

CL-10313191-4486

*New Jersey Office of the Attorney General*  
*Division of Consumer Affairs*  
*Office of Consumer Protection*



Date Reviewed: \_\_\_\_\_

From: \_\_\_\_\_

Log # 09-17-09G0000039983

Referred. To DISTRICT OF COLUMBIA

Complaint Status: **CLOSED**

Complainant: [REDACTED] Vs: MERCEDES BENZ CORP

Nature of Complaint

DEFECTIVE MERCHANDISE

Product/Service Code

645 - MV MANUF

Comments: Assignment pending Chief Goodman and Inv. Janowiak's review

K Berry  
2/24/10  
DT



JON S. CORZINE  
Governor

## New Jersey Office of the Attorney General

Division of Consumer Affairs  
Consumer Service Center/Reading Room  
124 Halsey Street, 7th Floor, Newark, NJ 07102



ANNE MILGRAM  
Attorney General

DAVID SZUCHMAN  
Director

September 29, 2009

[REDACTED]  
WEST ORANGE NJ [REDACTED]

**Mailing Address:**  
P.O. Box 45052  
Newark, NJ 07101  
(973) 504-6200

Re: MERCEDES BENZ CORP  
File Number: 09-17-09G0000039983

Dear [REDACTED] M.D:

Thank you for contacting the New Jersey Division of Consumer Affairs. Because the company about which you are complaining is headquartered in another state, we are sending your complaint to that consumer protection office for you.

**N.H.T.S.A.  
1200 New Jersey Avenue, SE  
West Building  
Washington DC 20590**

All future correspondence, including any kind of inquiries and copies of additional documents, should be addressed to them.

Sincerely,

CSC/Reading Room

RR11



BADA



**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

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:

COMPLAINT REPORTED AGAINST:

NAME: [REDACTED]  
ADDRESS: [REDACTED]  
CITY: West Orange  
STATE: NJ ZIP: [REDACTED]  
HOME TELEPHONE NUMBER: [REDACTED]  
WORK TELEPHONE NUMBER: [REDACTED]  
E-MAIL ADDRESS: [REDACTED]

BUSINESS: Mercedes-Benz USA LLC  
ADDRESS: 3 Mercedes Dr.  
CITY: Montvale  
STATE: NJ ZIP: 07645  
TELEPHONE NUMBER (1): 201-573-0600  
TELEPHONE NUMBER (2): 800-367-6372

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"/> Home Furnishings      | <input checked="" type="checkbox"/> Other (specify) <u>Product Defect</u> |                                             |                                              |

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

- a. ☒ New ☐ Used
- b. ☒ Purchased ☐ Leased
- c. Purchase Price \$55,000.00 Current Mileage 104,000
- d. Date of purchase November 1999 ☐ With Warranty ☐ With Service Contract ☐ As Is
- e. Make MB Model E430 4 matic Year 2000

3. Name of company with which you dealt: Mercedes-Benz

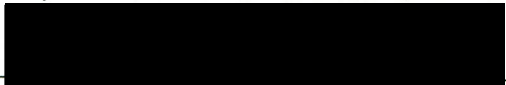
4. Name and title of company agents or employees with whom you dealt: Globe

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.**

*Please see attached.*

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

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\*

*7-3-09*  
Date

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

12/2/05



Re: Unresolved issue with Mercedes Benz over a defective airbag

On May 4, 2009 I was involved in a head-on collision. An out-of-control vehicle hit the right front of my vehicle. The other driver's dual airbags deployed whereas neither airbag deployed in mine. The impact is such that when I hit the steering wheel, I bent it back. After spending eight hours in the emergency room, I called my Mercedes Benz Service Representative and told him he had to offer me an explanation as to why my airbags did not deploy. After paying almost \$2,000.00 in towing and storage costs, Mercedes finally towed the vehicle to one of their facilities. On May 29, 2009 I was offered a response by "Maria C." from Customer Assistance. She wrote: the Supplemental Restraint System functioned as designed ...did not deploy because the impact was below deployment threshold... enclosed is a brochure on seatbelts and airbags. I responded back to Mercedes, respectfully disagreeing with their assessment and criticizing them for being vague and disinterested. On June 10, 2009 the General Counsel for Mercedes wrote me a letter saying the damage sustained by the vehicle was not severe enough to reach an airbag deployment threshold. He also advised that the seatbelt system would have restrained me if I was wearing my seatbelt properly.

