



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

08-MAY-2023
JUN 20 2023

Reference No.
 11520942

OWNER INFORMATION (Type or Print)

Name

Address

City

Manahawkin

State

NJ

ZIP Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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
 W1KAF4H8XP

MAKE
 MERCEDES-BENZ

Model
 C300

Model Year
 2023

Date Purchased

11/30/22

Dealer's Name and Telephone Number
 Ray Catena of Freehold - Merce 7323396800

Engine:
 No. Cylinders

Fuel Type:

Original Owner

Dealer's City Freehold

STATE
 NJ

ZIP Code
 07728

Transmission Type

Antilock Brakes
 Cruise Control

Powertrain

Multiple Failure:

Incident Date(s)
 11-APR-2023

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Components Codes: 030000 BRAKES (PWS)

Failure Mileage
 2000.0

Failure Speed
 40 mph

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: DOTM1 9ABC036)

Original Requirement
 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), injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

1

Number of Deaths

Reported to Police

Y

Narrative Description of Incident(s), Crash(es), Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

The contact owns a 2023 Mercedes C300. The contact stated that while traveling over a pedestrian crosswalk, the emergency braking mode was engaged. The accelerator pedal was applied but the vehicle failed to accelerate. The vehicle went into restricted mode. A Hyundai Elantra crashed into the rear of the vehicle. The driver in the Hyundai stated that the brake lights were not illuminated. There was no air bag deployment or fire. A police report was filed. The contact who was occupying the front passenger seat sustained an injury to her neck and medical attention was provided. The vehicle was towed to the local dealer where it was diagnosed that there were no restricted mode codes located. They were unable to duplicate or verify the incident. The vehicle was not repaired. The manufacturer was contacted but no additional assistance was provided. The failure mileage was approximately 2000.

Mustafa Romani MBUSA

Chris Paserba Service Manager

Leigh Farrell General Manager @ Ray Catena

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.



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

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer

NHT-160

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the driver's door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety-related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid, Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure VOQ

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.

COMPACT KARS, INC.

Workfile ID:
PartsShare:

MERCEDES-BENZ COLLISION CENTER OF
FREEHOLD
3 TRENTON-LAKEWOOD ROAD, MILLSTONE
TOWNSHIP, NJ 08510
Phone: (609) 259-6373
FAX: (609) 259-0182

Compact Kars
3 Trenton Lakewood Road
Millstone, NJ 08510
(609) 259-6373

3/25/2023 12:39

Sale

Final Bill

Trans #: 1 Batch #: [REDACTED]

USA Manual
***** [REDACTED] **/ **

MOUN: 5500.00

Resp: APPROVAL
Code: 184612
of [REDACTED]

US Resp: Y

Insurance: GOVERNMENT EMPLOYEES
Adjuster: [REDACTED]
Phone: [REDACTED]
Estimator: Nick Skevakis
Create Date: 4/26/2023
Claim: [REDACTED]
-01
Loss Date: 4/11/2023
Deductible: 500.00
GETZVILLE

Thank You

CUSTOMER COPY

4D SED 4-2.0L Turbocharged Hybrid Gasoline Direct Injection Black

VIN: W1KAF4HBXPR [REDACTED] Interior Color: Mileage In: 2,112 Vehicle Out:
License: [REDACTED] Exterior Color: Black Mileage Out:
State: NJ Production Date: Condition: Job #:

