

C-10985188-2589

JA3AD69F0U0

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

Attn. Administrator:

April 11, 2017

MAY - 9 2017

The vehicle I am in a situation with since November 2015 was a 2004 Lancer Wagon. This vehicle was totaled while after I backed out of my parking space in a public resident parking lot where I reside, the vehicle backed into a truck at a high speed.

It appears that from what the dealer has informed me from the attached notice on needing an inspection would be an issue due to these circumstances. I bought the car in good faith. The car was only driven by me. My State Farm agent holds the terms of what my insurance payment was at the time. This has remained a major financial burden to me and loss.

I live on a fixed low income in a senior housing complex. And still owe on a loan to the credit union to pay off the remainder of the vehicle. All of this has been more of a burden and not having the vehicle for any type of inspection more that likely will hold no gain for me. I needed to inform your company to try and understand my plight. Will you help me with this issue?

Respectfully,



NM  
5-9-17  
WD



# IMPORTANT SAFETY RECALL

Mitsubishi Motors North America, Inc.  
PO Box 6400  
Cypress, CA 90630  
Telephone: 888-648-7820  
www.mitsubishicars.com

This notice applies to your vehicle: JA3AD69F04U [REDACTED]

Date: March, 2017

Dear [REDACTED]

This notice is sent to you in accordance with the National Traffic and Motor Vehicle Safety Act.

**Reason for notice:**

Mitsubishi Motors North America, Inc. (MMNA) has decided that a defect which relates to motor vehicle safety exists in certain 2002 – 2007 Lancer, 2004 Lancer Wagon, 2003 – 2006 Lancer Evolution, 2003 – 2006 Outlander, and 2007 – 2013 V6 Outlander vehicles operated in cold weather states where road salt is used. The inside and outside surfaces of the front cross members used on certain vehicles, if exposed long term to snow melt water and anti-freezing agents, may corrode due to insufficient performance of the rust protection.

Should significant corrosion occur over time, a lower control arm could eventually become detached resulting in loss of vehicle control and a potential collision.

**What you should do:**

Please contact your local Authorized Mitsubishi Motors dealer and schedule an appointment to have the repair performed. When you bring your vehicle in, please show the dealer this letter. If you misplace this letter, the dealer will still perform this replacement for your vehicle, free of charge.

**What your dealer will do:**

The dealership will inspect and apply anti-corrosion agents to the inside and outside of your vehicle's cross member. If perforation(s) are found during inspection, the dealer will replace your vehicle's cross member with a new one, and apply anti-corrosion agents to the inside and outside of the new cross member.

**How long will it take?**

The time needed for inspection and application of anti-corrosion agents is approximately 1.5 hrs. If perforation(s) are found during the inspection, the repair could take up to 4 hrs. The dealer may need your vehicle for a longer period of time, but every effort will be made to minimize your inconvenience.

If you have any questions, please contact the Mitsubishi Customer Relations Department at 888-648-7820. Hours: Monday through Friday 7 a.m. to 4 p.m. (Pacific Time)

If, after contacting Mitsubishi Customer Relations, you still have a problem getting this repair made within a reasonable time frame and/or without charge, you may submit a complaint to the Administrator, National Highway Traffic Safety Administration, 1200 New Jersey Avenue SE, Washington, D.C. 20590, or call the toll-free Vehicle Safety Hotline at 1-888-327-4236 (TTY: 1-800-424-9153), or go to <http://www.safercar.gov>.

If you have already encountered a problem with excessive cross member corrosion and had it repaired or replaced as a result of this specific condition and have paid for the repair, you may send your original repair order or invoice and original receipt/proof of payment to the following address for reimbursement consideration:

Mitsubishi Customer Relations Department, P.O. Box 6400, Cypress, CA 90630-0064

If you are the lessor of this vehicle, please forward a copy of this notice to the lessee within ten days to comply with federal regulations.