I submitted my claim to the Better Business Bureau. However they advised me that this issue would be best handled by the Office of Consumer Protection. I am not satisfied with Mercedes Benz's explanation. How could the other vehicle's airbags deploy? A head-on collision with equal force and equal damage should have the same reaction. Also, how could Mercedes Benz accuse me of not wearing my seatbelt properly? They are so arrogant to assume that the fault is with the driver. Obviously the seatbelt system will not show signs of load marks since it did not prevent me from hitting the steering wheel with my chest. I showed no marks of a seatbelt bruise on my chest because the seatbelt did not restrain my body. The Mercedes Benz General Counsel advised that should I pursue this matter further, they will stand by their assessment. Please consider my claim. I am an ordinary citizen who does not have the same resources available to him as Mercedes does. My car was always serviced by the Mercedes Benz Dealership. It would be prudent to advise Mercedes Benz to recall other vehicles because other drivers might be at risk while driving at a higher velocity. Maybe people's lives can be saved. Thank you.



# WEST ORANGE POLICE DEPARTMENT TOWED VEHICLE REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                                                                                                                                                                                                                                                               |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
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| 1. File Number<br><b>09-18314</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                                                                                                                                                                                                                                                               |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| 2. Location<br><b>MOUNT PLEASANT AV - TULIP RD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3. Date<br><b>5-4-09</b>                                                                                       | 4. Time<br><b>0657</b>                                                                                                                                                                                                                                                                                        | 5. Day<br><b>2</b>                                                                                                            |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| 7. Plate<br><b>RZA-38E</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8. State<br><b>NJ</b>    | 9. Expiration<br><b>12-09</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10. # of Plates<br><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 | 11. Mileage<br><b>N/A</b>                                                                                                                                                                                                                                                                                     | 12. Hold? <input type="checkbox"/> No <input type="checkbox"/> Yes, Investigation <input type="checkbox"/> Yes, Documentation |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| 13. Year<br><b>2000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 14. Make<br><b>MB</b>    | 15. Model<br><b>E43</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 16. Body Type<br><b>41</b>                                                                                     | 17. Color<br><b>BK</b>                                                                                                                                                                                                                                                                                        | 18. Vehicle Identification Number<br><b>WDBJF83J1YX</b>                                                                       |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| 19. Operator<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 20. Driver's License Number<br><b>[REDACTED]</b>                                                               |                                                                                                                                                                                                                                                                                                               | 21. State<br><b>NJ</b>                                                                                                        |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| 23. Address<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 22. Home Telephone Number<br><b>[REDACTED]</b>                                                                 |                                                                                                                                                                                                                                                                                                               |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| 25. Owner<br><input checked="" type="checkbox"/> Same as Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 26. Driver's License Number<br><b>[REDACTED]</b>                                                               |                                                                                                                                                                                                                                                                                                               | 27. State<br><b>NJ</b>                                                                                                        |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| 29. Address<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 30. Work Telephone Number<br><b>[REDACTED]</b>                                                                 |                                                                                                                                                                                                                                                                                                               |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| 31a. Towing Service:<br><input type="checkbox"/> SELECT TOWING<br>52 WASHINGTON STREET<br>WEST ORANGE, N.J. 07052<br>(973) 325-7898<br>LOT NUMBER: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | 31b. <input type="checkbox"/> W.O. TOWING<br>54 WASHINGTON STREET<br>WEST ORANGE, N.J. 07052<br>(973) 325-7898<br>LOT NUMBER: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                | 31c. <input type="checkbox"/> TWIN TOWING<br>1 LAKESIDE AVENUE<br>WEST ORANGE, N.J. 07052<br>(973) 736-4000<br>LOT NUMBER: _____                                                                                                                                                                              |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | 31d. <input type="checkbox"/> FRANK'S AUTO<br>3 CENTRAL AVENUE<br>WEST ORANGE, N.J. 07052<br>(973) 325-7898<br>LOT NUMBER: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                | 32. Reason for the Tow:<br><input type="checkbox"/> ABANDONED<br><input type="checkbox"/> ARREST<br><input checked="" type="checkbox"/> CRASH<br><input type="checkbox"/> D.W.I.<br><input type="checkbox"/> RECOVERED STOLEN<br><input type="checkbox"/> VIOLATIONS<br><input type="checkbox"/> OTHER: _____ |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| 33. Date Stolen<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | 34. Jurisdiction Stolen From<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | 35. Original O.C.A.<br>_____                                                                                                                                                                                                                                                                                  |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| 36. NIC Number<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                                                                                                                                                                                                                                                               |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| 37. Areas Damaged<br><div style="border: 1px solid black; padding: 5px; width: 100px; height: 100px; position: relative;"> <div style="position: absolute; top: 5px; left: 5px;">2</div> <div style="position: absolute; top: 5px; right: 5px;">4</div> <div style="position: absolute; bottom: 5px; left: 5px;">6</div> <div style="position: absolute; bottom: 5px; right: 5px;">8</div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);">9</div> <div style="position: absolute; top: 50%; left: 5px;">1</div> <div style="position: absolute; top: 50%; right: 5px;">5</div> </div> <input type="checkbox"/> TOTALLED<br><input type="checkbox"/> UNDERCARRIAGE<br><input type="checkbox"/> RUST COVERED<br><input type="checkbox"/> INTERIOR DAMAGE<br><input type="checkbox"/> WINDOWS DAMAGED<br><input type="checkbox"/> SCRATCHES<br><input type="checkbox"/> OTHER _____ |                          | 38. Property<br><table border="0"> <tr> <td>Y</td> <td>N</td> <td>UNK</td> <td></td> </tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wheels # <b>4</b></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Tires # <b>4</b></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wheel Covers # _____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Trunk Locked <input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Spare Tire <input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Glove Box Locked? <input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Radio <input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Tape/CD Player <input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Car Phone <input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Antenna <input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wipers # <b>2</b></td></tr> </table> <b>14</b> # OF TAPES/CD'S<br><b>1</b> # OF KEYS |                                                                                                                | Y                                                                                                                                                                                                                                                                                                             | N                                                                                                                             | UNK |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wheels # <b>4</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tires # <b>4</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wheel Covers # _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trunk Locked <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spare Tire <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Glove Box Locked? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Radio <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tape/CD Player <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Car Phone <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Antenna <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wipers # <b>2</b> | 39. Property Not Listed, Condition of Property, or General Remarks.<br><b>TOOL CLUBS</b> |  |
| Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | N                        | UNK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |                                                                                                                                                                                                                                                                                                               |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Wheels # <b>4</b>                                                                                              |                                                                                                                                                                                                                                                                                                               |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tires # <b>4</b>                                                                                               |                                                                                                                                                                                                                                                                                                               |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Wheel Covers # _____                                                                                           |                                                                                                                                                                                                                                                                                                               |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Trunk Locked <input type="checkbox"/>                                                                          |                                                                                                                                                                                                                                                                                                               |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Spare Tire <input type="checkbox"/>                                                                            |                                                                                                                                                                                                                                                                                                               |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Glove Box Locked? <input type="checkbox"/>                                                                     |                                                                                                                                                                                                                                                                                                               |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Radio <input type="checkbox"/>                                                                                 |                                                                                                                                                                                                                                                                                                               |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tape/CD Player <input type="checkbox"/>                                                                        |                                                                                                                                                                                                                                                                                                               |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Car Phone <input type="checkbox"/>                                                                             |                                                                                                                                                                                                                                                                                                               |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Antenna <input type="checkbox"/>                                                                               |                                                                                                                                                                                                                                                                                                               |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Wipers # <b>2</b>                                                                                              |                                                                                                                                                                                                                                                                                                               |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| 40. Additional Information (Summonses & Statutes):<br><b>ALL STATE TOWING # 3956</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                                                                                                                                                                                                                                                               |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| 41. Other Reports Submitted:<br><input checked="" type="checkbox"/> NJTR-1 <input type="checkbox"/> INCIDENT REPORT <input type="checkbox"/> D.W.I. <input checked="" type="checkbox"/> ARREST <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                                                                                                                                                                                                                                                               |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| 42. Officer's Name<br><b>RIPPON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          | 44. I.D.<br><b>91</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | 45. Signature<br><b>[Signature]</b>                                                                                                                                                                                                                                                                           |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| 46. Reviewed By:<br><b>[Signature]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | 47. I.D.<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |                                                                                                                                                                                                                                                                                                               |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| <p>The OWNER or DESIGNATED AGENT must present the proper documentation to the West Orange Police Department in order to obtain a release for the vehicle or its contents. The vehicle must be removed from storage following the release. Failure to remove the vehicle from storage may result in your being charged with abandonment. Any vehicle held in excess of 20 days will be sold at public auction in accordance with N.J.S.A. 39:10A-1.</p> <p>WEST ORANGE POLICE DEPARTMENT, 66 MAIN STREET, WEST ORANGE, N.J. 07052<br/>             TRAFFIC BUREAU (973) 325-4045    RECORDS BUREAU (973) 325-4040    MAIN NUMBER (973) 325-4000</p>                                                                                                                                                                                                                                                                        |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                                                                                                                                                                                                                                                               |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| 48. Date:<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | 49. Owner-Agent: Name and Signature<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                | 50. Address<br>_____                                                                                                                                                                                                                                                                                          |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
| 51. Remarks:<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          | 52. Released By:<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                | 53. I.D.<br>_____                                                                                                                                                                                                                                                                                             |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                | 54. <input type="checkbox"/> Must be Towed                                                                                                                                                                                                                                                                    |                                                                                                                               |     |  |                          |                          |                          |                   |                          |                          |                          |                  |                          |                          |                          |                      |                          |                          |                          |                                       |                          |                          |                          |                                     |                          |                          |                          |                                            |                          |                          |                          |                                |                          |                          |                          |                                         |                          |                          |                          |                                    |                          |                          |                          |                                  |                          |                          |                          |                   |                                                                                          |  |

