPING SCHEDULED (24 Hour - Typing)

Assigned to:

| IN | DUE | OUT |
|-------|-------|-------|
| Date: | Date: | Date: |
| Time: | Time: | Time: |

Initials

MF



ATTORNEY GENERAL ERIC T. SCHNEIDERMAN
 STATE OF NEW YORK
 OFFICE OF THE ATTORNEY GENERAL
 BUREAU OF CONSUMER FRAUDS AND PROTECTION
 163 West 125 Street, Suite 1324
 New York, NY 10027-8201
 Tel. (212) 961-4475 Fax (212) 961-4003

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

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 | HOME TELEPHONE NUMBER | |
| STREET ADDRESS | BUSINESS TELEPHONE NUMBER | |
| CITY/TOWN | COUNTY | STATE ZIP |
| LIC, NY NY | | |
| COMPLAINT | | |
| NAME OF SELLER OR PROVIDER OF SERVICES | NAME OF OTHER SELLER OR PROVIDER OF SERVICES | |
| STREET ADDRESS | STREET ADDRESS | |
| CITY/TOWN | STATE | ZIP |
| TELEPHONE NUMBER | TELEPHONE NUMBER | |
| DATE OF TRANSACTION | COST OF PRODUCT OR SERVICE | HOW PAID (Check those which apply) |
| | \$ | <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Dealership Toyota N.J. | 9/2008 |
| 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) | | |
| Warranty expiration or recall of the transmission computer | | |
| DATE YOU COMPLAINED TO THE COMPANY OR INDIVIDUAL | PERSON CONTACTED | JOB TITLE |
| 5/14/13 <input type="checkbox"/> By Mail <input checked="" type="checkbox"/> By Telephone <input type="checkbox"/> In Person | Toyota Rep | |
| NATURE OF RESPONSE | DATE OF RESPONSE | |
| I had called and request to make the needed repairs | 5/14/13 | |
| 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 | | |
| ADDITIONAL INFORMATION | | |
| MANUFACTURER OF PRODUCT | PRODUCT MODEL OR SERIAL NUMBER | |
| Toyota Rav 4 | 11 | |
| ADDRESS | WARRANTY EXPIRATION DATE | |
| DID BUSINESS ARRANGE FINANCING? (If "Yes," give name and address of bank or finance company) | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

PLEASE DESCRIBE COMPLAINT ON REVERSE SIDE

RECEIVED BY Jul...

JAN 31 2014

NEW YORK STATE OFFICE
OF THE ATTORNEY GENERAL
HARLEM REGIONAL OFFICE

257 Park Ave South, 2nd Fl • New York, NY 10010 • 212-584-2500 • FAX: 212-584-2555

Independence
care system

Fax Cover Letter

Recipient Information

Print Name: Attorney General Eric Schneiderman

Organization: _____

Telephone: (212) 961-4475

Fax: 212 961-4003

Sender Information

Print Name: _____

Authorized Sender (person authorizing fax): _____

Telephone: _____ Fax: 212-584-2555

Date: 1/30/14 Time: _____ # of pages (incl. Cover): _____

Comments: Please confirm receipt of

Confidentiality Notice: Protected Health Information May Be Enclosed

IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law.

Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

If you are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, copying or distribution of this information is **STRICTLY PROHIBITED**. If you have received this message by error, please notify the sender immediately to arrange for return or destruction of these documents.

BRIEFLY DESCRIBE YOUR COMPLAINT

On May 14/2013, My Toyota Rav 4 was not responding when I put my foot on the pedal giving it gas for the car to move forward on the (Drive) position. Upon change shift my change in gear made a hard pop sound when it became difficult to get the car into gear. Once I was able to do so the engine light went on - On May 16/2013 I was able to take the car to my local Queens Auto repair service for which the company had informed me that the car was in need of a Transmission Computer - it was then I did research on any recalls due to my car 2003 only has 65,000(+1) mile for the need of a transmission computer - When I contact Toyota (3 attempts) Toyota fail to want to make the need repairs that

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

I am seeking that Toyota make the need replacement part that replacement transmission computer - they there would fail.

WHO REFERRED YOU TO THIS OFFICE?

Upon discussion w/ one dealership rep. He had suggested to make this report, because he know Toyota can make repair on a good will.

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 210.16.

Signature: [Redacted]

Date: 11/17/13

HAVE YOU ENCLOSED COPIES OF IMPORTANT PAPERS?

Return to: Office of the Attorney General
Bureau of Consumer Frauds and Protection
Harlem Regional Office
163 West 125th Street, Suite 1324
New York, NY 10027-8201

2003 Toyota Rav 4 had a recall - on
the Transmission Computer - I had ask that
toyota make the needed repair as a good will
since there was a 10yr extension on the Toyota
Rav 4 warranty due to Transmission Computer
failure. I did call the Toyota Company
3 times - as per one of the Toyota rep - I missed
the extended warranty that Exp. 4/18/2013. even though
my transmission computer started to have failure in
April - & May 2013 -

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Needs computer!

I have not been able to use my car, for any personal or professional use due to the transmission failure -

I also do not have the money to make the needed repairs -

I am a Social worker, Single parent, Student Loan debt of \$16,800 -

In my position as a Social worker - I visit patients who are disabled, paralyzed, since my position is long term management care, I now must use my car to reach areas in Queens N.Y. that is not reachable via Bus or by Subways -

I am seeking help from the Attorney General office to ensure that Toyota could have made the needed repairs, because Toyota knew that the consumer would have had this failure -

I had also completed research on Toyota (Ray 4) reported transmission failure which are listed -

State of New York
Office of the Attorney General
Harlem Regional Office
163 West 125th Street (13th Floor)
New York, NY 10027



National Highway Traffic Safety Administration
1200 New Jersey Ave, SE, West Building
Washington DC 20590
Defects
PM

