

FEB 14 2018



CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

*New Jersey Office of the Attorney General*

U-11030244-6724

Division of Consumer Affairs  
Consumer Service Center – Complaint Review Unit  
124 Halsey Street, 3<sup>rd</sup> Floor, Newark, NJ 07102  
January 16, 2018



CHRISTOPHER S. PORRINO  
Attorney General

SHARON M. JOYCE  
Acting Director

National Highway Traffic Safety Administration  
US Dept. of Transportation  
1200 New Jersey Ave SE  
Washington, DC 20590

*Mailing Address:*  
P.O. Box 45025  
Newark, NJ 07101  
(973) 504-6200

Re: [REDACTED]  
File Number: [REDACTED]

I am writing on behalf of the New Jersey Division of Consumer Affairs - Office of Consumer Protection to bring this matter to your office's attention. While hearing from the public helps the Division in its efforts to protect the health, safety and economic well-being of the public as consumers in the marketplace and to identify the best use of our investigative resources, there are situations, such as this one, in which a referral to another agency may be better able to provide assistance.

We are forwarding the materials we received to your office so that you may assist this consumer. We have advised the consumer of our action and that all future inquiries should be directed to your office. We appreciate the assistance that your office can provide to this consumer and extend our willingness to assist your office when necessary.

If you have any questions regarding this referral, please contact our Consumer Service Center at (973) 504-6200.

Sincerely,

Patricia D. Pate  
Supervising Investigator, Consumer Service Center



**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

OFFICE OF  
 CONSUMER PROTECTION  
 2017 DEC -5 P 12:58

**COMPLAINT REPORTED BY:**

**COMPLAINT REPORTED AGAINST:**

NAME: [REDACTED] ADDRESS: [REDACTED] CITY: <u>Maricopa</u> STATE: <u>AZ</u> ZIP CODE: [REDACTED] HOME TELEPHONE NUMBER: _____ <small>(include area code)</small> WORK TELEPHONE NUMBER: _____ <small>(include area code)</small> * E-MAIL ADDRESS: _____ * NOTE: BY PROVIDING YOUR E-MAIL ADDRESS, YOU AGREE TO RECEIVE COMMUNICATIONS FROM THIS OFFICE BY E-MAIL.	BUSINESS: <u>Mercedes Benz</u> ADDRESS: <u>3 Mercedes Drive</u> CITY: <u>Montvale</u> STATE: <u>NJ</u> ZIP CODE: <u>07645-0305</u> TELEPHONE NUMBER (1): <u>800-367-6372</u> <small>(include area code)</small> TELEPHONE NUMBER (2): _____ <small>(include area code)</small>
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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 checked="" 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"/> Furniture                       | <input checked="" type="checkbox"/> Other (specify) <u>Automotive Safety/Recall</u> |   |  |

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

- a.  New  Used
- b.  Purchased  Leased
- c. Purchase Price \_\_\_\_\_ Current Mileage 195,000
- d. Date of Purchase 3/17  With Warranty  With Service Contract  As Is
- e. Make Mercedes Model S500 Year 1999-2000

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

4. Name and title of company agents or employees you dealt with: Mercedes Benz - TX



Mercedes-Benz

Mercedes-Benz USA, LLC  
Customer Assistance Center

October 9, 2017

[REDACTED]  
Maricopa, AZ [REDACTED]

Subject: Model: 1999 S500  
VIN: WDBGA51G1XA [REDACTED]

Dear [REDACTED]

We appreciate your contact with Mercedes-Benz USA, LLC. In follow up, I tried to contact you without success. I welcome your contact at the telephone number below and look forward to speaking with you.

I am typically in the office Monday through Friday from 10:00 AM to 6:00 PM Eastern Standard Time (EST).

Sincerely,

Randy Bibber  
Executive Referral Manager  
Mercedes-Benz USA, LLC  
Phone: 800-367-6372 (x4647)

RB/dl

Mercedes-Benz USA, LLC  
Three Mercedes Drive  
Montvale, NJ 07645-0350  
Phone 1-800-FORMERCedes  
(1-800-367-6372)  
Fax (201) 476-6213  
[www.MBUSA.com](http://www.MBUSA.com)



Mercedes-Benz

Mercedes-Benz USA, LLC  
Customer Assistance Center

October 9, 2017

[REDACTED]  
Maricopa, AZ [REDACTED]

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Executive Referral Manager  
Mercedes-Benz USA, LLC  
Phone: 800-367-6372 (x4647)

RB/dl

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

[Redacted]  
[Redacted]  
Maricopa, AZ [Redacted]

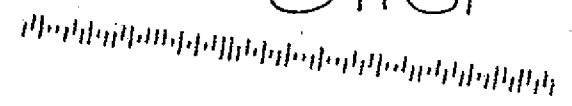
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NJOAG  
C/O Division C.A.  
P.O. BOX 45025  
Newark, NJ 07101

CPD

07101-802525

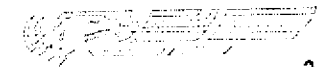


***NJ Office of the Attorney General***

DIVISION OF CONSUMER AFFAIRS  
CONSUMER SERVICE CENTER  
P.O. BOX 45025  
NEWARK, NJ 07101



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