WHITE (Traffic & Records)

CANARY (Releasee)

PINK (Owner-Agent)

GOLD (Towing Agent)



**All State Salvage Co., Inc.**  
47 Standish Avenue, West Orange, N.J. 07052  
973-736-2616

**24 Hour Towing  
and Recovery**

LOCATION mt Pleasant + Trip DATE 5/4/09  
AUTHORITY WOPD TIME 73000 A.M. P.M.  
ACCIDENT ☒ IMPOUND ☐ OTHER ☐

**VEHICLE DESCRIPTION**

YEAR 2000 MAKE M. Benz MODEL E 430 COLOR BLK  
LICENSE # [REDACTED] STATE NJ V.I.N. [REDACTED]

**TOWING AND STORAGE CHARGES**

TOW FEE ..... \$ 90-  
LABOR Clean-up ..... \$ 40-  
WINCH ..... \$ .....  
MATERIAL Speed. det. (2) ..... \$ 39.95  
STORAGE FROM 5/4/09 TO 5/5/09 @ \$ 35 PER DAY \$ 70  
YARD FEE ..... \$ 35  
ADMINISTRATIVE FEE ..... \$ 30

**ADDITIONAL TOWING**

TOWED TO: .....  
TOWING CHARGE ..... \$ .....  
MILEAGE TO ..... PER MILE X ..... = \$ .....  
TAX ..... \$ 15.05  
**TOTAL CHARGES** ..... \$ 320.00

METHOD OF PAYMENT ☒ CASH ☐ CHECK # ..... ☐ CHARGE .....  
RELEASED TO Paid Cash DATE 5-6-09 TIME 3500  
TX 295  
357.45

MISCELLANEOUS .....  
DRIVER # Tomm TOW # .....

*I, the undersigned, do hereby certify that I am legally authorized and entitled to take possession of the vehicle described above and all personal property herein.*

COMPANY PICKING UP VEHICLE ..... DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
CUSTOMER SIGNATURE ..... DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

NE 3956



MATTHEW J. FERRARA - President  
JOSEPH M. FERRARA - Vice President

Nº 14164

# Ferrara's

AUTO BODY AND FENDER REPAIR SERVICE  
CERTIFIED MERCEDEZ BENZ COLLISION REPAIR FACILITY  
CUSTOM PAINTING - FOREIGN CAR REPAIR

TEL. 973-783-1100 37 ORANGE ROAD, MONTCLAIR, NEW JERSEY 07042  
FAX 973-783-9719 LIC# 01062A  
www.FerrarasAutoBody.com

