

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

From: [Abbew, Margaret CTR \(NHTSA\)](#)
To: [Fogle, Brenda CTR \(NHTSA\)](#)
Subject: FW: NHTSA: Follow up to ODI Complaint: ----10888970
Date: Tuesday, August 23, 2016 8:23:38 AM
Attachments: [Accident report July 2016.pdf](#)
[ATT00001.htm](#)
[EVOO EMAIL-MAILED RESPONSE.pdf](#)
[ATT00002.htm](#)
[10888970.pdf](#)
[ATT00003.htm](#)

EQ-10888970-9232

From: [REDACTED]
Sent: Sunday, August 21, 2016 11:48 PM
To: DataQuality, DataQuality (NHTSA)
Subject: Fwd: NHTSA: Follow up to ODI Complaint: ----10888970

I read the reviewed the questionnaire and it appears accurate. The only change I would make is to clarify that Pre-safe braking is a type of autonomous braking system. Mercedes came out to retrieve the computer data from the body shop where the car is located. Mercedes said the safety features functioned normally. I don't believe their findings are accurate. An accident report is attached also.

Sincerely,

[REDACTED]

[REDACTED]
[REDACTED]
Hamden, CT [REDACTED]
[REDACTED]



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository <input type="checkbox"/>
27-JUL-2016	Reference No. 10888970

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number		E-mail Address	
Address			[REDACTED]		[REDACTED]	
City		State	Zip Code		Evening Telephone Number	
ORANGE		CT	[REDACTED]			

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

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side WDDHF7GB8FB1 [REDACTED]		Make MERCEDES BENZ	Model E63	Model Year 2015
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s) 19-JUL-2016
	<input type="checkbox"/> Cruise Control			

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 140000 AIR BAGS, 180000 VEHICLE SPEED CONTROL, 030000 BRAKES (PWS)	Failure Mileage 11000	Failure Speed 55
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type:	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police Y
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Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

TL* THE CONTACT OWNS A 2015 MERCEDES-BENZ E63 EQUIPPED WITH DISTRONIC PLUS ACTIVE CRUISE CONTROL AND PRE-SAFE BRAKING. WHILE DRIVING 55, MPH THE CONTACT'S VEHICLE CRASHED INTO THE REAR OF ANOTHER VEHICLE. THE AIR BAGS FAILED TO DEPLOY. THE CONTACT STATED THAT THE PRE-SAFE BRAKING SYSTEM AND THE ACTIVE CRUISE CONTROL FAILED TO OPERATE AS INTENDED. A POLICE REPORT WAS FILED AND THERE WERE NO INJURIES. THE VEHICLE WAS TOWED TO AN INDEPENDENT MECHANIC, BUT WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 11,000. ...UPDATED 08/08/16 *BF

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. **ATTACH ADDITIONAL SHEETS IF NECESSARY**

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



State of Connecticut
Department of Public Safety / Division of State Police

ACCIDENT INFORMATION SUMMARY

State Police Troop: T

Case Number: DPS- [REDACTED]

Notations:
Traffic: Med
Weather: clear/breezy
Lane 111 of 2
Direction of Travel:
N S E W

Investigating Trooper: Hesseltine # 976

Date: 7/19/16

Time: 0857

No. & Type of Veh's Involved: _____
(Passenger Car, Truck, Bus, Etc.)

Related Information: _____
(Pedestrian, Pole, Bridge Abutment, Etc)

Town / City: New Haven

Location of Accident: RT-15 North in West Rock

Utility Pole Name & Number (If Applicable): _____ Other (Specify): _____

Oper #1: [REDACTED]

Oper #2: [REDACTED]

DOB: [REDACTED] Gender: M F

DOB: [REDACTED] Gender: M F

Address: _____

Address: _____

Town: _____ State: _____ Zip: [REDACTED]

Town: _____ State: _____ Zip: [REDACTED]

Oper. Lic. # [REDACTED] Type: _____ State: CT

Oper. Lic. # [REDACTED] Type: _____ State: CT

Owner #1: _____

Owner #2: _____

Address: _____

Address: _____

Registration Plate: [REDACTED] State: CT

Registration Plate: [REDACTED] State: CT

Make: GMC Model: Terrain Year: 17

Make: Merz Model: E63D Year: 15

VIN: _____

VIN: _____

Seatbelt(s): Yes No Airbag: Yes (Deployed Y N) No N/A

Seatbelt(s): Yes No Airbag: Yes (Deployed Y N) No N/A

Insurance Company: Allstate

Insurance Company: Safeco Ins

Insurance Policy #: [REDACTED]

Insurance Policy #: [REDACTED]

Injuries: NONE

Injuries: NONE Minor

Vehicle Damage: mod rear dents

Vehicle Damage: mod front + rear

Vehicle Towed: No Yes

Vehicle Towed: No Yes

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

stopped

14-24 EXP 9/3/17

Oper #3: [REDACTED]

Oper #4: [REDACTED]

DOB: [REDACTED] Gender: M F

DOB: [REDACTED] Gender: M F

Address: _____

Address: _____

Town: _____ State: _____ Zip: [REDACTED]

Town: _____ State: _____ Zip: _____

Oper. Lic. # [REDACTED] Type: _____ State: CT

Oper. Lic. # _____ Type: _____ State: _____

Owner #3: [REDACTED]

Owner #4: _____

Address: _____

Address: _____

Registration Plate: [REDACTED] State: CT

Registration Plate: _____ State: _____

Make: Ford Model: Econ Year: 04

Make: _____ Model: _____ Year: _____

VIN: _____

VIN: _____

Seatbelt(s): Yes No Airbag: Yes (Deployed Y N) No N/A

Seatbelt(s): Yes No Airbag: Yes (Deployed Y N) No N/A

Insurance Company: AIG

Insurance Company: _____

Insurance Policy #: [REDACTED]

Insurance Policy #: _____

Injuries: NONE

Injuries: _____

Vehicle Damage: mod rear dents

Vehicle Damage: _____

Vehicle Towed: No Yes

Vehicle Towed: No Yes

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

NONE

14-24