| Line | Ver | Operation | Description | Qty | Extended Price \$ | Part Type | Labor | Type | Paint |
|------|-----|----------------|--|-----|-------------------|-----------|-------|------|--------|
| 1 | S02 | | RADIATOR SUPPORT | | | | | | |
| 2 | S02 | Remove/Install | Front shield center, C300 w/o AMG line | | | | 0.5T | Body | |
| 3 | S02 | Remove/Install | Center shield C300 AWD | | | | 0.5T | Body | |
| 4 | S02 | Remove/Install | Rear shield C300 AWD | | | | 0.4T | Body | |
| 5 | S01 | | ELECTRICAL | | | | | | |
| 6 | S01 | Remove/Install | Battery | | | | 0.3T | Mech | |
| 7 | S01 | Remove/Install | Battery | | | | 1.1T | Mech | |
| 8 | S01 | | RESET ELECTRICAL | | | | 1.0T | Mech | |
| 9 | S01 | | EXHAUST SYSTEM | | | | | | |
| 10 | S02 | Remove/Replace | LT Rear muffler | 1 | 1,370.30T | OEM | 1.1T | Mech | |
| 11 | S02 | Remove/Replace | RT Rear muffler | 1 | 1,370.30T | OEM | 1.1T | Mech | |
| 12 | S02 | Remove/Replace | RT Rear muffler clamp | 1 | 72.30T | OEM | | | |
| 13 | S02 | Remove/Replace | LT Rear muffler clamp | 1 | 65.30T | OEM | | | |
| 14 | S02 | Remove/Replace | RT Heat shield muffler outer | 1 | 40.30T | OEM | 0.2T | Body | |
| 15 | S02 | | PILLARS, ROCKER & FLOOR | | | | | | |
| 16 | S02 | Remove/Install | RT Cover | | | | 0.4T | Body | |
| 17 | S02 | Remove/Install | LT Cover | | | | 0.4T | Body | |
| 18 | S01 | | QUARTER PANEL | | | | | | |
| 19 | S02 | Repair | RT Quarter pnl assy | | | | 1.5T | Body | 2.6T |
| 20 | S01 | | Add for Clear Coat | | | | | | 1.0T |
| 21 | S01 | | INSURANCE COMPANY DEDUCT FOR | | | | | | (0.3)T |

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, LPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Late Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

Final Bill

7: [REDACTED]

Class C300 4MATIC 4D SED 4-2.0L Turbocharged Hybrid Gasoline Direct Injection Black

2

DRESS REAR BODY FOR PRIMER (SEE IMAGES)

2.0T

| Estimate Totals | Discount \$ | Markup \$ | Rate \$ | Total Hours | Total \$ |
|----------------------|-------------|-----------|---------|-------------|------------------|
| Pars | | 85.71 | | | 9,089.82 |
| Sublet/Miscellaneous | | | | | 350.00 |
| Labor, Body | | | 85.00 | 78.5 | 6,672.50 |
| Labor, Refinish | | | 85.00 | 26.6 | 2,261.00 |
| Labor, Mechanical | | | 85.00 | 4.8 | 408.00 |
| Material, Paint | | | | | 1,463.00 |
| E.P.C. | | | | | 2.50 |
| Subtotal | | | | | 20,246.82 |
| Sales Tax | | | | | 1,341.35 |
| Grand Total | | | | | 21,588.17 |
| Deductible | | | | | (500.00) |
| Net Total | | | | | 21,088.17 |

| Estimate Version | Total \$ |
|------------------|-----------|
| Original | 4,959.02 |
| Supplement S01 | 15,113.00 |
| Supplement S02 | 1,516.15 |

| | | |
|--------------------------------|-----------|-----------|
| Insurance Total \$: | | 21,088.17 |
| Received from Insurance \$: | | 15,113.00 |
| GOVERNMENT EMPLOYEES INSURANCE | 5/11/2023 | 15,113.00 |
| COMPANY | | |
| Balance due from Insurance \$: | | 5,975.17 |
| Customer Total \$: | | 500.00 |
| Received from Customer \$: | | 500.00 |
| [REDACTED] | 5/25/2023 | 500.00 |
| Balance due from Customer \$: | | 0.00 |

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Recored, RECOND = Reconditioned, UKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

CUST# [REDACTED]
 Motor Vehicle
 Retail Order
 New Used
 Demo



Ray Catena of Freehold
 4300 Route 9 South Sales (732) 339 6800
 FREEHOLD, NJ 07728 Fax (732) 339 6609
 www.RayCatena.com

DEAL# [REDACTED]
 DATE: 11/30/2022

STOCK NO. [REDACTED]