PURCHASE ORDER NO \_\_\_\_\_

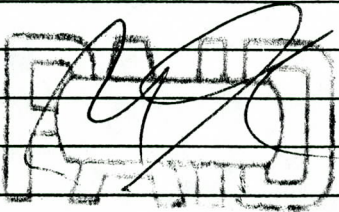
MAY 15, 2009

PHONES: BUS.: \_\_\_\_\_

HOME: \_\_\_\_\_

CELL: \_\_\_\_\_

2000 M/BENZ E430

| CAR LIC.                                                                            | PARTS | LABOR   |
|-------------------------------------------------------------------------------------|-------|---------|
| CAR HERE FROM 5/6/09                                                                |       |         |
| TO MAY 21/09 AT 75.00 PER DAY                                                       |       |         |
|                                                                                     |       | 1200 00 |
| TOWING PAID, FROM ALL STATE TOWING                                                  |       |         |
| TO FERRARA'S AUTO BODY                                                              |       |         |
|                                                                                     |       | 100 00  |
| 7% SALES TAX                                                                        |       |         |
|                                                                                     |       | 91 00   |
| TOTAL                                                                               |       |         |
|                                                                                     |       | 1391 00 |
|  |       |         |
| FERRARA'S                                                                           |       |         |
| 5/15/09                                                                             |       |         |









Mercedes-Benz

Mercedes-Benz USA, LLC  
Customer Assistance Center

May 29, 2009

West Orange, NJ

Subject: Model: 2000 E430W4  
VIN: WDBJF83J1YX

Dear

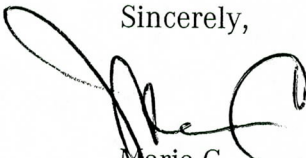
We regret to learn of the unfortunate accident you were involved in with your E430W4 and hope you are doing well.

A Technical Specialist from Mercedes-Benz USA inspected your vehicle and concluded that the Supplemental Restraint System (SRS) functioned as designed. Specifically, the airbags did not deploy because the impact was below deployment threshold.

We have enclosed the Seatbelts and Airbags brochure, which provides background information on the purpose and function of the Mercedes-Benz seat belts, Emergency Tensioning Devices (ETDs), belt force limiters, air bag deployment logic, etc.

The opportunity to review this matter is appreciated.

Sincerely,

  
Maria C.  
Executive Case Manager

MC/jla  
Enclosure



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Mercedes-Benz USA, LLC  
Three Mercedes Drive  
Montvale, NJ 07645-0350  
Phone 1-800-FOR MERCEDES  
(1-800-367-6372)  
Fax (201) 476-6213  
www.MBUSA.com

June 5, 2009

Mercedes-Benz USA, LLC  
Three Mercedes Drive  
Montvale, NJ 07645-0350

Re: Model: 2000 E430W4  
VIN: WDBJF83J1YX

Dear Maria C.:

Please be advised that I reviewed the material sent by your office on May 29, 2009.

While I appreciate Mercedes-Benz for taking the time to inspect the vehicle and to offer a response, I must confide that I am unimpressed with the tone and explanation in your letter. It is unprofessional and informal for the Executive Case Manager to only indicate her first name and initial. This accident was serious, and I am looking for answers, so to have a "Maria C." handling my case makes me feel like I am nothing but a number to your company.

As for the explanation, I can only begin to describe your mockery of my intelligence. After the endless phone calls, time, and money I have invested into having somebody retrieve my vehicle, store it, and examine it, I was not even offered the courtesy of a phone call. Instead, all I have is this: "the SRS functioned as designed...the airbags did not deploy because the impact was below deployment threshold...here's a brochure to explain". I respectfully disagree with the Technical Specialist's assessment considering nobody from Mercedes-Benz interviewed anybody involved in the accident, the steering was bent back, and the information in your brochure is inconsistent.

As your records will show, nobody bothered to call me for details surrounding the accident. I was driving on a declining bend. The other driver was in the opposite lane. She was driving at a high speed, uphill, reaching the same bend. The other driver applied her brakes on the turn, spun, and then hit the front of my car. I had a very small window to react. I braced myself for impact but felt secure in knowing that I was in a Mercedes Benz, wearing my seat belt and had an airbag in my steering wheel. Upon impact, I was thrown forward, and my chest hit the steering wheel with so much force that the steering wheel bent backwards. Considering that both airbags deployed in the other car and that the steering wheel bent backwards in mine, the police and emergency personnel insisted on taking me to the nearest hospital for tests.

