



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

CHRIS CHRISTIE

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

November 25, 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

DEC -4 2014

Re: [REDACTED]
File Number: [REDACTED]

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



OFFICE OF
CONSUMER PROTECTION
945748 NOV 20 2

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

COMPLAINT REPORTED BY:

COMPLAINT REPORTED AGAINST:

NAME: [REDACTED] ADDRESS: [REDACTED] CITY: <u>Tenafly</u> STATE: <u>NJ</u> ZIP CODE: [REDACTED] HOME TELEPHONE NUMBER: [REDACTED] WORK TELEPHONE NUMBER: [REDACTED] * E-MAIL ADDRESS: [REDACTED] * NOTE: BY PROVIDING YOUR E-MAIL ADDRESS, YOU AGREE TO RECEIVE COMMUNICATIONS FROM THIS OFFICE BY E-MAIL.	BUSINESS: <u>Chrysler Dodge Jeep of Paramus</u> ADDRESS: <u>315 Rt 4 W</u> CITY: <u>Paramus</u> STATE: <u>NJ</u> ZIP CODE: <u>07652</u> TELEPHONE NUMBER (1): <u>800-601-8175</u> <small>(include area code)</small> TELEPHONE NUMBER (2): _____ <small>(include area code)</small>
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For statistical and informational purposes only. Your age: 18-29 30-44 45-59 60 or older

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

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Automotive | <input type="checkbox"/> Automotive Repairs | <input type="checkbox"/> Banking | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Charity | <input type="checkbox"/> Direct Mail/Sweepstakes | <input type="checkbox"/> Home Repair | <input type="checkbox"/> Internet/Cyberspace |
| <input type="checkbox"/> Professional Service | <input type="checkbox"/> Stocks/Securities | <input type="checkbox"/> Telemarketing | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Bingo/Raffle | <input type="checkbox"/> Health Club | <input type="checkbox"/> Warranty | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Wheelchair Lemon Law | <input type="checkbox"/> Weighing/Measuring Devices | <input type="checkbox"/> Used Car Lemon Law | <input type="checkbox"/> New Car Lemon Law |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Other (specify) _____ | | |

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

- a. New Used
- b. Purchased Leased
- c. Purchase Price 20,000 Current Mileage 79,761
- d. Date of Purchase Apr 11/2009 With Warranty With Service Contract As Is
- e. Make Dodge Model Grand Caravan Year 2009

3. Name of company you dealt with: Chrysler Dodge Jeep of Paramus

4. Name and title of company agents or employees you dealt with: Carissa, customer service (?)
Ralph Russo (service technician), Debbie #D51207 & David #DF314
from recall center

5. Describe the facts of your complaint in the order in which they happened. Type or 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.

I received recall L25 in sept. 2014 for my Dodge Grand Caravan. I called the dealer who told me there was nothing they could do for me & directed me to the manufacturer. I spoke w/ 2 people at the recall center who told me to take the car to the dealer & have the problem looked at. I was told that it may not even be a problematic part, but that the dealer will be able to tell. I did so, but was told by an expert with boots on the ground (Ralph Russe), that not only was it impossible to tell if the part was defective (ignition switch), but there was no fix from the manufacturer so there was nothing they could do for me. I asked for a loaner & they refused and said, "no remedy is available at this time." I was told that it is unlikely that this issue will actually occur (engine shuts off during operation). I took all accessories off my key fob as directed, but on 11/4/2014 as I was leaving work my engine cut off while I was driving & I lost control of steering & braking. I called the dealer and was told there was nothing they could do as there is still no remedy for the recall. The next day after contacting the F.T.C. I called back and told the manager I reported the incident to the F.T.C. She immediately found me a "loaner car" for the following week (leaving me w/ no way to get to work for 2 days). I asked if they would just buy the car back at a fair price so I can get into a comparable safe vehicle. They said sure, but when I came in I was pulled into a sales game where they tried to make money off the sale. I explained that I just wanted a comparable vehicle, or the money for mine, at no cost to me. They refused, but continued to call me & get me to buy a new car from them the next day.

6. The amount of loss involved in this complaint: \$ 9-12K . Please provide a breakdown of these losses:

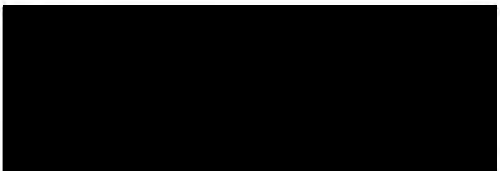
We have a minivan w/ sports suspension, NAV, 2 TV's, and top of the line accessories package. We cannot drive this car because of the recalled part & therefore have no car to drive. KBB value for car is 12K.

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.

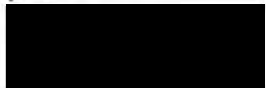
Signature*

11/17/2014
Date

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



Tenafly, NJ



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Division of Consumer Affairs
PO Box 45025
Newark, NJ 07101

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DIVISION OF CONSUMER AFFAIRS
CONSUMER SERVICE CENTER
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NEWARK, NJ 07101



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