



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
AUG -2 2012
12-JUN-2012

Repository

Reference No.
10461351

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City BLUE RIDGE SUMMIT State PA Zip Code [Redacted]

Daytime Telephone Number [Redacted] 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 Make PORSCHE Model 911 CARRERA Model Year 2004
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Powertrain Multiple Failure: Incident Date(s) 11-JUN-2012
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 140000 AIR BAGS, 180000 VEHICLE SPEED CONTROL, FUEL/PROPULSION SYSTEM (PWS) Failure Mileage 57000 Failure Speed 25

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) Original Equipment Failure Location:
 Prior Repair
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 Yes No Fire Yes No Number of Persons Injured 0 Number of Deaths 0 Reported to Police N

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 2004 PORSCHE 911 CARRERA 4S. THE CONTACT WAS DRIVING 25 MPH AND TAPPED THE BRAKES TO DISENGAGE THE CRUISE CONTROL BUT INSTEAD OF THE VEHICLE DECELERATING, THE VEHICLE ABNORMALLY ACCELERATED AND CRASHED INTO A PRECEDING VEHICLE. THE AIRBAG ALSO FAILED TO DEPLOY. THE VEHICLE WAS TOWED TO THE DEALER FOR DIAGNOSIS. THE VEHICLE HAD NOT BEEN REPAIRED. THE FAILURE MILEAGE WAS 57,000. THE VIN WAS NOT AVAILABLE.

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 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.

July 26, 2012

Mr. Randy Reid, Chief
Correspondence Research Division
Office of Defects Investigation
National Highway Traffic Safety Administration
1200 New Jersey Avenue, SE
Washington DC 20077-9382

Dear Mr. Reid,

This responds to your letter (Attachment A) inviting supplementation of the Vehicle Owner's Questionnaire (Attachment B) that I filed on June 12, 2012.

First, I wanted to provide you with the VIN of the car in which I experienced the defect that I reported. The VIN is WP0CA299X4S [REDACTED]

Second, I wanted to provide you with a copy of the Maryland Transportation Authority Police report on the accident (Attachment C).

Third, your letter asked for a copy of any repair invoices resulting from the accident. There are no such invoices as my car was a total loss. Attachment D is a copy of a June 21, 2012 letter from my insurance company State Farm so stating.

Fourth, your letter also asked for a copy of any letters that I sent to the manufacturer. Attachment E is a copy of a June 19, 2012 letter that I sent to the car manufacturer, Porsche NA, making a written report concerning the accident. Following my submission of the report, on July 11, 2012 Porsche representatives conducted an inspection of several hours of the vehicle, which was at a body shop in Arlington VA. The inspection included down-loading the data from the car's engine management system, which I had authorized.

In my June 19, 2012 letter I asked that Porsche furnish me with the results of their investigation and analysis, including the down-loaded data from the vehicle's engine management system. However, in a telephone conversation on July 17, 2012 the Porsche representative told me that Porsche's investigation had not been able to verify or determine the cause of the engine malfunction that I had reported in my June 19, 2012 letter and that Porsche would not release to me the down-loaded data from the engine management system. The representative contended that any documentation of Porsche's investigation and analysis of the incident, including the engine management system data, was "proprietary."

Finally, your letter invited me to make any necessary changes or corrections to the information that I had provided in the VOC. In this connection I ask that in place of the Narrative Description of Incident towards the bottom of the VOC you substitute the more detailed description of the incident in my June 19, 2012 letter to Porsche (Attachment E).

[REDACTED]

Attachment A



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

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NVS-216rr

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 failures(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 drivers' 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

Attachment B

Attachment C

[REDACTED]

From: Marla Jones <mjones14@mdta.state.md.us>
Sent: Thursday, June 21, 2012 2:14 PM
To: [REDACTED]
Subject: RE: Police Report Nos. 12L004664 and 12L0046665
Attachments: 12L004664.pdf

Please see attached report for 12L004664. No police report was written for 12L004665.

Marla Jones

Maryland Transportation Authority Police

Central Records

410-537-7710 phone

410-537-7706 fax

From: [REDACTED]
Sent: Wednesday, June 20, 2012 3:25 PM
To: MdTA Police Records
Subject: Police Report Nos. 12L004664 and 12L0046665

Dear Sir or Madam:

Please send me a copy of the referenced police reports.

