

CL-10966988-1279

[Redacted]

ATTORNEY AT LAW

MIAMI, FLORIDA [Redacted]

TELEPHONE [Redacted]
FACSIMILE [Redacted]
E-mail: [Redacted]

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

January 12, 2017

MAR 16 2017

U.S. Department of Transportation
National Highway Traffic Safety Administration
Offices of Defects Investigation
NSA-10.01
400 7th Street SW
Washington, DC 20590

Via Certified Mail [Redacted]

Re: [Redacted] v Mercedes Benz
2015 GLK Vin #WDCGG5HBXFG [Redacted]
DOA: 4-15-15

Dear sir or madame:

I was involved in an auto accident on 4-15-15, while driving a Mercedes Benz. I suffered hearing loss and continue to suffer from Tinnitus, due to the side curtain deployment upon impact by the vehicle that struck my vehicle.

I have notified Mercedes Benz of my claim for damages, enclosed please find a copy of documentation furnished to Mercedes Benz in support of my claim. I would appreciate your response and providing me any and all information which corroborates or relates to my claim of the defective airbag side curtain exceeding safety standards.

Thank you for your anticipated consideration and cooperation.

Very truly yours

[Redacted Signature]

[Redacted] vp

NM
3.17.17
LO

[REDACTED]
ATTORNEY AT LAW

[REDACTED]
MIAMI, FLORIDA
[REDACTED]

TELEPHONE [REDACTED]
FACSIMILE [REDACTED]
E-mail: [REDACTED]

December 8, 2016

Mercedes Benz USA, LLC
Legal Claims Department
Customer Assistance Center
3 Mercedes Drive
Montvale, NJ 07645

via Fedex AWB#: [REDACTED]

Re: [REDACTED] v Mercedes Benz
2015 GLK Vin #WDCGG5HBXFG [REDACTED]
DOA: 4-15-15

Dear sir or madame:

This is in reference to an accident I was involved in driving the above captioned vehicle.

I am a [REDACTED] year old trial lawyer who has owned and leased Mercedes vehicles since 1980. On April 15, 2015, I was involved in an accident in Miami Florida, wherein my vehicle was struck and T-boned on the passenger side by a BMW Z class convertible. I was at a stop sign, and accelerated into an intersection when the accident occurred. The passenger side curtain deployed. My vehicle was repaired by Mercedes Benz of Coral Gables where it was leased, cost of repair approximately \$16,000 less my \$500 deductible with Allstate Insurance.

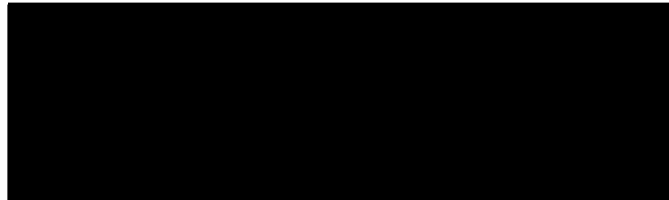
Enclosed please find the following exhibits relevant to this claim:

- a) Exhibit "1" – a copy of the City of Miami Police Department Florida Traffic Crash Report.
- b) Exhibit "2" – photographs of the vehicle which is still under a lease contract. (The vehicle is available for inspection).
- c) Exhibit "3" – medical report from my treating physician Frank Kronberg, M.D.

As a result of this accident, I have suffered from a hearing loss, in addition to chronic tinnitus. My understanding is that despite measures to alleviate the tinnitus, it is permanent. It is my contention that the volume of the explosion caused by the deployment of the airbag exceeded industry safety standards. The steering wheel airbag did not deploy.

Based upon the claim for damages, a demand for renumeration is hereby made to Mercedes Benz.

Thank you in advance for your cooperation in processing this claim, and I look forward to discussing this matter with your legal counsel.



vp

[REDACTED] Mercedes Benz
2015 GLK Vin #WDCGG5HBXFG [REDACTED]

DOA: 4-15-15

Exhibit "1"

4 pages

City of Miami Police Department Florida Traffic Crash Report

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE

**HIGHWAY SAFETY & MOTOR VEHICLES,
TRAFFIC CRASH RECORDS
NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537**

(Electronic Version)

| | | | | |
|--|--|---|--|--|
| Date of Crash 15/Apr/2015 05:50 PM | Time of Crash 15/Apr/2015 05:50 PM | Date of Report 15/Apr/2015 12:00 AM | Invest. Agency Report Number [REDACTED] | HSMV Crash Report Number [REDACTED] |
|--|--|---|--|--|

CRASH IDENTIFIERS

| | | | | | | |
|--|---|--------------------------------------|---|----------------------------------|--|--|
| County Code 01 | City Code 66 | County of Crash MIAMI-DADE | Place or City of Crash MIAMI | Within City Limits Yes | Time Reported 15/Apr/2015 05:52 PM | Time Dispatched 15/Apr/2015 05:55 PM |
| Time on Scene 15/Apr/2015 06:21 PM | Time Cleared Scene 15/Apr/2015 08:12 PM | Completed Yes | Reason (if Investigation NOT Completed) | | | Notified By Law Enforcement |

ROADWAY INFORMATION

| | | | | |
|--|------------------------------------|--|--|---|
| Crash Occured On Street, Road, Highway [REDACTED] | | | At Street Address# [REDACTED] | At Latitude and Longitude [REDACTED] |
| At Feet | Or Miles | Direction South | From Intersection With Street, Road, Highway [REDACTED] | Or From Milepost # |
| Road System Identifier 5 Local | Type Of Shoulder 1 Paved | Type Of Intersection 2 Four-Way Intersection | | |

CRASH INFORMATION (Check if Pictures Taken)

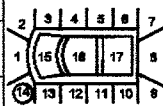
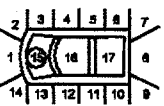
| | | | | |
|--|-------------------------------------|---|-----------------------------------|---|
| Light Condition 1 Daylight | Weather Condition 1 Clear | Roadway Surface Condition 1 Dry | School Bus Related 1 No | Manner Of Collision 3 Angle |
| First Harmful Event Type | First Harmful Event 14 | First Harmful Event Location 1 On Roadway | Within Interchange No | First Harmful Event Relation to Junction 1 Non-Junction |
| Contributing Circumstances: Road 1 None | | Contributing Circumstances: Road | | Contributing Circumstances: Road |
| Contributing Circumstances: Environment 1 None | | Contributing Circumstances: Environment | | Contributing Circumstances: Environment |
| Work Zone Related 1 No | Crash In Work Zone | Type Of Work Zone | Workers In Work Zone | Law Enforcement In Work Zone |

VEHICLE (Check if Commercial)

| | | | | | | | | | |
|--|--|--|---|--|---------------------------------------|---|--|-------------------------------------|---------------------------|
| Vehicle 1 | Motor Vehicle Type 1 Vehicle in Transport | Hit and Run 1 No | Veh License Number [REDACTED] | State FL | Reg. Expires 31/Jul/2015 | Permanent Reg. | VIN WDCGG5HBXFG [REDACTED] | | |
| Year 2015 | Make MERZ | Model | Style UT | Color SIL | Extent of Damage Functional | Est. Damage 500 | Towed Due To Damage No | Vehicle Removed By DRIVER | Rotation Driver |
| Insurance Company ALLSTATE INSURANCE COMP | | | | Insurance Policy Number [REDACTED] | | | | | |
| Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> | | | Current Address (Number and Street) [REDACTED] | | | City and State COCONUT GROVE FL | | Zip Code [REDACTED] | |
| Trailer One: | License Number | State | Reg. Expires | Permanent Reg. | VIN | Year | Make | Length | Axles |
| Trailer Two: | License Number | State | Reg. Expires | Permanent Reg. | VIN | Year | Make | Length | Axles |
| Vehicle Traveling: | Direction South | On Street, Road, Highway [REDACTED] | | | | At Est. Speed | Posted Speed | Total Lanes 4 | |
| CMV Configuration | | | Cargo Body Type | | | Area of Initial Impact | | Most Damaged Area | |
| Comm GVWR/GCWR 4 Not Applicable | | | Trailer Type (trailer one) | | Trailer Type (trailer two) | | | | |
| Haz. Mat. Release | Haz Mat. Placard | Number | Class | | | | | | |
| Motor Carrier Name | | | | US DOT Number | | | | | |
| Motor Carrier Address | | | | City and State | | Zip Code | | Phone Number | |
| Comm/Non-Commercial | Vehicle Body Type 16 (Sport) Utility Vehicle | Vehicle Defects (one) 1 None | | Vehicle Defects (two) | | Emergency Vehicle Use 1 No | Special Function of MV 1 No Special Function | | |
| Vehicle Maneuver Action 1 Straight Ahead | Trafficway 1 Two-Way, Not Divided | Roadway Grade 1 Level | Roadway Alignment 1 Straight | Most Harmful Event 2 Collision with Non-Fixed Object | | Most Harmful Event Detail 14 Motor Vehicle in Transport | | | |
| Traffic Control Device For This Vehicle 6 Stop Sign | First (1) Sequence of Events 2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport | | Second (2) Sequence of Events | | Third (3) Sequence of Events | | Fourth (4) Sequence of Events | | |