The brochure has many paragraphs explaining the Supplemental Restraint Systems and criteria for an ETD/air bag deployment. Paraphrasing your letter's explanation, it claims the airbag did not deploy because a certain deployment standard was not met. I guess bending back a steering wheel with my chest is not evident of a force large enough for an airbag to deploy. How would the Technical Specialist even know that a standard was not met when he or she was not aware of





the road conditions, speed of both drivers, etc.? One can only assume what "deployment threshold" means since a full interpretation was not offered. The brochure says that one should not use the vehicle's damage to determine whether or not an airbag should have deployed. However, it also says that the purpose of the seat belt, ETD, and air bag is to reduce the risk and/or severity of contact between the seat belted driver's head and chest and the interior components in front of him. Add that to the disclaimer on the back cover stating that the features may or may not apply to certain models. I want answers as to why my safety features failed to meet their standards. I expect and deserve better answers from your company.

I am deeply disappointed that a representative did not call me, especially when nobody had a problem contacting me to rate my service experience. I cannot believe the amateurish way this was handled. In the medical field, if a patient's liver was failing him, the doctor would ask questions and run tests. Afterwards, he would personally advise the patient with a detailed assessment. He would not offer a simple explanation such as "you drink too much alcohol; for more information, here is a book". If you expect to answer clients by giving them literature, then why do you employ people?

In today's world, everybody wants a name they can trust. I trusted Mercedes-Benz for nine and a half years. It only took a few seconds to destroy that trust. Mercedes-Benz will no longer represent quality and excellence in the luxury car world if it continues to treat clients in this manner. You have a responsibility to every owner of the 2000 E430 W4. You must recall those models and test their safety systems. Failure to do so may result in tragedy and a PR disaster.

Enclosed are photos taken after the accident. The vehicle was assessed as "totaled" by the insurance company and "not worth repairing" by a Mercedes-Benz Body Shop. Thank you.

Very Truly Yours,



Enclosure

c: Dr. Dieter Zetsche, Head of Mercedes-Benz Cars Division



Mercedes-Benz

Mercedes-Benz USA, LLC  
A Daimler Company

June 10, 2009

West Orange, N.J.

Re: 2000 E430W4

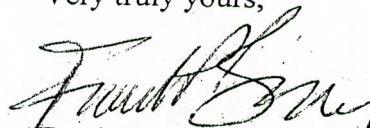
VIN: WDBJF83J1YX

Dear

This is in response to your June 5, 2009 letter to Maria C. of my client's Customer Assistance Center regarding your above-referenced vehicle. As noted in Maria's letter, the front airbag in your vehicle did not deploy because the impact was below the system's deployment threshold. That conclusion was reached by an engineer after reviewing the damage sustained by the vehicle which was not of the severity necessary to create a rate of frontal deceleration sufficient to have reached the air bag deployment threshold. Significant vehicle damage can occur to a vehicle without the necessary rate of longitudinal deceleration being reached in a given accident. The fact that your 9 year old vehicle was "totaled" by your insurer as "not worth repairing" is not in any way dispositive of the issue. MBUSA's representative's conclusion was further confirmed by a check of the Supplemental Restraint system's self diagnostic system which indicated that it was in proper condition and operating readiness. The inspection also did not reveal any load marks on the seat belt webbing or latch that would have been present had it been properly worn by an occupant in this accident.

We understand that you disagree with my client's conclusion in this matter and stand ready to defend that conclusion should you choose to pursue the matter.

Very truly yours,

  
Frank P. Berenz  
General Counsel

Mercedes-Benz USA, LLC  
One Mercedes Drive  
P.O. Box 350  
Montvale, NJ 07645-0350  
Phone (201) 573-0600  
Fax (201) 573-0117  
www.MBUSA.com



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Attn: Donna Leslie

As discussed on 9/10/09, enclosed  
are duplicates of everything submitted  
July 3, 2009. I can be reached  
at [REDACTED] Thank you.

| SENDER: COMPLETE THIS SECTION                                                                                                             |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>1. Article Addressed to:</p> <p>NT Office of Atty General<br/>Division of Consumer Affairs<br/>P.O. Box 45025<br/>Newark, NJ 07101</p> |  | <p>A. Sign <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Rec <input type="checkbox"/></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If YES, enter delivery address below:</p> <p>RECEIVED JUL 7 2009</p>                                         |  |
| <p>2. Article Number<br/>(Transfer from service label)</p> <p>7009 0080 0002 3529 4898</p>                                                |  | <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |  |
| PS Form 3811, February 2004                                                                                                               |  | 102595-02-M-1540                                                                                                                                                                                                                                                                                                                                              |  |