



CL-10608359-1036



# New Jersey Office of the Attorney General

Division of Consumer Affairs  
Consumer Service Center - Complaint Review Unit  
124 Halsey Street, 3rd Floor, Newark, NJ 07102

JOHN J. HOFFMAN  
*Acting Attorney General*

KIM GUADAGNO  
*Lt. Governor*

June 17, 2014

STEVE C. LEE  
*Acting Director*

National Highway Traffic Safety Administration US Dept of Transportation  
Office of Defects Investigation (NVS-210)  
1200 New Jersey Ave SE  
Washington, DC 20590

**Mailing Address:**  
P.O. Box 45025  
Newark, NJ 07101  
(973) 504-6200

Re: [REDACTED]  
File Number: 06-12-14G0000110011

JUN 25 2014

I am writing on behalf of the New Jersey Division of Consumer Affairs - Office of Consumer Protection to bring this matter to your office's attention. While hearing from the public helps the Division in its efforts to protect the health, safety and economic well-being of the public as consumers in the marketplace and to identify the best use of our investigative resources, there are situations, such as this one, in which a referral to another agency may be better able to provide assistance.

We are forwarding the materials we received to your office so that you may assist this consumer. We have advised the consumer of our action and that all future inquiries should be directed to your office. We appreciate the assistance that your office can provide to this consumer and extend our willingness to assist your office when necessary.

If you have any questions regarding this referral, please contact our Consumer Service Center at (973) 504-6200.

Sincerely,

Patricia D. Pate  
Supervising Investigator, Consumer Service Center



New Jersey Office of the Attorney General

Division of Consumer Affairs
P.O. Box 45025
Newark, New Jersey 07101
(973) 504-6200
(800)-242-5846

E-Mail: AskConsumerAffairs@lps.state.nj.us

OFFICE OF CONSUMER PROTECTION
724661 JUN 11

Please be advised that any information you supply on this complaint form may be subject to public disclosure. If an investigation into the matter is conducted, the information is subject to public disclosure only after the investigation is closed. You are also advised that the completed complaint form is a "government record," subject to disclosure under the Open Public Records Act (OPRA).

Complaint Reported By: [Redacted]
Complaint Reported Against:
NAME: [Redacted] BUSINESS: Toyota
ADDRESS: [Redacted] ADDRESS:
CITY: Williston Park CITY:
STATE: N.J. ZIP: HOME TELEPHONE NUMBER: [Redacted] TELEPHONE NUMBER (1):
WORK TELEPHONE NUMBER: N/A TELEPHONE NUMBER (2):
E-MAIL ADDRESS: [Redacted]

For statistical and informational purposes only. Your age: [ ] 18-29 [ ] 30-44 [x] 45-59 [ ] 60 or older

1. Nature of complaint (please check the appropriate box(es)):

- [x] Automotive [ ] Automotive Repairs [ ] Banking [ ] Credit Card
[ ] Charity [ ] Direct Mail/Sweepstakes [ ] Home Repair [ ] Internet/Cyberspace
[ ] Professional Service [ ] Stocks/Securities [ ] Telemarketing [ ] Telecommunications
[ ] Bingo/Raffle [ ] Health Club [ ] Warranty [ ] Advertising
[ ] Wheelchair Lemon Law [ ] Weighing/Measuring Devices [ ] Used Car Lemon Law [ ] New Car Lemon Law
[ ] Home Furnishings [ ] Other (specify)

2. If your complaint involves a motor vehicle, please provide the following information:

- a. [ ] New [ ] Used
b. [x] Purchased [ ] Leased 1998 Toyota Tacoma
c. Purchase Price \$11,000 Current Mileage 298,853
d. Date of purchase NOVEMBER 1997 [x] With Warranty [ ] With Service Contract [ ] As Is
e. Make Toyota Model Tacoma SRS Year 1998

3. Name of company with which you dealt: Toyota of Francesville
3400 Route 42 PO Box 9070 Francesville NC 28012 856-728-1821

4. Name and title of company agents or employees with whom you dealt: Bradley Flock (Repair Agent)
I ask him about recall on my truck, he said it's fine 3yrs ago

5. Describe the facts of your complaint in the order in which they happened. Please print clearly. Use additional sheets of paper, if necessary. Attach readable copies (NO ORIGINALS) of any complaint-related contracts, bills, receipts, cancelled checks, correspondence or any other documents you feel are related to your complaint.

ASK MR. FLECK ABOUT A RECALL ON MY TOYOTA TACOMA  
TRUCK IS SAID IT EXPIRE 3 YEARS AGO  
THE RECALL WAS ABOUT THE FRAME RUSTING  
WHEN I WENT TO GET MY RADIATOR REPAIR AND  
BELTS AND PAID FOR THE SERVICE THE AGENT TOLD  
ME ABOUT RUST & CORROSION ON MY BACK OF THE TRUCK  
WHEN THE LEAF SPRING CONNECT TO THE LEFT BACK FRAME  
I BELIEVE THAT IS THE PROBLEM OF THE RECALL  
WHAT DO I DO IF THE RECALL EXPIRES AND ITS  
STAYING THE RUST. I NEED HELP ON THIS CASE  
I REALLY DON'T KNOW WHAT TO DO. CAN YOU  
ASSIST ME ON THIS MATTER.