VEHICLE (Check if Commercial)

| | | | | | | | | | |
|---|---|----------------------------|----------------------------------|---------------------------------------|--------------------------------------|---------------------------|--------------------------------------|--------------------------------------|----------------------------------|
| Vehicle 2 | Motor Vehicle Type 1 Vehicle in Transport | Hit and Run 1 No | Veh License Number [REDACTED] | State FL | Reg. Expires 20/Dec/2015 | Permanent Reg. | VIN 4USBU33517L [REDACTED] | | |
| Year 2007 | Make BMW | Model | Style RD | Color GRY | Extent of Damage Disabling | Est. Damage 500 | Towed Due To Damage Yes | Vehicle Removed By PRIVATE | Rotation Owner Request |
| Insurance Company PROGRESSIVE SELECT INSU | | | | Insurance Policy Number [REDACTED] | | | | | |

| | | | | | | | | | | | |
|--|------------------------|-------------------------------------|-------|-------------------------------|------------------------|--|------------------------|---|--------|--|--|
| Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> | | Current Address (Number and Street) | | | | City and State | | Zip Code | | | |
| Trailer One: | | License Number | State | Reg. Expires | Permanent Reg. | VIN | Year | Make | Length | Axles | |
| Trailer Two: | | License Number | State | Reg. Expires | Permanent Reg. | VIN | Year | Make | Length | Axles | |
| Vehicle Traveling: | Direction | On Street, Road, Highway | | | | At Est. Speed | Posted Speed | Total Lanes | | | |
| CMV Configuration | | Cargo Body Type | | | Area of Initial Impact | | | Most Damaged Area | | | |
| Comm GVWR/GCWR | | Trailer Type (trailer one) | | Trailer Type (trailer two) | |  | |  | | 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer | |
| Haz. Mat. Release | Haz. Mat. Placard | Number | | Class | | | | | | | |
| Motor Carrier Name | | | | US DOT Number | | | | | | | |
| Motor Carrier Address | | | | City and State | | Zip Code | | Phone Number | | | |
| Comm/Non-Commercial | Vehicle Body Type | Vehicle Defects (one) | | Vehicle Defects (two) | | Emergency Vehicle Use | Special Function of MV | | | | |
| | 1 Passenger Car | 1 None | | | | 1 No | 1 No Special Function | | | | |
| Vehicle Maneuver Action | Trafficway | Roadway Grade | | Roadway Alignment | | Most Harmful Event | | Most Harmful Event Detail | | | |
| 1 Straight Ahead | 1 Two-Way, Not Divided | 1 Level | | 1 Straight | | 2 Collision with Non-Fixed Object | | 14 Motor Vehicle in Transport | | | |
| Traffic Control Device For This Vehicle | | First (1) Sequence of Events | | Second (2) Sequence of Events | | Third (3) Sequence of Events | | Fourth (4) Sequence of Events | | | |
| 1 No Controls | | 2 Collision with Non-Fixed Object | | | | | | | | | |
| | | 14 Motor Vehicle in Transport | | | | | | | | | |

PERSON RECORD

| | | | | | | | | |
|--|------------------|-----------------------|---|-----------------------|----------------------|------------------------------------|----------------|-----------------------|
| Person# | Description | Vehicle # | Name | Date of Birth | Sex | Phone Number | Re-Exam | |
| 1 | 1 Driver | 1 | | 03/Dec/1948 | 1 Male | | No | |
| Address | | City | | State | | Zip Code | | |
| | | COCONUT GROVE | | FL | | | | |
| Driver License Number | State | Expires | DL Type | Req. End. | Injury Severity | Ejection | | |
| | FL | 03/Dec/2020 | 5 E/Operator | 3 No Req Endorsement | 1 None | 1 Not Ejected | | |
| Restraint System | Air Bag Deployed | Helmet Use | Eye Protection | Seating Location Seat | Seating Location Row | Seating Location Other | | |
| 3 Shoulder and Lap Belt Used | 4 Deployed-Side | | 3 Not Applicable | 1 Left | 1 Front | | | |
| Drivers Actions at Time of Crash (first) | | | Drivers Actions at Time of Crash (second) | | | Driver Distracted By | | Vision Obstruction |
| 1 No Contributing Action | | | | | | 1 Not Distracted | | 1 Vision Not Obscured |
| Drivers Actions at Time of Crash (third) | | | Drivers Actions at Time of Crash (fourth) | | | Drivers Condition at Time of Crash | | |
| | | | | | | 1 Apparently Normal | | |
| Suspected Alcohol Use | Alcohol Tested | Alcohol Test Type | Alcohol Test Result | BAC | Suspected Drug Use | Drug Tested | Drug Test Type | Drug Test Result |
| 1 No | | | | | 1 No | | | |
| Source of Transport to Medical Facility | | EMS Agency Name or ID | | EMS Run Number | | Medical Facility Transported To | | |
| 1 Not Transported | | | | | | | | |

PERSON RECORD

| | | | | | | | | |
|--|------------------|-----------------------|---|-----------------------|----------------------|------------------------------------|----------------|-----------------------|
| Person# | Description | Vehicle # | Name | Date of Birth | Sex | Phone Number | Re-Exam | |
| 2 | 1 Driver | 2 | | | 1 Male | | No | |
| Address | | City | | State | | Zip Code | | |
| | | MIAMI | | FL | | | | |
| Driver License Number | State | Expires | DL Type | Req. End. | Injury Severity | Ejection | | |
| | FL | 01/Apr/2016 | 5 E/Operator | 3 No Req Endorsement | 1 None | 1 Not Ejected | | |
| Restraint System | Air Bag Deployed | Helmet Use | Eye Protection | Seating Location Seat | Seating Location Row | Seating Location Other | | |
| 3 Shoulder and Lap Belt Used | 1 Not Applicable | | 3 Not Applicable | 1 Left | 1 Front | | | |
| Drivers Actions at Time of Crash (first) | | | Drivers Actions at Time of Crash (second) | | | Driver Distracted By | | Vision Obstruction |
| 1 No Contributing Action | | | | | | 1 Not Distracted | | 1 Vision Not Obscured |
| Drivers Actions at Time of Crash (third) | | | Drivers Actions at Time of Crash (fourth) | | | Drivers Condition at Time of Crash | | |
| | | | | | | 1 Apparently Normal | | |
| Suspected Alcohol Use | Alcohol Tested | Alcohol Test Type | Alcohol Test Result | BAC | Suspected Drug Use | Drug Tested | Drug Test Type | Drug Test Result |
| 1 No | | | | | 1 No | | | |
| Source of Transport to Medical Facility | | EMS Agency Name or ID | | EMS Run Number | | Medical Facility Transported To | | |
| 1 Not Transported | | | | | | | | |

VIOLATIONS

| | | | | |
|---------|------|------------------------|--|----------|
| Person# | Name | Florida Statute Number | Charge | Citation |
| 1 | | | FAILED TO YIELD/STOP AT A YIELD INTERSECTION | |

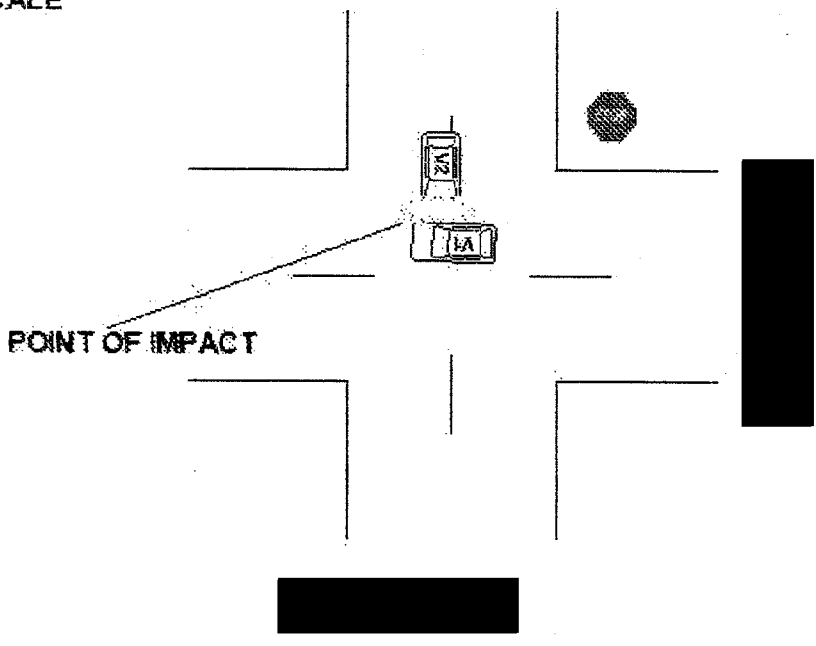
NARRATIVE

I RESPONDED TO THE ABOVE LOCATION IN REFERENCE TO AN ACCIDENT WHERE I MADE CONTACT WITH BOTH DRIVERS INVOLVED. DRIVER OF VEHICLE 1 STATED HE WERE TRAVELING [REDACTED] WHEN HE STOPPED AT A STOP SIGN AND DID NOT SEE ANY VEHICLES APPROACHING SO HE PROCEEDED AND VEHICLE 2 COLLIDED WITH THE RIGHT SIDE OF HIS VEHICLE. DRIVER OF VEHICLE 2 STATED HE WERE TRAVELING [REDACTED] WHEN VEHICLE 1 WAS COMING WEST FROM A STOP SIGN AND COLLIDED WITH THE FRONT OF HIS VEHICLE. NO INJURIES WERE REPORTED ENGINE 8 ALARM 28992 RESPONDED BUT NO ONE WAS TRANSPORTED. DRIVER OF VEHICLE 1 WAS CITED FOR THE ACCIDENT.