CLIENT OR COMPANY [REDACTED] SSN# [REDACTED] DOB [REDACTED]

CLIENT [REDACTED] SSN# [REDACTED] DOB [REDACTED]

ADDRESS [REDACTED] MANAHAWKIN NJ ZIP [REDACTED]

HOME PHONE [REDACTED] WORK PHONE [REDACTED]

D.L. [REDACTED] CELL PHONE [REDACTED]

D.L.# [REDACTED] CLIENT'S E-MAIL [REDACTED] SALES REP GEORGE H. BLO

ENTER ORDER FOR 2023 MERCEDES-BENZ C300W4 DELIVER ON/ABOUT: 11/30/2022 SALES REP [REDACTED]

BODY TYPE SEDAN AND MILES 20 SERIAL NO. [REDACTED]

INT. COLOR MACCHIATO EXT. COLOR BLACK

NO VERBAL COMMITMENTS HAVE BEEN MADE TO ME OTHER THAN WHAT HAS BEEN WRITTEN ON THIS ORDER.

Ray Catena Mercedes Benz agrees to forward to [REDACTED] (insert financial institution name) [REDACTED] (insert amount) representing [REDACTED] payments.

Client understands and agrees that all further payments, fees and charges are the responsibility of the client to the financial institution named above. Ray Catena Mercedes Benz is NOT responsible for any further payments, fees, and/or charges beyond what is stated above. Over-mileage charges, excess wear and tear charges, or any additional payments, fees, or charges beyond what is stated above is the responsibility of the client.

IF A CREDIT SALE, REQUIRED INFORMATION CONTAINED ON A SEPARATE DISCLOSURE STATEMENT IS MADE A PART OF THIS ORDER.

IF A LEASE, REQUIRED INFORMATION CONTAINED ON A SEPARATE DISCLOSURE STATEMENT IS MADE A PART OF THIS ORDER.

** Sale inclusive of Loaner Car Provisions for Warranty and Mechanical Repair **

Price of Unit -MSRP 49705.00

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

Additional Equipment (optional)

INSURANCE INFORMATION

INS CO GEICO POLICY # [REDACTED]

AGENCY [REDACTED] PHONE [REDACTED] FAX [REDACTED]

First Payment

Bank Fee

NJ Online Motor Vehicle Fee

Out of State MV Processing Fee

State Title / Reg

NJ Tire Tax

Sales Tax Up Front

Cap Cost Reduction

Uplift Tax

Documentary Fee

Security Deposit(s)

NJ Supplemental Tinting Fee (4%)

FINANCE SUMMARY

FINANCE TERM: 72

* FINANCE RATE: 5.09

AMOUNT FINANCED: 44130.60

MONTHLY PAYMENT: 712.52

(FINANCE RATE SUBJECT TO CREDIT APPROVAL)

IF A PURCHASE, THE FOLLOWING APPLY

TOTAL PRICE OF VEHICLE 49705.00

Less Trade-in 23000.00

TOTAL VEHICLE TAXABLE AMOUNT 26705.00

State Sales Tax 6.625% 1808.89

NJ Tire Tax 6.00

Registration/Title Fee (Estimated) (See Paragraph 15 on page 2) 104.50

NJ Online Fee 8.88

Out of State MV Processing Fee N/A

NJ Supplemental Tinting Fee (.4%) 198.82

Documentary Fee: \$599.00

Clerical Exp: \$140.00

Document Delivery: \$220.00

Filing Fee: \$110.00

Storage and Data Security: \$129.00

NET PAY-OFF ON TRADE-IN 15199.51

TOTAL AMOUNT DUE 44630.60

Amount Financed 44130.60

Retailer Coupon N/A

Deposit 500.00

Balance in Cash or Certified Check Due on Delivery

TOTAL

Deposit

Rebate

Over-Mileage Charge

Disposition Fee

LEASE SUMMARY

MONTHLY PAYMENT

of MONTHS

MILEAGE PER YEAR

CASH DUE AT DELIVERY

TRADE-IN DESCRIPTION AND ALLOWANCE

Year 2018 Make MERCEDES-BENZ Model C 300

Serial No. WDDZF4KB3JR [REDACTED] Mileage

Trade in Value 23000.00 Date of 11/30/2022

Balance Owed 15199.51

Client certifies that the frame on the trade-in vehicle has never sustained any damage or been repaired. All airbags are of original equipment and have never been deployed. Also that the vehicle has never been in a flood or had the emission control system tampered with or altered. Client certifies the above mileage of trade-in vehicle is accurate.