We appreciate your prompt attention to this matter.

Sincerely,

Mitsubishi Motors North America, Inc.

C1609R

V	JA3AD69F04U [REDACTED]	DATE OF CHANGE	MO 11	DAY 20	YR 2017
18	19	24			
IF THE VEHICLE IS NO LONGER OWNED, ENTER THE REASON NUMBER IN THE BOX AT THE LEFT →	1 - SCRAPPED	2 - STOLEN	3 - EXPORTED		
25	4 - TRADED	5 - SOLD			
NAME	[REDACTED]				
ADDRESS	[REDACTED]				
ADDRESS CONT.	[REDACTED]				
CITY	TOLLAND			STATE	CT
ZIP CODE	[REDACTED]				
EMAIL	[REDACTED]				

COMPLETE THIS CARD ONLY IF YOUR ADDRESS HAS CHANGED OR IF YOU ARE NOT CURRENT OWNER. CAMPAIGN VEHICLE DISPOSITION CARD

**IMPORTANT -**  
FOR THE ACCURACY OF OUR SAFETY RECALL MAILING RECORDS, PLEASE COMPLETE THIS CARD IF YOU HAVE CHANGED YOUR ADDRESS OR ARE NO LONGER THE OWNER OF THE MITSUBISHI VEHICLE LISTED.

VEHICLE IS OR WAS REGISTERED TO:  
T. MITSUBISHI 1857 \*\*\*\*\*AUTO\*\*ALL FOR AADC 060  
[REDACTED]  
TOLLAND, CT [REDACTED]

SUPPLEMENTAL ASSIGNMENT OF OWNERSHIP AND/OR BILL OF SALE  
Q-1 REV. 2-97



STATE OF CONNECTICUT  
DEPARTMENT OF MOTOR VEHICLES

INSTRUCTIONS FOR A VEHICLE:

1. Complete Sections 1, 3, 4, and the SIGNATURE AND CERTIFICATION BY SELLER(S) SECTION.
2. This form can be used as a BILL OF SALE or to assign ownership when the assignment areas on the back of a TITLE are filled.
3. This form must be accompanied by the most recent TITLE issued for the vehicle.

INSTRUCTIONS FOR A VESSEL:

1. Complete Sections 2, 3, 4, and the SIGNATURE AND CERTIFICATION BY SELLER(S) SECTION.
2. This form is used as a BILL OF SALE.

WARNING: Federal law requires that you state the mileage in connection with a transfer of ownership. Failure to complete the Odometer Disclosure Statement or providing a false statement may result in fines and/or imprisonment.

CHECK ONE  
 VEHICLE  VESSEL

ASSIGNMENT OF OWNERSHIP

SELLER(S): The undersigned seller(s) hereby state(s) the vehicle described on this title was transferred to the buyer(s) specified below. BUYER(S): Do not sign below until all sections have been completed and signed by seller(s). Signing below indicates you are aware of the CONDITION STATEMENT and ODOMETER DISCLOSURE STATEMENT made by seller(s).

SECTION 1 Vehicle Information	TITLE NUMBER	ISSUED BY THE STATE OF	
	MAKE	YEAR	VEHICLE IDENTIFICATION NUMBER
	Was this vehicle at the time of sale in condition for legal operation on the highway(s) of this state? (Only Dealers must respond to this question) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
I state that, to the best of my knowledge and belief, the odometer reading specified below reflects the actual mileage, unless one of the following statements is checked:			
ODOMETER READING (No. tenths)			
<input type="checkbox"/> I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits. (The odometer started at zero again.)			
<input checked="" type="checkbox"/> I hereby certify that the odometer reading is not actual mileage. WARNING: ODOMETER DISCREPANCY			
SECTION 2 Vessel Information	MAKE	YEAR	HULL IDENTIFICATION NUMBER (Required if built 1973 or later)
	COLOR - PRIMARY/SECONDARY	MODEL	LENGTH
	STATE WHERE LAST NUMBERED		PREVIOUS NUMBER
SECTION 3 Buyer(s)	CHECK ONE IF CO-OWNED		NAME OF CO-BUYER (Please print)
	<input type="checkbox"/> AND <input type="checkbox"/> OR		DEALER'S LICENSE NO. (if dealer)
SECTION 4 Seller(s)	NAME OF SELLER(S) (Please print)		DATE SIGNED
	ADDRESS OF SELLER(S) (Please print)		DATE SOLD
	SELLING PRICE		DEALER'S LICENSE NO. (if dealer)