REPORTING OFFICER

| | | | |
|---------------------|-----------------------------|---------------------------------------|--------------------------|
| ID/Badge # 41297 | Rank and Name PSA CARTER | Department MIAMI POLICE DEPARTMENT | Type of Department PD |
|---------------------|-----------------------------|---------------------------------------|--------------------------|

NOT TO SCALE




[REDACTED] v Mercedes Benz
2015 GLK Vin #WDCGG5HBXFG [REDACTED]

DOA: 4-15-15

Exhibit "2"

33 pages

Photograph of the Vehicle



MFD BY DAIMLER AG STUTTGART

MADE IN GERMANY

775 10/14

| | KG | LB | TIRES | RIM SIZE | COLD KPA (PSI) |
|------------|------|------|------------|----------|----------------|
| GAWR FRONT | 1150 | 2535 | 235/45 R20 | 8Jx20 | 260(38) |
| GAWR REAR | 1310 | 2888 | 235/45 R20 | 8Jx20 | 310(45) |
| GVWR | 2370 | 5225 | | | |

THIS VEHICLE CONFORMS TO ALL APPLICABLE FEDERAL MOTOR VEHICLE SAFETY AND THEFT PREVENTION STANDARDS IN EFFECT ON THE DATE OF MANUFACTURE SHOWN ABOVE.

WDCGG

TYPE: MPV



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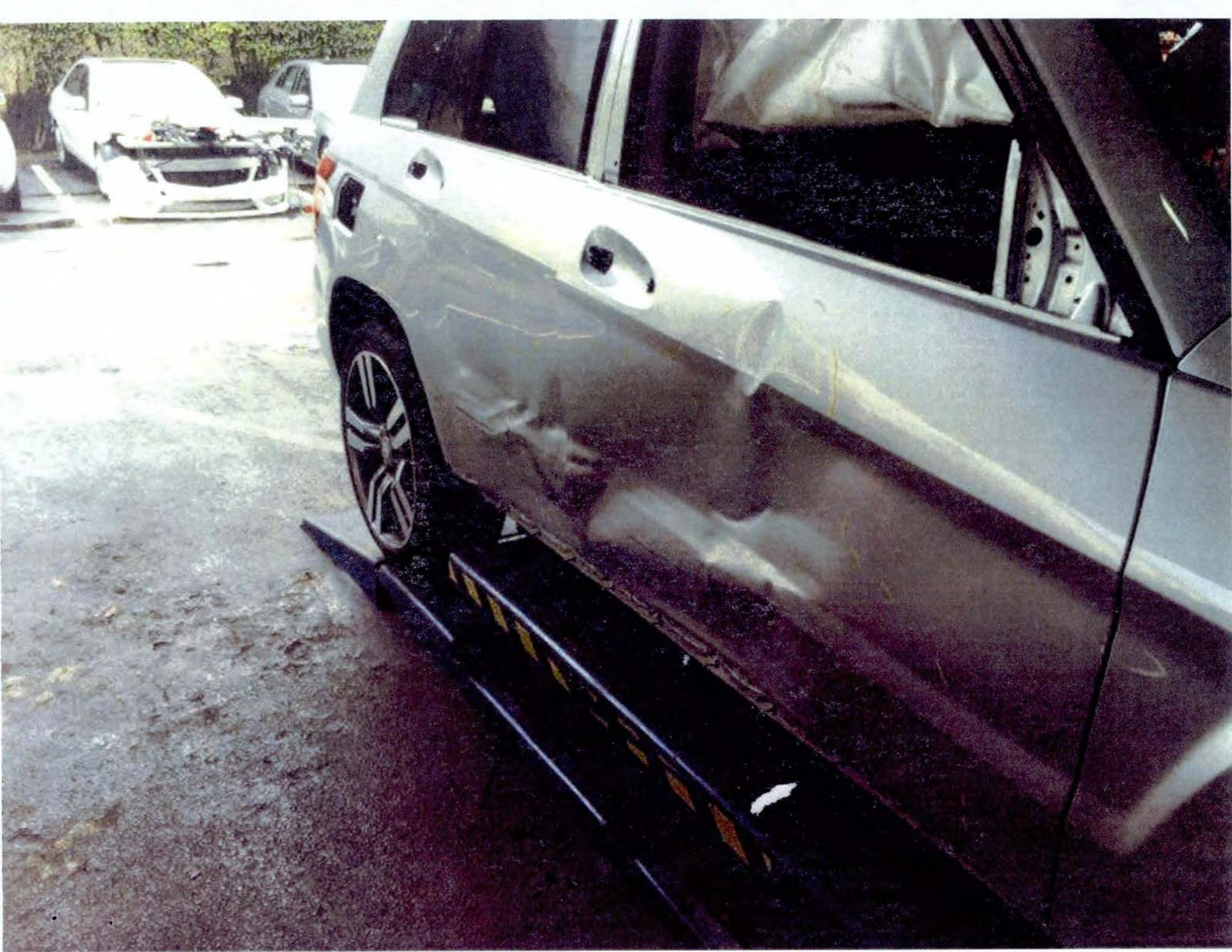
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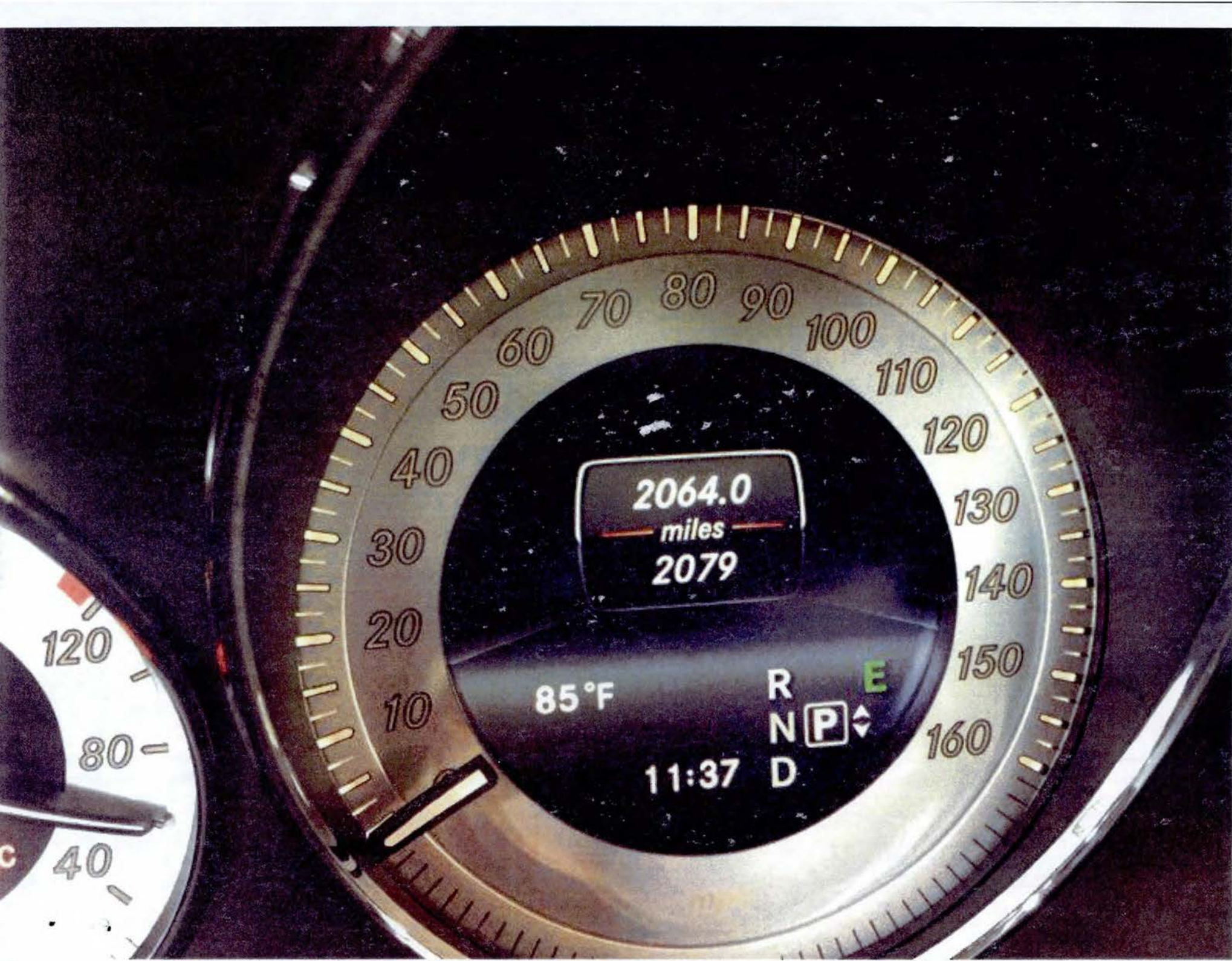
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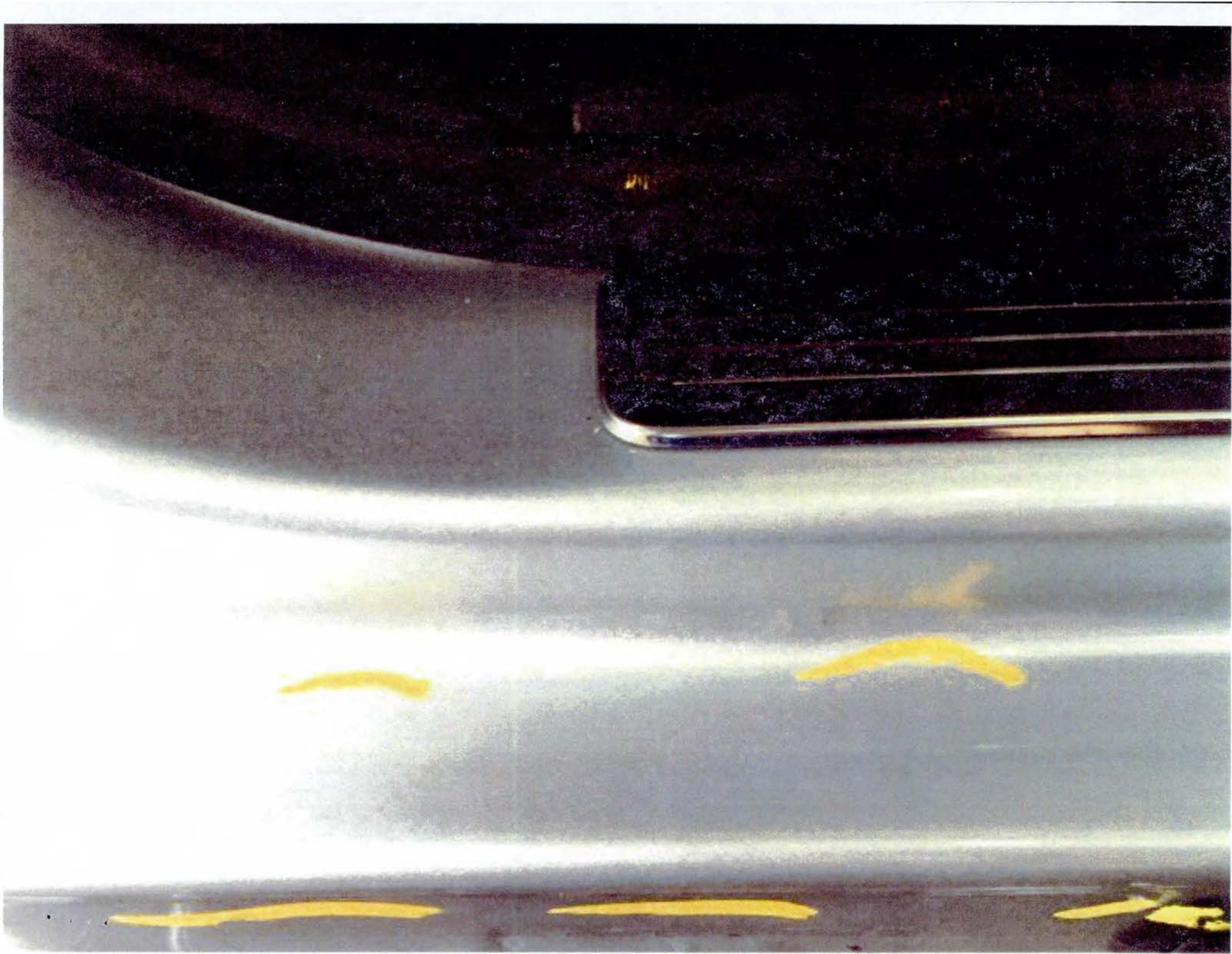
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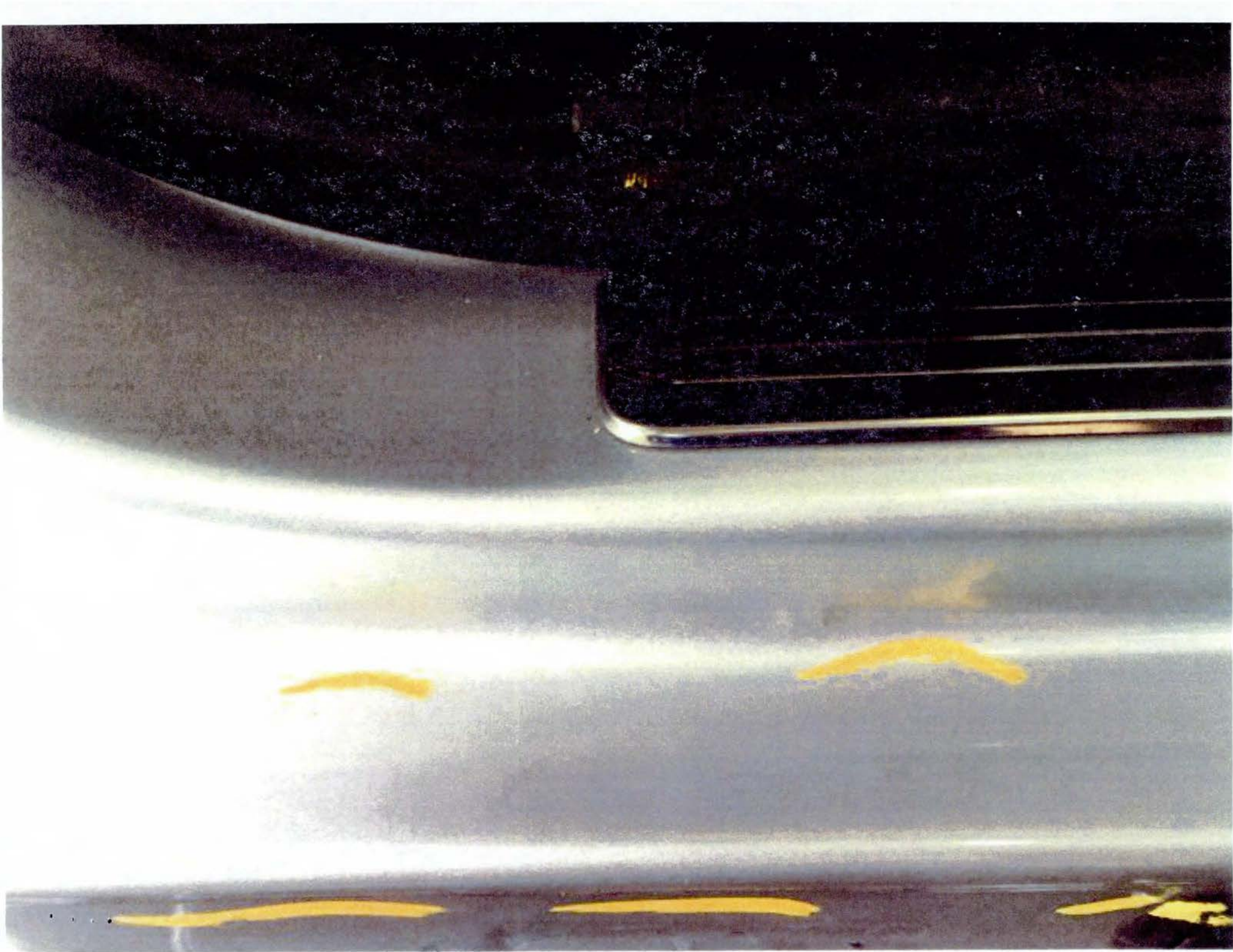