X 11/30/2022

Client Signature Date

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------------------------|--|--|--|--|--|--|--|--|--|-------------------------|--|--|--|--|--|--|--|--|--|--------------------------|--|--|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|
| 05 | 1. Date of Crash: 04/11/23 | | | | | | | | | | 10. Crash Occurred On: S New York Rd | | | | | | | | | | 11. Speed Limit: 45 | | | | | | | | | | 12. Route No. Subst: -US9- | | | | | | | | | | 13. Milepost: 045.18 | | | | | | | | | | 118a: 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | 2. Police Dept. of: Galloway Township Police Departm | | | | | | | | | | 3. Station/precinct: 01 | | | | | | | | | | 14. All Intersection with: E Ocean Ave | | | | | | | | | | 15. Speed Limit: 25 | | | | | | | | | | 118b: - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | 4. Date of Crash: 04/11/23 | | | | | | | | | | 5. Day of Week: Tr | | | | | | | | | | 6. Time (Jst 2400 hrs): 1610 | | | | | | | | | | 7. Municipality Code: 0111 | | | | | | | | | | 8. Total Killed: 00 | | | | | | | | | | 9. Total Injured: 00 | | | | | | | | | | 19. To: 17. Crash Route Name/Route No. | | | | | | | | | | 20. Route Name/Route No. 74.473847 | | | | | | | | | | 21. Latitude: 39.447339 | | | | | | | | | | 22. Longitude: 74.473847 | | | | | | | | | | 119a: 49 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 | 23. Veh # 1 | | | | | | | | | | 24. Policy No. [Redacted] | | | | | | | | | | 25. NJ Ins. Code: 038 | | | | | | | | | | 26. Veh # 2 | | | | | | | | | | 27. Policy No. [Redacted] | | | | | | | | | | 28. NJ Ins. Code: 148 | | | | | | | | | | 119b: - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | 29. Driver's First Name: [Redacted] | | | | | | | | | | 30. Driver's Last Name: [Redacted] | | | | | | | | | | 31. Driver's First Name: [Redacted] | | | | | | | | | | 32. Driver's Last Name: [Redacted] | | | | | | | | | | 33. Sex: [Redacted] | | | | | | | | | | 119c: - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | 34. Number & Street: [Redacted] | | | | | | | | | | 35. Number & Street: [Redacted] | | | | | | | | | | 36. City: Galloway | | | | | | | | | | 37. City: Manahawkin | | | | | | | | | | 38. State: NJ | | | | | | | | | | 39. State: NJ | | | | | | | | | | 119d: 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | 40. Eyes: - | | | | | | | | | | 41. DL Class: - | | | | | | | | | | 42. Restrictions: - | | | | | | | | | | 43. Endorsements: - | | | | | | | | | | 44. State: NJ | | | | | | | | | | 45. State: NJ | | | | | | | | | | 120a: 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | 46. Driver's License Number: [Redacted] | | | | | | | | | | 47. DOR: [Redacted] | | | | | | | | | | 48. Expires: [Redacted] | | | | | | | | | | 49. Driver's License Number: [Redacted] | | | | | | | | | | 50. DOR: [Redacted] | | | | | | | | | | 51. Expires: [Redacted] | | | | | | | | | | 120b: - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | 52. Driver's First Name: [Redacted] | | | | | | | | | | 53. Driver's Last Name: [Redacted] | | | | | | | | | | 