IF YOU LOOK AT THE RECEIPT FOR THE RADIATOR  
IT WILL SAY ON THE FIRST PAGE  
(ADVISED CUSTOMER FRAME HAS CORROSION PERFORATIONS  
AT FRONT & REAR SIDE LEAF SPRING)

I WAS NEVER NOTIFY ABOUT THE RECALL

6. The amount of loss involved in this complaint: \$ \_\_\_\_\_ . Please provide a breakdown of these losses:

DID NOT RECEIVE ANY FROM THE RECALL WAITING  
FOR ASSISTANCE

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I authorize the New Jersey Division of Consumer Affairs to send this complaint form to the company or to interested parties and to use the information in any way that is necessary.

Signature\*

Date

6-10-14

\* This certification must be signed by the person completing the form.

12/2/05

# TOYOTA SCION OF TURNERSVILLE

SERVICE INVOICE

*Letters*



3400 Route 42 • P.O. Box 9070 • Turnersville, NJ 08012  
 (856) 728-5000 • Fax (856) 728-1821  
 www.turnersvilleauto.com



CUSTOMER NO. <b>9649234</b>	ADVISOR <b>BRADLEY FLUCK</b>	TAG NO. <b>2607</b>	INVOICE DATE <b>05/20/14</b>	INVOICE NO. <b>TOCS256743</b>
	LABOR RATE <b>119.00</b>	LICENSE NO.	MILEAGE <b>298,605</b>	COLOR <b>MAROON/</b>
	YEAR / MAKE / MODEL <b>98/TOYOTA TRUCK/TACOMA 4X4/TACOMA 4X</b>		DELIVERY DATE <b>12/02/97</b>	DELIVERY MILES
<b>WILLIAMSTOWN, NJ</b>	VEHICLE I.D. NO. <b>4 T A W M 7 2 N 2 W Z</b>		SELLING DEALER NO.	PRODUCTION DATE
	F.T.E. NO.	P.O. NO.	R.O. DATE <b>05/19/14</b>	
RESIDENCE PHONE	BUSINESS PHONE	COMMENTS <b>E# MANUAL</b>		MO: <b>298607</b>

PARTS	QTY	FP	NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	PRICE
	1		90080-91125-83	BELT, V-RIBBED	6.47		6.47
	1		90916-02336	BELT, V-RIBBED	33.61		33.61
	1		99364-20870-78	V-BELT	25.82		25.82
TOTAL - PARTS							65.90

JOB# 3 TOTALS	LABOR	154.70	
	PARTS	65.90	
JOB# 3 JOURNAL PREFIX TOCS		JOB# 3 TOTAL	220.60

MISC	CODE	DESCRIPTION	CONTROL NO.	
JOB # A	SS	SHOP SUPPLIES		13.07
TOTAL - MISC				13.07

ESTIMATE  
 CUSTOMER HEREBY ACKNOWLEDGES RECEIVING ORIGINAL ESTIMATE OF \$0.00 (+TAX)  
 RECOMMENDATIONS  
 ADVISED CUST FRAME HAS CORROSION PERFORATION AT FRONT OF DRIVERS SIDE LEAF SPRING.

*Recall ??*

TOTALS		TOTAL LABOR....	511.70
		TOTAL PARTS....	359.41
		TOTAL SUBLET....	35.00
		TOTAL G.O.G....	0.00
		TOTAL MISC CHG.	13.07
		TOTAL MISC DISC	-85.00
		TOTAL TAX.....	57.48
		<b>TOTAL INVOICE \$</b>	<b>891.66</b>

*coupons*

THANK YOU FOR YOUR BUSINESS!!  
 \*\*\*NOW YOU CAN MAKE YOUR SERVICE APPOINTMENT ONLINE FROM OUR WEB PAGE. WWW.TOYOTAOFTURNERSVILLE.COM\*\*\*

CUSTOMER SIGNATURE

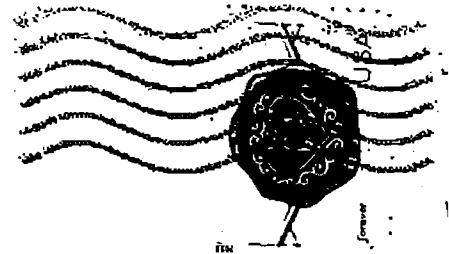
Please Read Important Information On Reverse Side

The Reynolds and Reynolds Company, Elmhart, CT 06032

[Redacted]  
Williamstown, NJ [Redacted]

SOUTH JERSEY ND 060

10 JUN 2014 PM 5 L



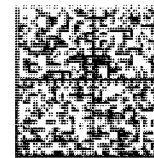
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***NJ Office of the Attorney General***

DIVISION OF CONSUMER AFFAIRS  
CONSUMER SERVICE CENTER  
P.O. BOX 45025  
NEWARK, NJ 07101



U.S. POSTAGE  PITNEY BOWES



ZIP 08628 \$ 000.69<sup>0</sup>  
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