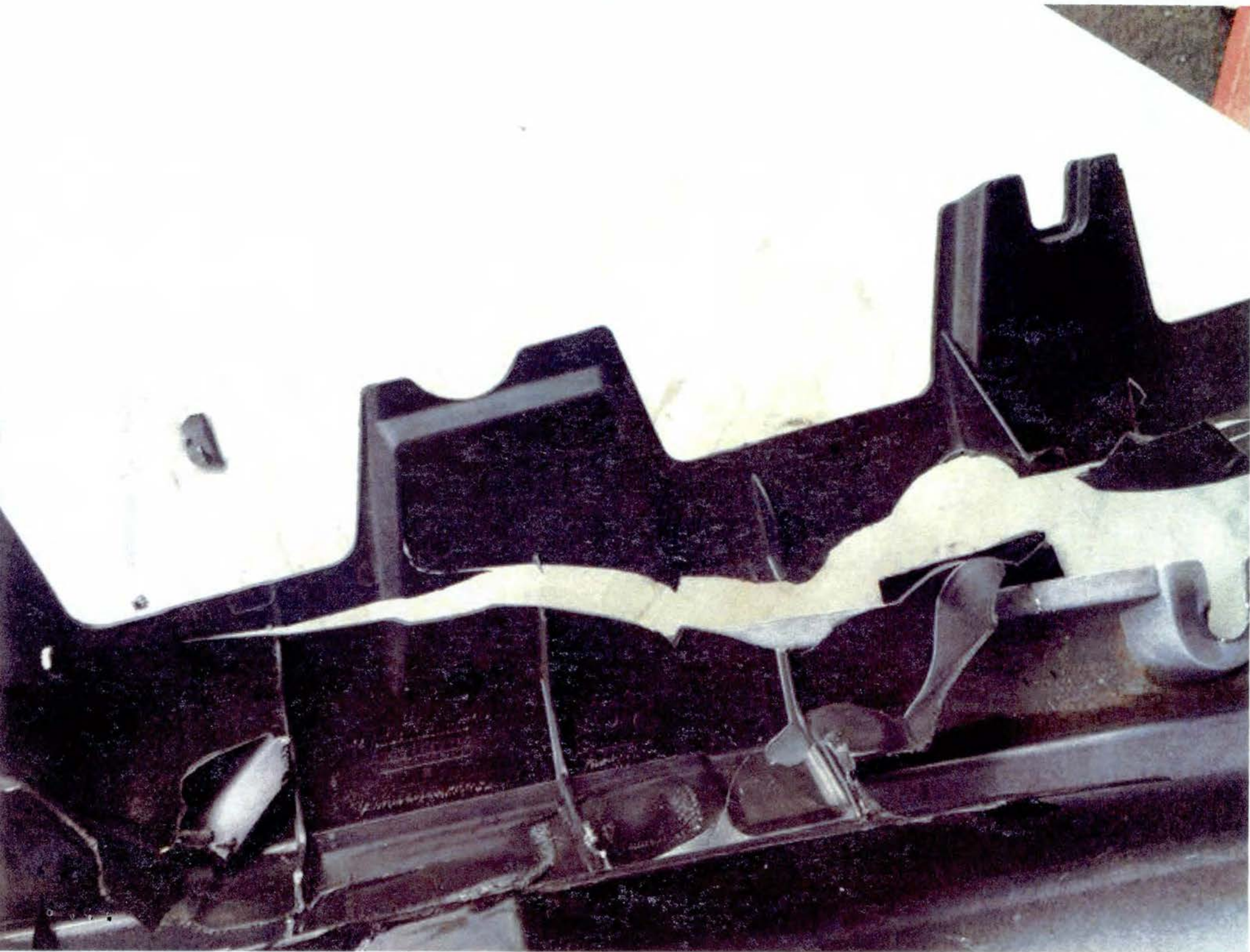


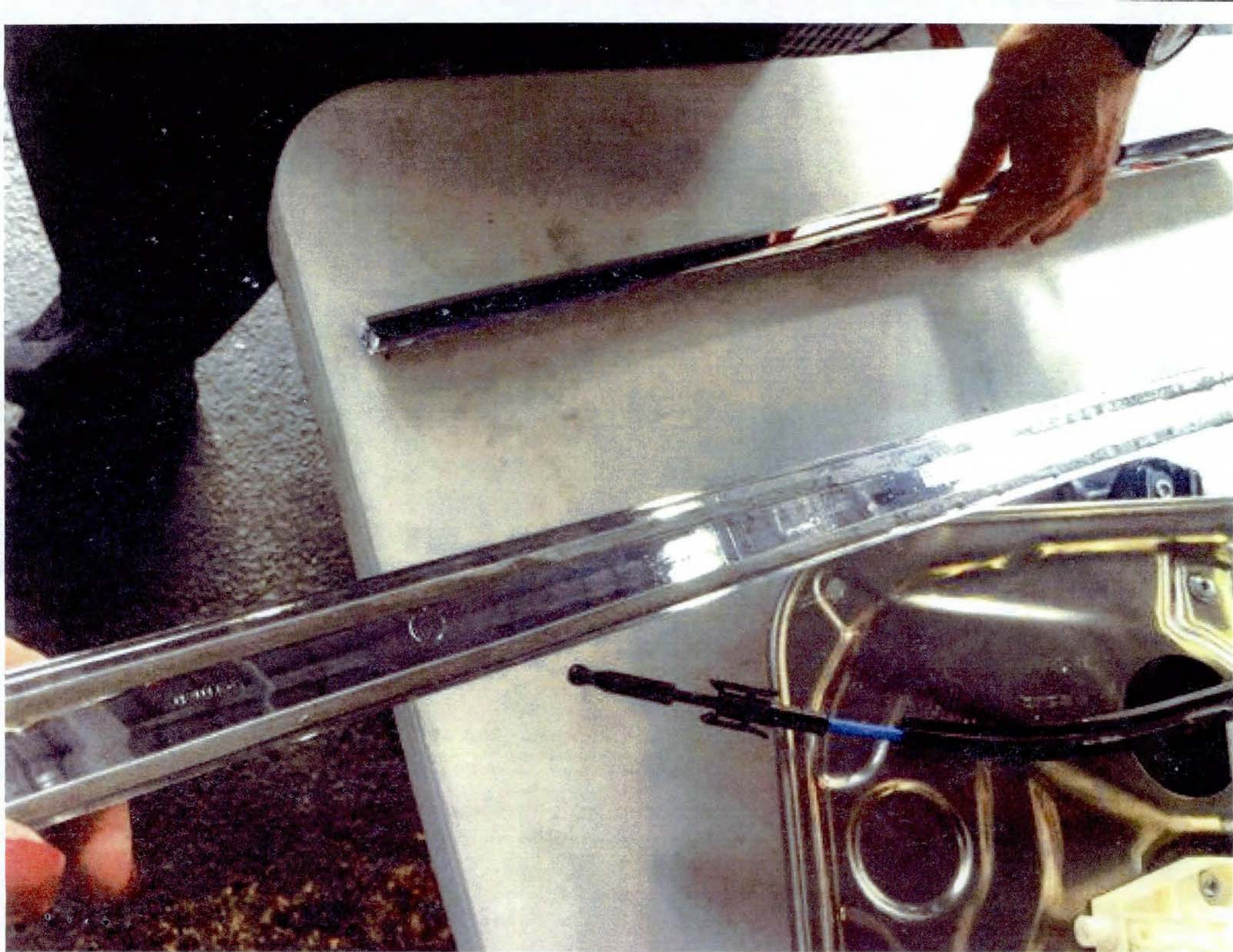


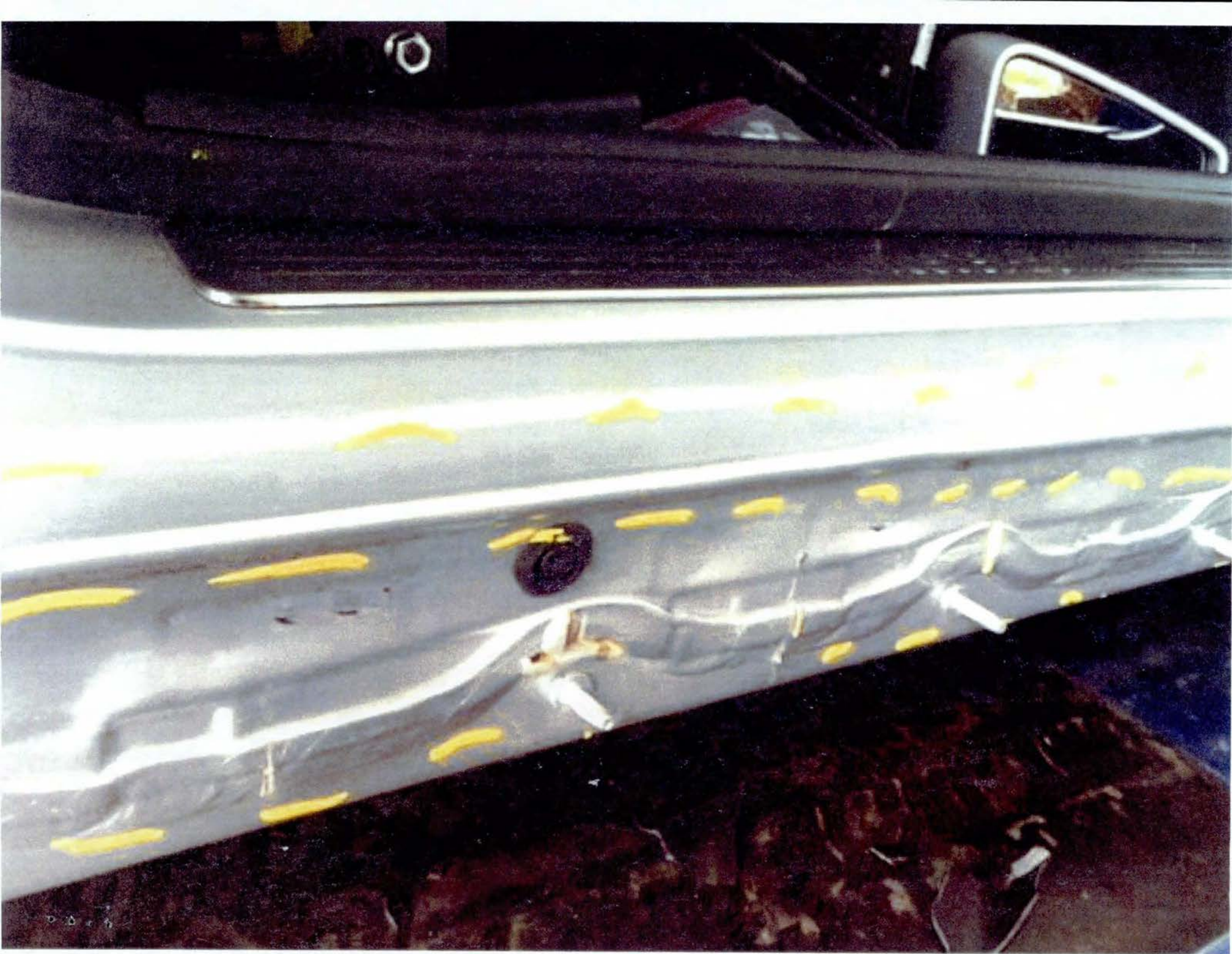




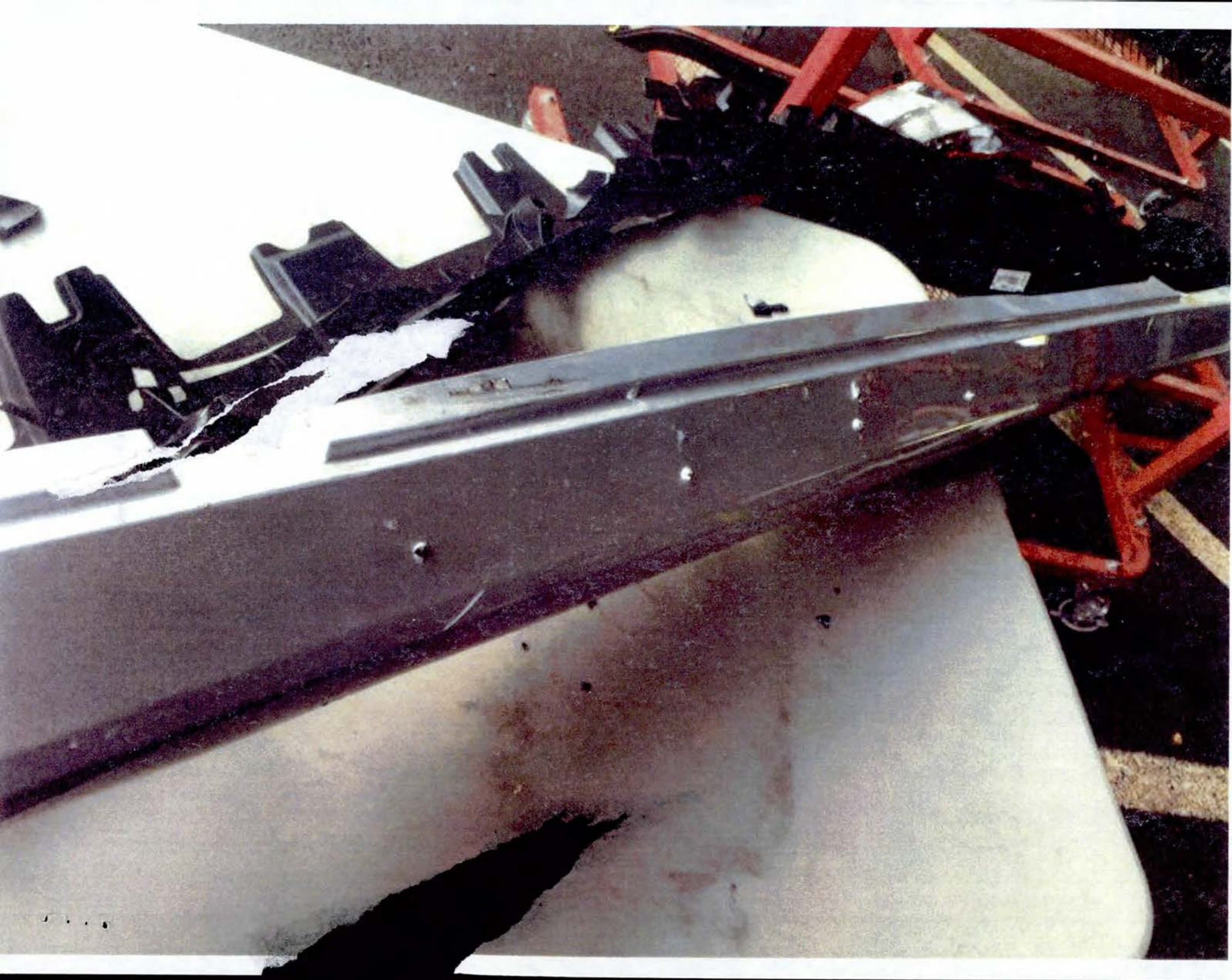












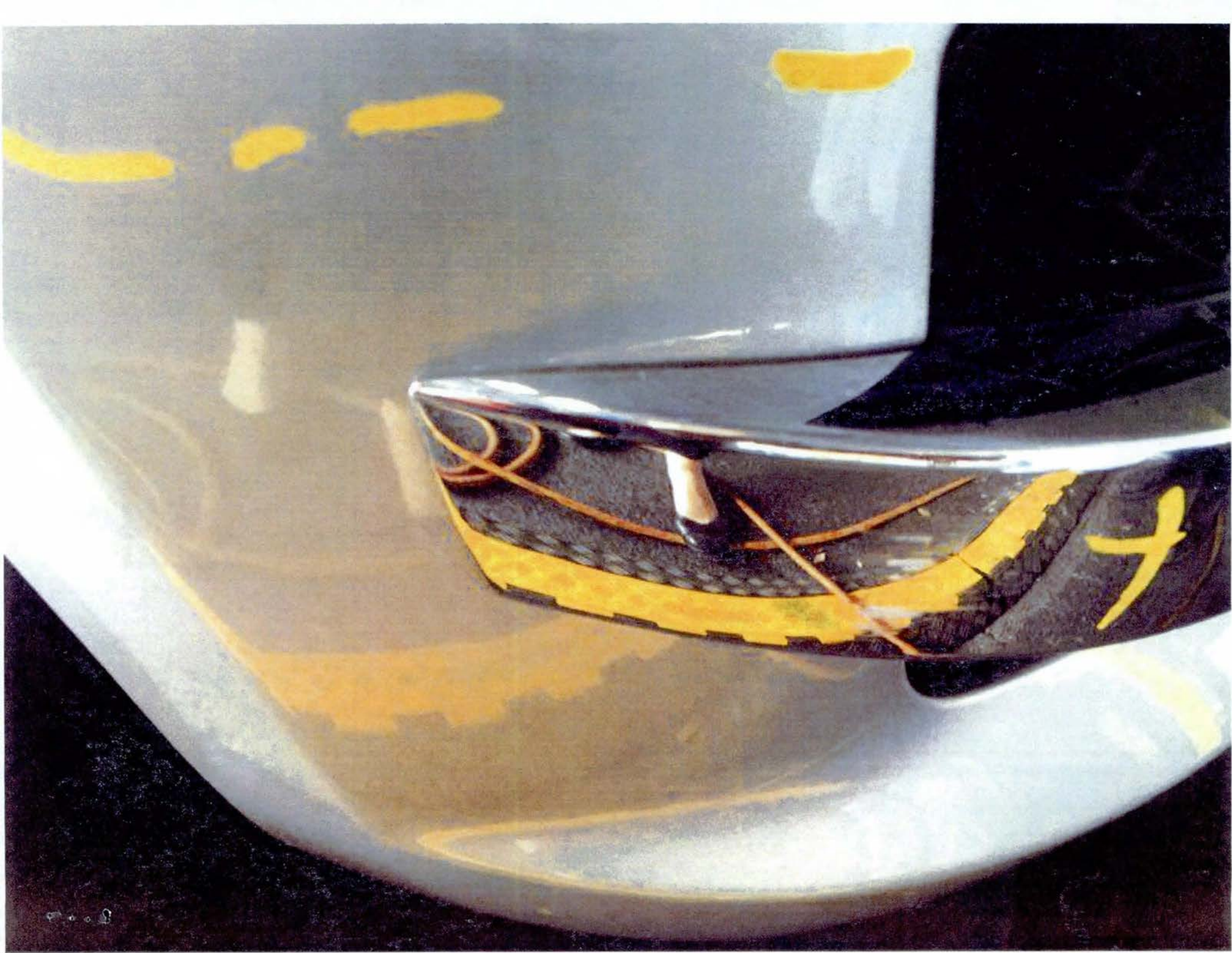


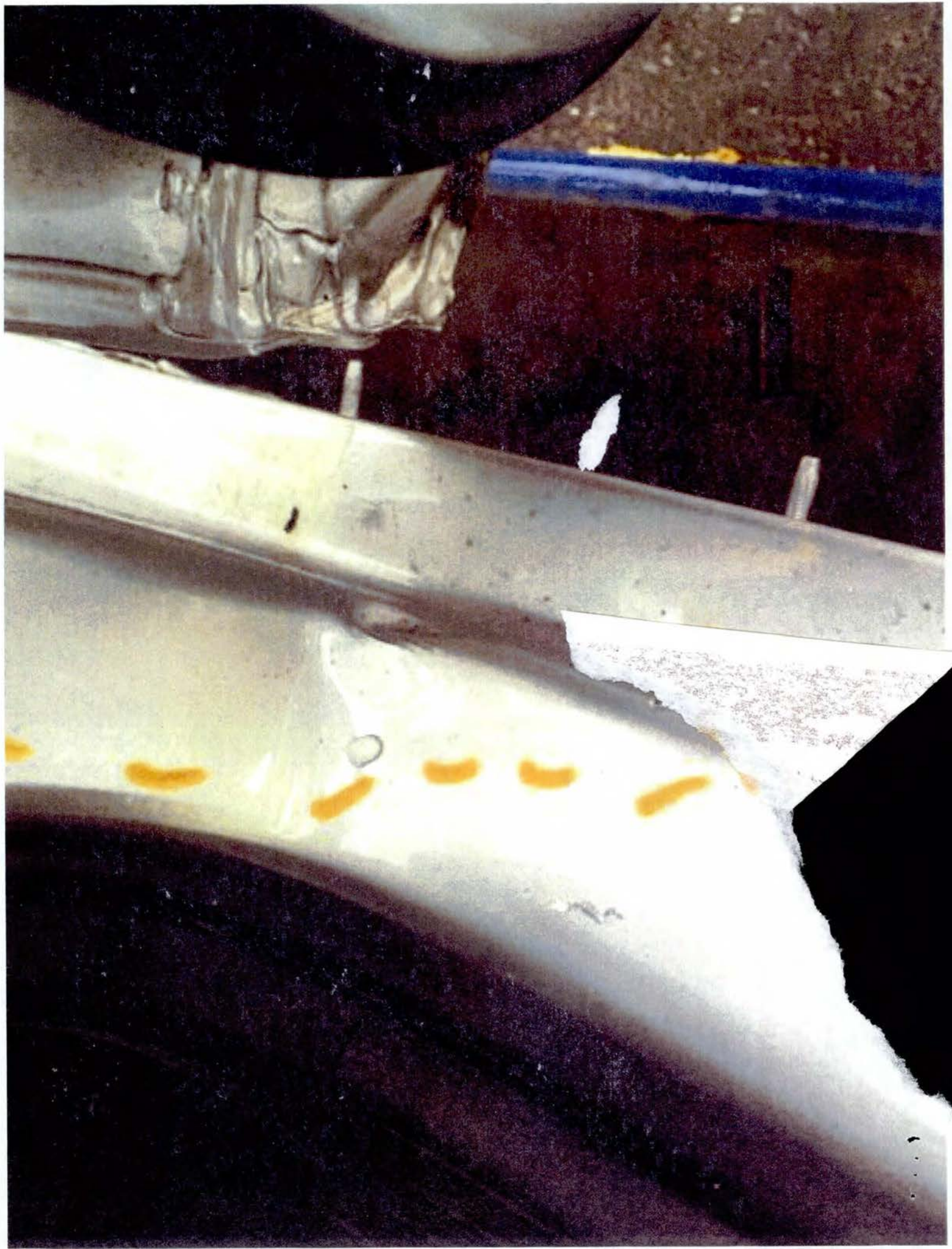


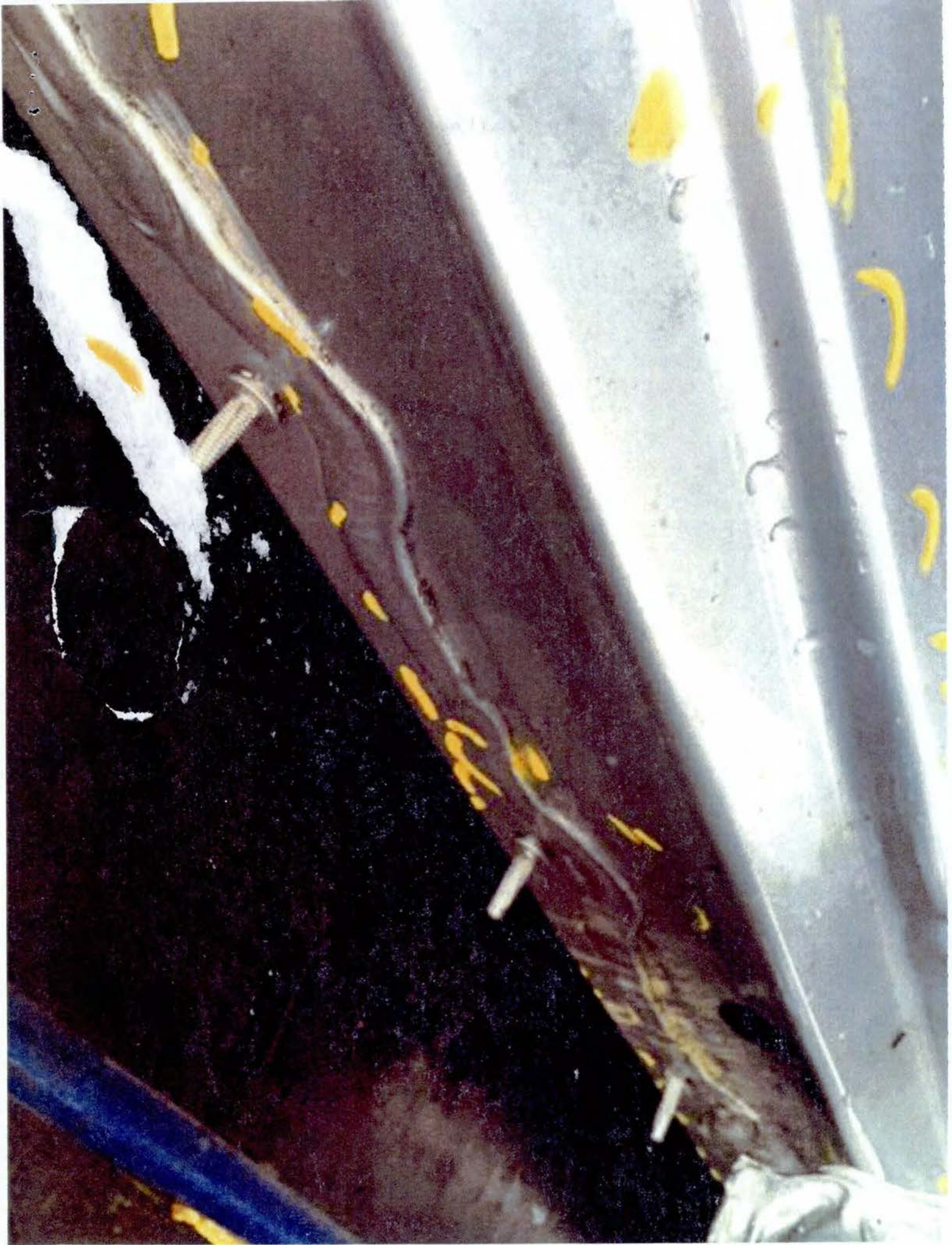