I (we) declare under penalty of false statement that the information furnished above is true and complete to the best of my (our) knowledge and belief. The owner (seller) of this motor vehicle or vessel described above hereby transfers to the buyer the described motor vehicle or vessel in consideration of the amount (selling price) entered below, receipt hereby acknowledged.

SIGNATURE OF SELLER(S) (Or authorized official)	PRINTED NAME OF SELLER(S) (Authorized official)	SELLING PRICE	DATE SIGNED
X <i>Oliver Alu</i>	<i>Klicia Ledyga</i>	\$	3-14-15

# Repair Order

**Eagleville Motors**

860 Stafford Rd

Storrs, CT 06268

Phone: (860) 487-1700 Fax: (860) 487-0736



<b>RO Number</b>	[REDACTED]
<b>RO Status</b>	Open
<b>RO Type</b>	Retail
Service Advisor: Mallory, Scott	
Date In: 9/3/2015	
Date Out: 9/3/2015	

Reserved for office notes: Ref #: [REDACTED]

Bill To:  
[REDACTED]  
TOLLAND, CT [REDACTED]

Customer: [REDACTED]  
TOLLAND, CT [REDACTED]  
Res. Phone: [REDACTED]

Year	Make	Model	Model No	Mileage		VIN	Sec Serial	Plate #
2004	MITSUBISHI	LANCER SPORTBACK	RALLIART	In 97557	Out 97557	JA3AD69F04U [REDACTED]		
Time In: 02:00 PM		Date Promised:	Date Of Purchase: 3/14/2015	Notified Date:	Notified Time:	Appointment Date: 9/3/2015	Completed Date:	

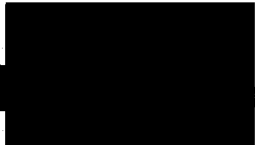
Rpr #	Code	Description	Qty/Hrs	List	Total
1	N/A	N/A Problem: First oil change Cause: Solution: Change engine oil filter, set tire, pressure	0.00	\$89.00	\$0.00
<b>Total Labor &amp; Parts</b>					<b>\$0.00</b>
		27092: Oil Filter	1.000	\$0.00	\$0.00
		75050: Napa 5w30	5.000	\$0.00	\$0.00

Parts Total:	\$0.00	Est Sales Tax:	\$0.00	Cash	\$0.00
Labor Total:	\$0.00	Est Addtnl Tax:	\$0.00		
*Sublet Total:	\$0.00	Est Total:	\$0.00		
Shop Supplies Total:	\$0.00	Amount Tendered:	\$0.00		
Environmental Fee:	\$0.00	Cash Returned:	\$0.00		
Discount:	\$0.00	Balance:	\$0.00		
<b>Sub Total:</b>	<b>\$0.00</b>		<b>\$ 291.00</b>		

\* Not included for taxes

Our employees may operate the above vehicle for purposes of inspection, road testing, or delivery at my risk. An express mechanic's lien is acknowledged on above vehicle to secure the amount of repairs hereto. We will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control. Warranty on parts and labor is 12 months or 12,000 miles whichever comes first unless other wise stated. Warranty is voided if vehicle is not properly maintained per manufacture recommendation, over revved, mis-shifted, or due to abuse/mishandling of the vehicle in any way. NO REFUND ON SPECIAL ORDER PARTS. Warranty work has to be performed in our shop and cannot exceed the original cost of repairs. I hereby authorize the repair work to be done.