54. Driver's First Name: [Redacted] | | | | | | | | | | 55. Driver's Last Name: [Redacted] | | | | | | | | | | 56. Sex: [Redacted] | | | | | | | | | | 120c: 07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | 57. Number & Street: [Redacted] | | | | | | | | | | 58. Number & Street: [Redacted] | | | | | | | | | | 59. City: Ventnor City | | | | | | | | | | 60. City: [Redacted] | | | | | | | | | | 61. State: NJ | | | | | | | | | | 62. State: NJ | | | | | | | | | | 120d: 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | 63. Make: HUND | | | | | | | | | | 64. Model: ELA | | | | | | | | | | 65. Color: SIL | | | | | | | | | | 66. Year: 09 | | | | | | | | | | 67. Plate No.: [Redacted] | | | | | | | | | | 68. State: NJ | | | | | | | | | | 69. Make: MERZ | | | | | | | | | | 70. Model: C | | | | | | | | | | 71. Color: BLK | | | | | | | | | | 72. Year: 23 | | | | | | | | | | 73. Plate No.: [Redacted] | | | | | | | | | | 74. State: NJ | | | | | | | | | | 120e: 26 | | | | | | | | | |
| 01 | 74. VIN: KMH DU 4 6 D I 9 U [Redacted] | | | | | | | | | | 75. Expires: 07/23 | | | | | | | | | | 76. VIN: W I K A F 4 H B X P R [Redacted] | | | | | | | | | | 77. Expires: 11/23 | | | | | | | | | | 120f: - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | 78. Vehicle Removed to: Private Tow | | | | | | | | | | 79. Vehicle Removed to: Private Tow | | | | | | | | | | 80. Driver: <input checked="" type="checkbox"/> Towed Disabled | | | | | | | | | | 81. Driver: <input checked="" type="checkbox"/> Towed Disabled | | | | | | | | | | 82. Driver: <input type="checkbox"/> Towed Disabled & Impounded | | | | | | | | | | 83. Driver: <input type="checkbox"/> Towed Disabled & Impounded | | | | | | | | | | 120g: - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | 84. Authority: <input checked="" type="checkbox"/> Owner | | | | | | | | | | 85. Authority: <input checked="" type="checkbox"/> Owner | | | | | | | | | | 86. Authority: <input type="checkbox"/> Driver | | | | | | | | | | 87. Authority: <input type="checkbox"/> Driver | | | | | | | | | | 88. Authority: <input type="checkbox"/> Police | | | | | | | | | | 89. Authority: <input type="checkbox"/> Police | | | | | | | | | | 120h: 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | 90. Alcohol Drug Test: Given <input checked="" type="checkbox"/> No | | | | | | | | | | 91. Alcohol Drug Test: Given <input checked="" type="checkbox"/> No | | | | | | | | | | 92. Alcohol Drug Test: Given <input type="checkbox"/> Yes | | | | | | | | | | 93. Alcohol Drug Test: Given <input type="checkbox"/> Yes | | | | | | | | | | 94. Alcohol Drug Test: Given <input type="checkbox"/> Refused | | | | | | | | | | 95. Alcohol Drug Test: Given <input type="checkbox"/> Refused | | | | | | | | | | 120i: 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | 96. Carrier No. [Redacted] | | | | | | | | | | 97. Carrier No. [Redacted] | | | | | | | | | | 98. Carrier No. [Redacted] | | | | | | | | | | 99. Carrier No. [Redacted] | | | | | | | | | | 100. Carrier No. [Redacted] | | | | | | | | | | 