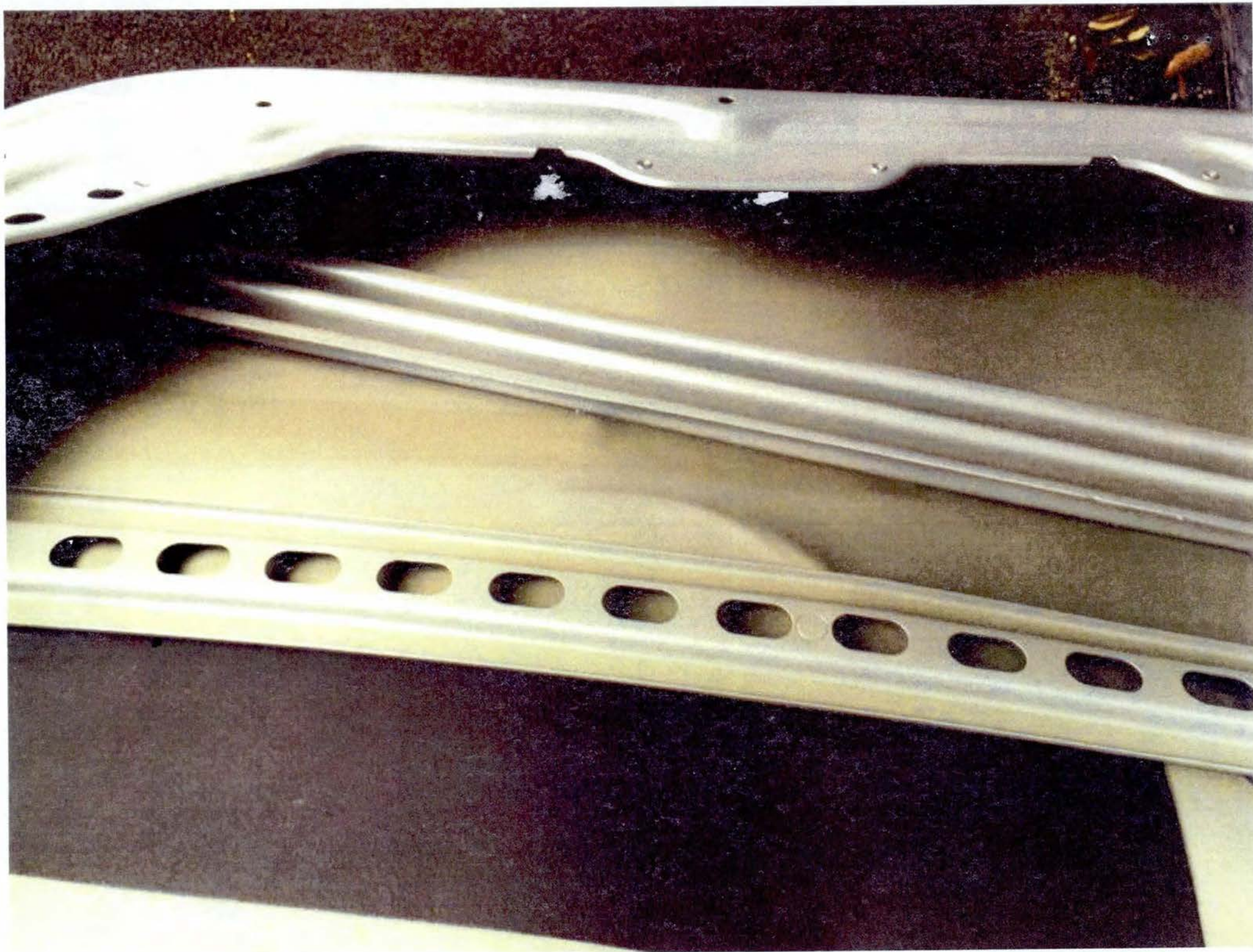


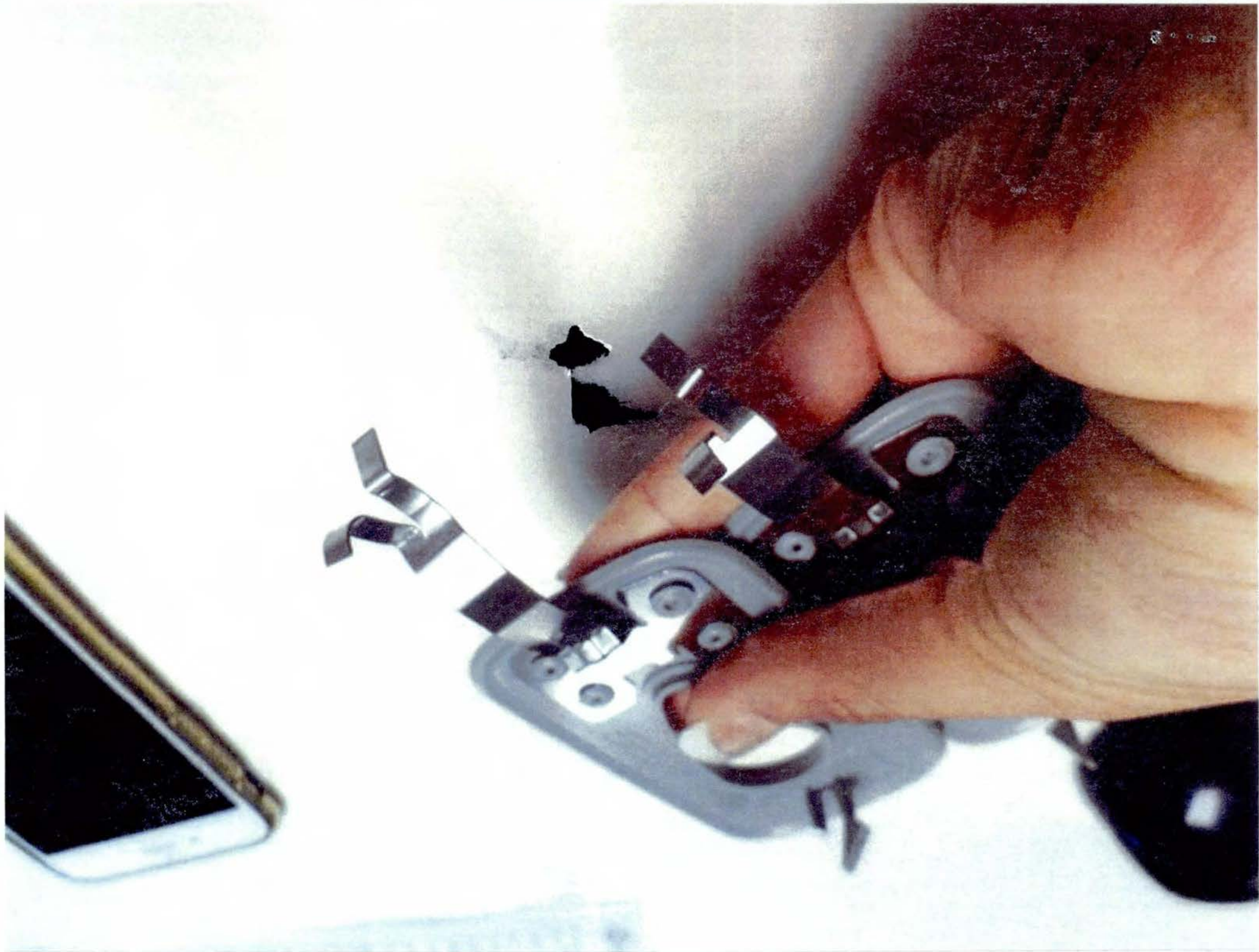




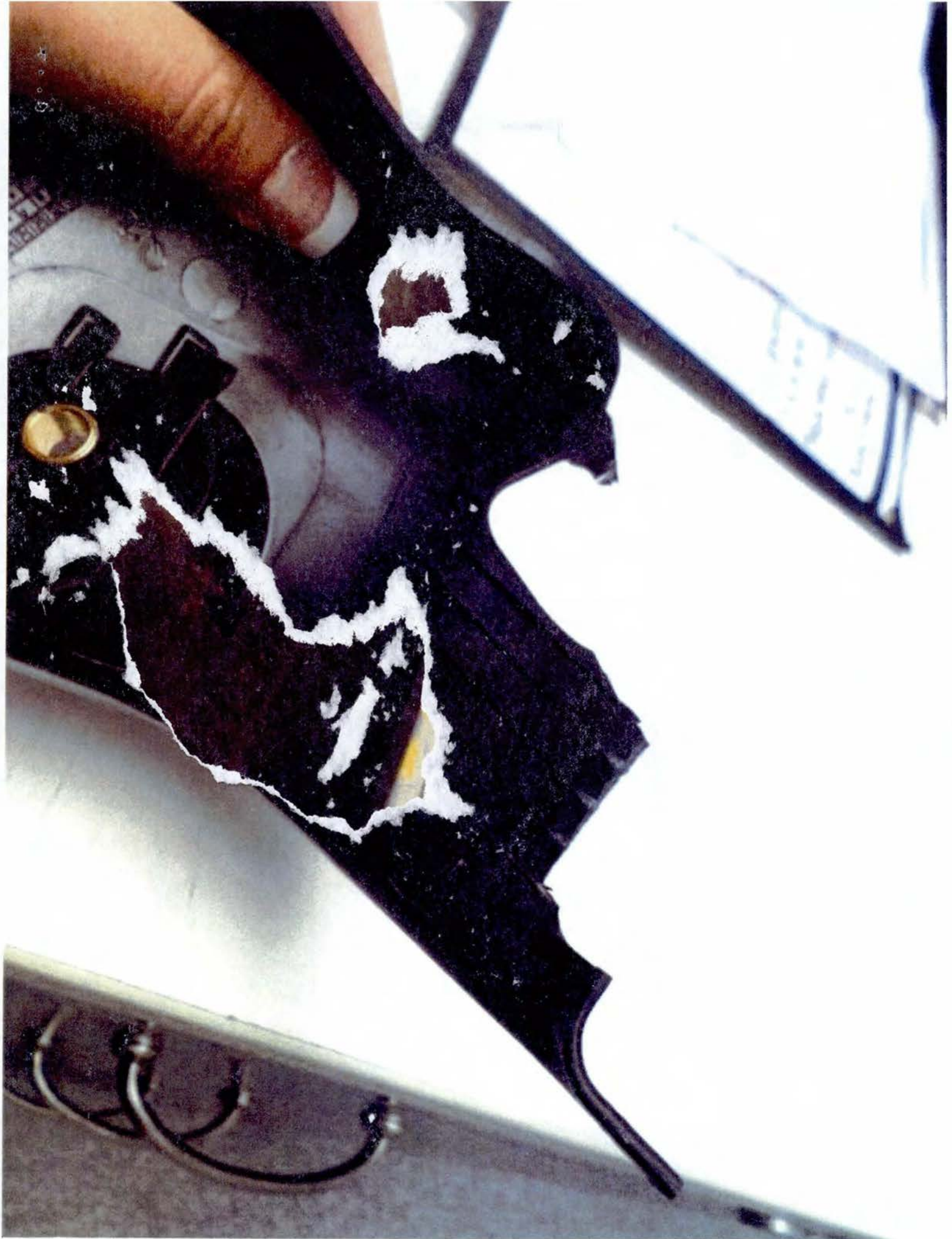










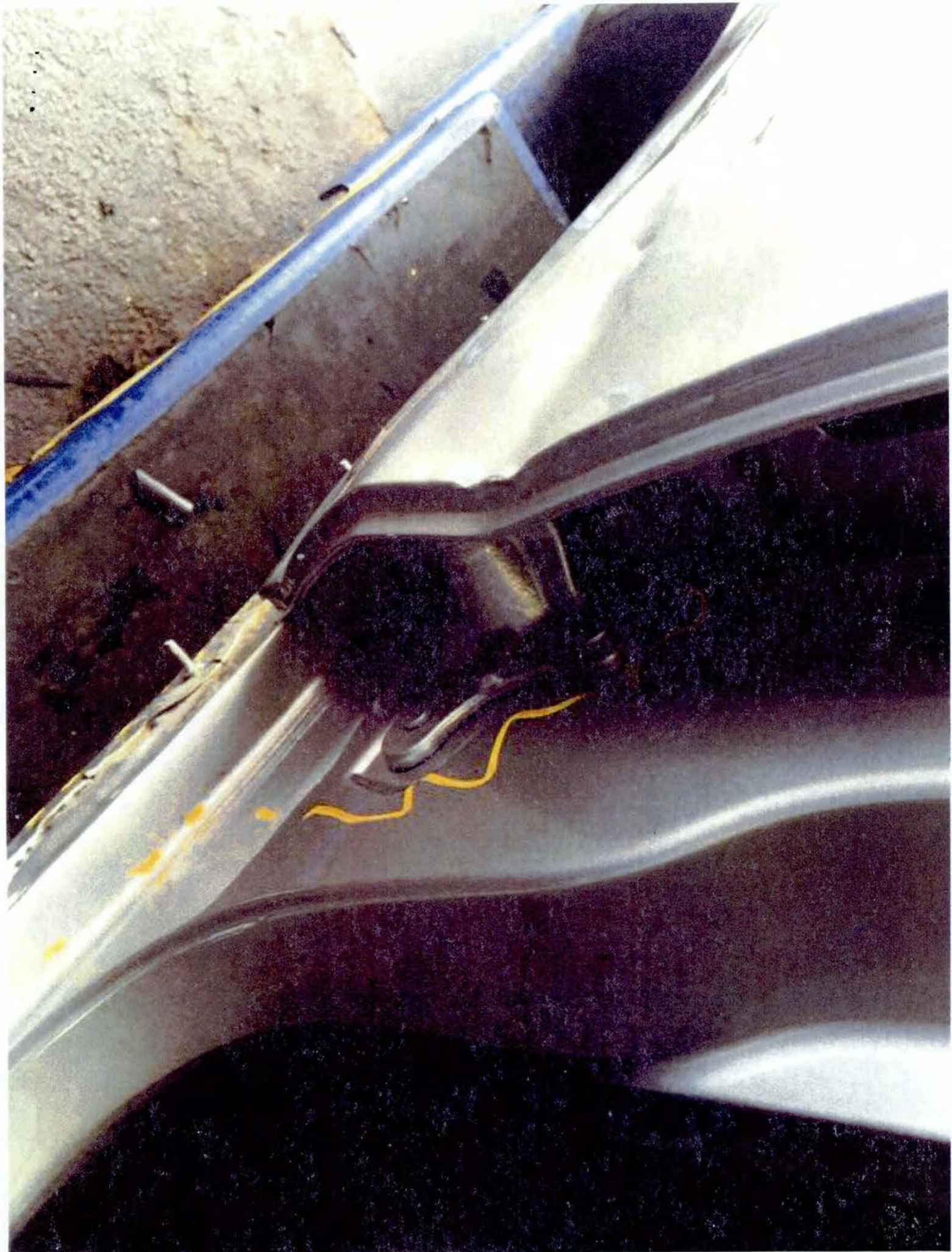






Mercedes-Benz

Ziploc





[REDACTED] v Mercedes Benz
2015 GLK Vin #WDCGG5HBXFG [REDACTED]

DOA: 4-15-15

Exhibit "3"

1 page

Frank Kronberg, M.D. Medical Report

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.

Company Name

To: W41 - 306

Mailstop: 4 West

Department: NEC, NOA, NIA

Phone:

Purchase Order
(Item VarName4)



Route

9590940101235225922297

U.S. Department of Transportation
National Highway Traffic Safety Administration
Offices of Defects Investigation NSA-10.01
400 7th Street SW
Washington, DC 20590

MIAMI, FL FLORIDA

BB1712.04

Stamps.com

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US PC
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