I hereby authorize the repair work. Signature: [REDACTED] Date: 9-9-015 Save Old Parts? yes or no  
o.t. Part Oil Change



**AUTHORIZATION FOR ELECTRONIC RECURRING PAYMENTS**

I hereby authorize Western Union Financial Services, Inc. (the "Billing Company") and Credit Acceptance Corporation, through the bank of their choosing, to initiate electronic debit entries to (or to otherwise cause funds to be withdrawn from) the checking or savings account at the bank named below for the purpose of making the payments on the below account with Credit Acceptance Corporation. The debits are to commence on the First Debit Date listed below in the amounts and frequency under Section (E), entitled Debit Information. I also authorize Billing Company and Credit Acceptance to change the frequency of the debits; the dates of the debits; and the bank and bank accounts from which the debits will be taken provided I give Billing Company or Credit Acceptance Corporation notice by telephone, fax or in writing. (See Contact Information Below)

I direct Billing Company to deduct from the bank account the Periodic Payment payable to Credit Acceptance Corporation and to transmit the Periodic Payment to Credit Acceptance. This Authorization shall remain in full force and effect until Billing Company or Credit Acceptance has received notification from me by telephone, fax, or in writing, of its termination in such time and in such manner as to afford Billing Company reasonable opportunity to act on it. (See Contact Information Below). This Authorization may be suspended by Billing Company or Credit Acceptance without notification to me for reasons dictated by operation of law, rule, regulation, payment in full of the underlying obligation; or for risk management purposes. I understand that this recurring electronic debit program enrollment is voluntary and is not required as a condition to the extension of credit.

**(A) CUSTOMER DATA**

[Redacted]  
TOLLAND, CT [Redacted]

**(B) BANK ACCOUNT HOLDER**  
(Complete if different from above)

[Redacted]  
TOLLAND, CT [Redacted]

**(C) BANK ACCOUNT INFORMATION**  
(Please also attach a voided check)

Name of Bank: Nutmeg State FCU  
Bank Routing Number (9 Digits): \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_

This Account is:  Checking (or)  Savings (or)  Money Market

[Redacted]  
Signature of Bank Account Holder

**Contact Information**  
To enroll, change or cancel this Authorization, or if you have questions, please contact us at Customer Service [Redacted]

**(D) CREDITOR INFORMATION**

Company to be Paid: **Credit Acceptance Corporation**  
Collector Code: **CAPS**  
Please apply my payments to account # [Redacted]

**(E) DEBIT INFORMATION**

Monthly Payment Amount: \$ 253.67  
Periodic Payment: \$ 253.67  
Please debit the bank account the following Periodic Payment amount:  
\$ 253.67 once a month on 14th

Weekly  Bi-weekly  Twice Monthly  Monthly

**(F) FIRST DEBIT DATE: 04/14/2015**

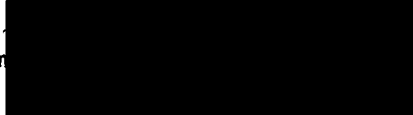
**Due Date.** Form must be received by 04/14/2015 in order to have the account activated and started on time.

After activation, if you need to make changes to your information, you must call a minimum of two (2) business days prior to your debit date. For weekly and biweekly payment frequencies, if the calendar month has an additional pay period, we will make an additional debit from the Bank Account.

DATE: 03/14/2015

Henderson Servicing Center & Training Facility  
C/O Customer Service  
2460 Paseo Verde Parkway, Suite 110  
Henderson, NV 89074  
Facsimile Number: 866-610-9984

From



Tolland, Ct  
at [redacted]



**ReadyPost**  
Document Mailer

To: Administrator  
National Highway Traffic  
Safety Administration  
1200 New Jersey Ave. SE  
Washington D.C. 20590