101. Carrier No. [Redacted] | | | | | | | | | | 102. Carrier No. [Redacted] | | | | | | | | | | 120j: - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | 103. Motor Carrier or Government Entity: - | | | | | | | | | | 104. Motor Carrier or Government Entity: - | | | | | | | | | | 105. Motor Carrier or Government Entity: - | | | | | | | | | | 106. Motor Carrier or Government Entity: - | | | | | | | | | | 107. Motor Carrier or Government Entity: - | | | | | | | | | | 108. Motor Carrier or Government Entity: - | | | | | | | | | | 120k: 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | 109. Level of Autonomy: 150-AVAILABLE | | | | | | | | | | 110. Level of Autonomy: 150-AVAILABLE | | | | | | | | | | 111. Level of Autonomy: 151-ENGAGED | | | | | | | | | | 112. Level of Autonomy: 151-ENGAGED | | | | | | | | | | 113. Level of Autonomy: 152-AVAILABLE | | | | | | | | | | 114. Level of Autonomy: 152-AVAILABLE | | | | | | | | | | 115. Level of Autonomy: 153-ENGAGED | | | | | | | | | | 116. Level of Autonomy: 153-ENGAGED | | | | | | | | | | 120l: 06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | 117. Damage to Other Property: <input checked="" type="checkbox"/> No | | | | | | | | | | 118. Damage to Other Property: <input checked="" type="checkbox"/> No | | | | | | | | | | 119. Damage to Other Property: <input type="checkbox"/> Yes (if Yes, describe) | | | | | | | | | | 120. Damage to Other Property: <input type="checkbox"/> Yes (if Yes, describe) | | | | | | | | | | 121. Damage to Other Property: <input type="checkbox"/> Yes (if Yes, describe) | | | | | | | | | | 122. Damage to Other Property: <input type="checkbox"/> Yes (if Yes, describe) | | | | | | | | | | 120m: 06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | 123. Charge: 138 | | | | | | | | | | 124. Charge: 138 | | | | | | | | | | 125. Charge: 140 | | | | | | | | | | 126. Charge: 140 | | | | | | | | | | 127. Charge: 140 | | | | | | | | | | 128. Charge: 140 | | | | | | | | | | 129. Charge: 140 | | | | | | | | | | 120n: 04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | 130. Charge: 140 | | | | | | | | | | 131. Charge: 140 | | | | | | | | | | 132. Charge: 140 | | | | | | | | | | 133. Charge: 140 | | | | | | | | | | 134. Charge: 140 | | | | | | | | | | 135. Charge: 140 | | | | | | | | | | 136. Charge: 140 | | | | | | | | | | 120o: 03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Name & Address of Occupants If Deceased, Date & Time of Death | |
|---|----|----|----|----|------------|------------|----|----|----|----|----|----|----|--|--|
| A | 1 | 03 | 01 | 05 | [Redacted] | [Redacted] | - | - | - | 04 | 04 | 06 | - | [Redacted] Galloway, NJ, [Redacted] | |
| B | 1 | 01 | 01 | 05 | [Redacted] | [Redacted] | - | - | - | 04 | 04 | 06 | - | [Redacted] Galloway, NJ, [Redacted] | |
| C | 2 | 01 | 01 | 05 | [Redacted] | [Redacted] | - | - | - | 04 | 04 | 06 | - | [Redacted] Manahawkin, NJ, [Redacted] | |
| D | 2 | 03 | 01 | 05 | [Redacted] | [Redacted] | - | - | - | 04 | 04 | 06 | - | [Redacted] Manahawkin, NJ, [Redacted] | |

