

OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

OWNER
 Name [REDACTED] Address [REDACTED]
 City ASHWAUBENON State WI ZIP Code [REDACTED] Extension Telephone Number [REDACTED]

DEC 04 2020
 EQ-11366603

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine use described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
 JA4LZ31F35L [REDACTED] MAKE MITSUBISHI Model OUTLANDER Model Year 2005

Date Purchased [REDACTED] Dealer's Name and Telephone Number [REDACTED] Engine: No: Cylinders [REDACTED] Fuel Type: [REDACTED]

Original Owner Dealer's City [REDACTED] STATE [REDACTED] ZIP Code [REDACTED]

Transmission Type Antilock Brakes Cruise Control Powertrain [REDACTED] Multiple Failure: [REDACTED] Incident Date(s) 25-OCT-2020

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Components Codes: 021500 SUSPENSION:FRONT:CONTROL ARM, 162000 STRUCTURE:BODY, 200000 WHEELS Failure Mileage 198000.0 Failure Speed [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make LIONSHEAD Tire Model (Name or Number) CASTLE ROCK Tire Size (Example P215/65R15) ST225/75R15

DOT No. (Example: DOTM1 9ABC036) 1MT14118 Original Requirement Prior Repair Failure Location: [REDACTED]

Tire Component Code 191000 TIRES:TREAD/BELT Tire Failure Type: OUT OF ROUND

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]

Seat Type: [REDACTED] Installation System: [REDACTED]

Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION
 (Please describe in detail the incident(s), failure(s), crash(es), injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] Reported to Police N

Narrative Description of Incident(s), Crash(es), Injury(ies).
 Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old parts available).

TL- THE CONTACT OWNS A 2005 MITSUBISHI OUTLANDER. THE CONTACT STATED THAT WHILE DRIVING APPROXIMATELY 30-35 MPH WHEN THE HEARD A LOUD CLUNKING NOISE COMING FROM THE FRONT-END OF THE VEHICLE, NEAR THE FRONT OF THE DRIVERS FEET. THE CONTACT HAD STATED THAT DUE TO THE MOMENTUM THEY WERE ABLE TO PULL TO THE SIDE OF THE ROAD. THE CONTACT ATTEMPTED TO MOVE THE VEHICLE AGAIN WHEN THEY NOTICED THAT THE LEFT WHEEL HAD SEIZED. THE CONTACT HAD NOTICED THAT THE BOTTOM OF THE TIRE HAD MOVED OUTWARDLY CAUSING IT TO JAM INTO THE FRONT FENDER. THE CONTACT HAD TO HAVE THE VEHICLE TOWED. THE CONTACT STATED THE TOW CERTIFIED MECHANIC WHO INFORMED THEM THAT THE CONTROL ARM HAD COMPLETELY RUSTED AND ROTTED AWAY. ANOTHER CERTIFIED MECHANIC WHO STATED THAT THE SUBFRAME HAD RUSTED. THE VEHICLE HAD NOT BEEN REPAIRED. THE MANUFACTURER WAS NOT MADE AWARE OF THE ISSUE. THE APPROXIMATE FAILURE MILEAGE 198,000. GI

Vehicle now repaired. Attaching bill.

INVOICE FROM HISTORY

Work Completed Date : 11/17/2020

Print Date : 11/20/2020

2005 Mitsubishi - Outlander LS - 2.4L, In-Line4 (145CI) VIN()
 Lic # : -
 Unit # : Odometer Out : 202,462
 VIN # : JA4LZ31F3 5U ()

Home: ()
 Cust ID : ()

Part Description / Number	Qty	Sale	Extd	Labor / Description	Hours	Extd
Towing Service [wagner bros.] <i>tow</i>	1.00	75.00	75.00	left front control arm / inspection		0.00
Suspension Control Arm and Ball Joint Assembly RK620547	1.00	159.98	159.98	SUSPENSION CROSSMEMBER - Remove & Replace - AWD	5.00	499.75
sub-frame <i>used</i>	1.00	325.00	325.00			
CV Axle Shaft M18180	1.00	149.00	149.00			
VC SWAY BAR SKT FT/Suspension Stabilizer Bar Link VSL7390	2.00	29.98	59.96			
Shop Supplies			5.00			

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.

- I request an estimate in writing before you begin repairs _____
- Please proceed with repairs, but call me before continuing if the price will exceed \$ _____
- I do not want an estimate. _____

Payment will be made by Cash Check Credit Credit Card

[Payments - Check () \$1,343.74]

Labor:	499.75
Parts:	773.94
Sublet:	0.00
Sub:	1,273.69
Tax:	70.05
Total:	1,343.74
Bal Due:	\$0.00

[Technicians : Summers, Jeff]

Do you want the replaced parts you are entitled to? Yes No

Revision # 1, Previous Estimate Amount: 83.06, Additional Cost: 1224.61, Revised Estimate: 1307.69, Parts: 865102 Labor: \$499.75 Sublet: \$0.00 Taxes & Fees: \$73.84 Authorized by - weber, michael, Date - 10/26/2020, Time - 3:04 PM, Initiated By - Shop

Motor vehicle repair practices are regulated by chapter ATCP 132 Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911

This vehicle received without face to face contact.

Shop Representative

Having authority to do so I hereby order the above products and services, parts, and labor and grant permission to you and/or your employees to operate the vehicle described for the purpose of testing and/or inspection. I agree to pay cash when the work is completed or to pay on the other terms satisfactory to you. I will hold in full the amount owing on this work until