NVS-200
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AUG - 4 2010

OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

Lisa Madigan
ATTORNEY GENERAL

July 27, 2010

[redacted]
Oreana, IL [redacted]

Re: [redacted]
File No: 2010-CONSC-00284260

Dear Sir/Madam:

The Consumer Protection Division, of the Office of the Attorney General received a consumer complaint involving your business. We have enclosed a copy of the complaint for your examination.

We would appreciate your review and response to the complaint, as well as any suggestions for a potential resolution. Please include copies of any substantiating documents which relate to this complaint with your response. If the matter has been resolved, we would appreciate knowing it.

Please provide a response within ten days. All communications must be in writing. Direct all correspondence to Consumer Protection Division, Office of Attorney General, 500 South Second Street, Springfield, IL 62706. Refer to the above mentioned file on all correspondence.

Sincerely,

ATTORNEY GENERAL
State of Illinois

Sally Boyle

Sally Boyle
Citizen's Advocate
Consumer Protection Division
(217)782-9243
sboyle@atg.state.il.us

enclosure
cc: National Highway Traffic and Safety Administration

NM
080910
TGW

LISA MADIGAN

Illinois Attorney General
Consumer Fraud Bureau
500 South Second Street
Springfield, Illinois 62706

Office Use Only
CLMS: _____
AG: _____

217-782-1090 • 1-800-243-0618 (Toll free in Illinois) • TTY: 1-877-844-5461
www.IllinoisAttorneyGeneral.gov

YOUR INFORMATION:

Name: Mr., Mrs., Ms. (circle one) [redacted]
Address: [redacted]
City: North Pekin State: Il Zip code: [redacted] County: USA
Your telephone number(s): Daytime: [redacted] Evening: ( ) _____
Your e-mail address (optional) [redacted]
Are you a senior citizen? ☐ Yes ☑ No
Who referred you to this office? National Highway Traffic Safety Association

NAME OF SELLER OR PROVIDER OF SERVICE:

Name: [redacted]
Address: [redacted]
City: Oreana State: Il Zip code: [redacted]
Telephone: [redacted]
Web site: EBAY ITEM 270594962072

Additional seller or provider of service involved in transaction:

Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone: ( ) _____
Web site: _____

Has this matter been submitted to another government agency, an arbitration service, or an attorney? ☑ Yes ☐ No
If yes, please give name, address, telephone number.
NTSA 1-888-327-423 NHTSA Headquarters1200 New Jersey Avenue, SEWest BuildingWashington, DC 20590

Is court action pending? ☐ Yes ☑ No

INFORMATION ABOUT THE TRANSACTION:

Date of transaction: June 23, 2010

Did you sign a contract? ☐ Yes ☑ No

If yes, date contract was signed: Title siged by [redacted] 6/26/2010 (son) (Please attach a copy.)

Was the product or service advertised? ☑ Yes ☐ No

If yes, when? ebay motors

(Please attach a copy of the advertisement, if available.)

How was the service advertised?

- ☐ Newspaper/magazine
- ☐ Radio advertisement
- ☐ Television advertisement
- ☑ Internet advertisement
- ☐ E-mail solicitation
- ☐ Direct mail solicitation
- ☐ Telephone solicitation
- ☐ Yellow pages of the telephone book
- ☐ Facsimile solicitation
- ☐ Door-to-door solicitation
- ☐ Display at merchant's place of business
- ☐ Display at a trade show/convention, etc.
- ☐ Other (please specify) _____

Total cost of product/service: $ 3700.00

Amount paid to date/down payment: $ 3700

Method of payment (check one): (Please attach a copy.)

☐ Cash	☑ Check	☐ Money Order
☐ Credit Card	☐ Debit Card	☐ Bank Draft
☐ Wire Transfer	☐ Automatic Debit	☐ Other (please specify) ✔

If you paid with a credit card, have you contacted your credit card company to register a dispute? ☐ Yes ☐ No

(Under the Federal Fair Credit Billing Act, you have 60 days from the time that you receive your statement to dispute the charge.)

Where did the transaction take place?

- ☑ At my home
- ☐ Over the telephone
- ☐ By mail
- ☑ Over the Internet
- ☐ Trade show/convention/home show
- ☐ At the firm's place of business
- ☐ By facsimile
- ☐ Other (please specify) _____
- ☐ There was no transaction

Have you complained to the company or individual? ☑ Yes ☐ No

If yes, provide name and phone number of the individual(s):

SAME AS SELLER ABOVE

FOR COMPLAINTS REGARDING MOTOR VEHICLES:

Make: Mitsubishi

Model: 3000GT SL

Year: 1995

Purchase date: 06/23/2010

Current mileage: 138500

Mileage at purchase: 138450

New: ☐ Yes ☑ No

As-Is: ☑ Yes ☐ No

Warranty: ☐ Yes ☑ No

If yes, expiration date: _____

Name of extended warranty: _____

Briefly describe the transaction and your complaint.
You may use additional sheets if necessary.
Please attach copies of all contracts, letters, receipts, cancelled checks (front and back), advertisements, or any other documents that relate to your complaint.
PLEASE DO NOT SEND ORIGINALS.

Car was purchased on Ebay for my son [redacted] When we took delivery it was observed that the airbag had been removed. Owner refused to reinstall, said auction listed car as having an after market steering wheel and I should have known it was removed. Perhaps I should have but I did not. Called NHTSA and they said it was illegal to disconnect without permission and valid reason. They told me to file a complaint with your office. Vehicle is not safe without airbag and horn (also removed). Notice of airbag removal was not given. As buyer of vehicle I put people at risk who use this car. I am told that if the driver bag is removed it will also make passenger bag inoperative. Seller will not make repair to vehicle.

VIN# JA3AM54J75Y [redacted]
EBAY ITEM# 270594962072

What form of relief are you seeking? (E.g., exchange, repair, money back, product delivery, etc.) Full repair and airbag replacement or money back for vehicle.

READ THE FOLLOWING BEFORE SIGNING BELOW:

In filing this complaint, I understand that the Attorney General is not my private attorney, but rather enforces 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 the person the complaint is directed against, unless I have checked the box below. The above complaint is true and accurate to the best of my knowledge.

Signature [redacted] Date: 06/29/2010

☐ Check here if you **only** want to notify our office of your concerns and **do not** want a mediation process initiated.

Please return the completed form to the address at the top of this complaint form.
Incomplete forms may be returned.

Printed by authority of the State of Illinois. 05/05.5M.0817 This material is available in alternate format upon request.

CASHIER'S CHECK

EP763290

CEFCU
Your Credit Union
P.O. Box 1715, Peoria, IL 61656-1715

06-25-10

70-8370
2711

PAY **CEFCU $3,800dols 00cts**

TO THE ORDER OF [redacted]

$ ****3,800.00

NON-NEGOTIABLE

112429-000 a/c [redacted]
30100- 78 -H

Mark Q. [redacted]
PRESIDENT

MEMBER'S COPY
SEE REVERSE SIDE