New Jersey Police
Crash Investigation Report

Case Number



Page 2 of 3

| | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Addresses of Occupants If Deceased, Date & Time of Death |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
| E | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| F | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| G | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| H | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| I | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| J | - | - | - | - | - | - | - | - | - | - | - | - | - | |

144. Crash Diagram



Show NORTH by Arrow
(Not to Scale)



145. Crash Description/Narrative

The Crash Description begins on continuation page

146. Officer's Signature

Payne, Jeffrey J

147. Badge #

0150

148. Reviewer

Welsh, Kevin

Badge #

0065

149. Case Status

Pending Complete

New Jersey Police Crash Investigation Report
Motor Vehicle Crash DescriptionPolice Dept. Galloway Township Police Department Code: 01
Station: _____ Case No: _____

145 Crash Description

OBSERVATIONS AT THE SCENE: Upon arrival V1 and V2 were both off of the roadway. V1 was parked on the corner in a lot on the corner of Ocean Avenue and Route 9. V2 was parked on the shoulder of Route 9 on the opposite side of Ocean Avenue. V1 had significant front-end damage. V2 had moderate damage to the rear end of his vehicle. All occupants were outside of their respective vehicles. I spoke with both parties immediately to ensure everyone was safe and that no further medical assistance was needed.

DRIVER #1 STATEMENT: D1 stated she was traveling the speed limit, south bound on Route 9 when V2 came to an abrupt stop. D1 stated she did not see any brake lights from V2. D1 also stated, there was no apparent reason for V2 to be stopping. D1 stated, "We were driving and all of a sudden he came to a complete stop. I tried to press on the breaks to stop the car, but I didn't make it soon enough."

DRIVER #2 STATEMENT: D2 stated he was also driving south bound on Route 9 when he was struck from behind. D2 stated that his car malfunctioned and stopped abruptly for no apparent reason. D2 stated the screen in his vehicle began to flash red and the car stopped as this was happening, he was struck from behind. After D2 was struck he explained that the car was still malfunctioning and would not allow him to drive the car off to the shoulder of the road to avoid traffic. D2 explained that it was not until after he restarted the vehicle that he was allowed to operate the vehicle. D2 stated, "... the vehicle just stopped, dead stopped and then they came up behind us and rear ended us. It is not their fault; it is the car's fault. It has 360-degree cameras and I have no idea why it stopped it has never happened before."

INVESTIGATION REVEALED: Based on the driver's statement, damage to the vehicle, and observations at the scene, the investigation revealed that V1 struck V2 from the rear causing front end damage to V1 and rear end damage to V2.

Payne, Jeffrey J
Officer's Signature

0150

Badge Number



April 27, 2023

[REDACTED]

Manahawkin, NJ [REDACTED]

Subject: Model: 2023 Mercedes-Benz C300 4MATIC
VIN: WTKAF4HBXPR [REDACTED]

Dear [REDACTED]

Thank you for allowing us the opportunity to review the incident you described involving your 2023 Mercedes-Benz C300 4MATIC bearing Vehicle Identification Number W1KAF4HBXPR [REDACTED]

Please be assured that Mercedes-Benz USA, LLC ("MBUSA") thoroughly reviewed your concerns and physically and diagnostically inspected the subject vehicle. The inspection revealed there was no evidence that the vehicle was not operating as intended at the time of the incident. There is no evidence of a manufacturing defect that could have caused the alleged incident.

Diagnostics resulted in no faults to indicate the vehicle stalled due to a malfunction or that it entered a restricted mode prior to the incident. There were no messages in the instrument cluster to indicate the vehicle stalled or entered a restricted mode. The vehicle was test-driven and was not able to verify nor duplicate your complaint.

The Subject Mercedes-Benz Vehicle and its component parts are the evidentiary "crown jewels" of any products liability case. As such, if you and/or any interested party intend to pursue any claims against Mercedes-Benz USA, LLC resulting from this incident, it is incumbent upon you and/or the interested party to preserve the Subject Vehicle and its component parts in their post-incident condition throughout the pendency of any such litigation. Any failure to do so may be the subject of a claim for spoliation of evidence and/or a request for dismissal of any action on the grounds of denial of a fair opportunity to defend the claims. We also request that there be no inspection or testing without written notice to us.

We appreciate the opportunity to respond.

Sincerely,

Mercedes-Benz USA, LLC

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®

MANAHAWKIN, NEW JERSEY

NEF

Department of Transportation

To: W41-306

Building: DOT

Mallstop: 4 West

Rtg Symbol: NEC, NOA, NIA

Extemp Carrier: Registered

Sender:

DOT

6/15/2023 9:49:07 AM

ment of
State (NHTSA)
Jersey Ave. SE
n, DC 20590

W41-306

1103 001F



POSTAGE PAID
\$5.89

MANAHAWKIN NJ
PERMIT NO. 1103