[REDACTED]

[REDACTED] NW, Washington DC [REDACTED]
[REDACTED] (O) | [REDACTED] (OF) | [REDACTED] (C)
[REDACTED] (O E-M)



Maryland now features 511 traveler information!
Call 511 or visit: www.md511.org



Please consider the environment before printing this email

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01W 70 24 4631

State of Maryland Motor Vehicle Accident Report

6064

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|---|--|--|--|--|---|--|-----------------------------------|--|-------------------|-------------------|-----------------|---------------------|-------------------|------------------|-------------------|-------------------|------------------|--|--|--|--|--|--|
| REPORT NO. 1.0387339 | PAGE OF 12 | ACCIDENT DATE 01/09/11 | ACCIDENT TIME 1:33 PM | REPORT TYPE <input type="checkbox"/> FATAL <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> PDO <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-TRAFFIC | RESEARCH | LOCAL CASE NUMBER 121004604 | LOCAL CODES | PHOTOS <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES | | | | | | | | | | | | | | | |
| INVESTIGATING OFFICER ID JACKSON 0872 | AGENCY AND AREA SV | SUPERVISING OFFICER ID Watkowski me | REVIEWER ID # Watkowski Det | CODE - AND - NAME OF MUNICIPALITY 000 | COUNTY 02 | | | | | | | | | | | | | | | | | | |
| RD CHAR 01 | RTE NUM US 00050 | ROAD NAME Blue Star Memorial Hwy | IN LANE E11 | TRAF SIG NO 20 | ON RAMP NO 21 | Ramp Number (Direction) 1-NW 2-W-N 3-E-N 4-N-E 5-S-E 6-L-S 7-W-S 8-S-W 9-Other | 0-Not Ramp | IN INTERSECTION <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | | | | | | | | | | | | | | | |
| RD COND 01 | INT-RTE W00000 | INTERSECTING ROAD NAME or Log Mile Reference Manual description mile marker 31.7 (TOLL lane) | DIR E | Dir of Acc fr INT-RTE Rel. & Dir. 0.01 | MI E | | | | | | | | | | | | | | | | | | |
| ACCIDENT DIAGRAM 02 | Show & Label: Roads, Traffic Units, the Travel Direction consistent with the Log Mile Reference Manual, and Movement of Traffic Units. | | NORTH 32 | DESCRIBE ACCIDENT briefly - identify units by numbers. Also identify the following as the OBJECT DAMAGED & NATURE OF DAMAGE (Property other than vehicles) and list the NAME & ADDRESS OF OWNER when applicable. | | | | | | | | | | | | | | | | | | | |
| SRF COND 02 | US. RT 50 Bay Bridge Toll plaza | | VEH #1 was traveling EB on US. R150 @ approaching Toll lane 11. VEH #1 side-swiped VEH #2 on the front fender then proceeded through the toll lane striking VEH #3 in the rear pushing VEH #3 into the rear of VEH #4. The operator of VEH #3 was transported to HAME. | | | | | | | | | | | | | | | | | | | | |
| CM ZONE NO 35 | Toll lane 11 mm 31.7 | | Diagram showing vehicle positions and directions at the toll plaza. | | | | | | | | | | | | | | | | | | | | |
| UNIT # 01 | NAME (Last, Middle, Last) | SEX M | UNIT # 02 | NAME (Last, Middle, Last) | SEX M | | | | | | | | | | | | | | | | | | |
| TYPE OF UNIT DRIVER | ADDRESS (No. Street, City, State, Zip) | TEL | TYPE OF UNIT DRIVER | ADDRESS (No. Street, City, State, Zip) | TEL | | | | | | | | | | | | | | | | | | |
| MOVEMENT 01 | COND IN 01 | SUBST 01 | TEST 00 | RESULT 54 | FOR PEDS ONLY | AGE 0 | TYPE 55 | LOCAT'N 56 | OBEY 57 | VISIBL 58 | | | | | | | | | | | | | |
| SPEED LIMIT 40 | SAF. EQUI 32 | EQ PROB 01 | FICT 01 | CITATION NUMBER (S) 0390ANV, 03B0ANV | 64 | FAULT NO 65 | YES | SPEED LIMIT 40 | SAF. EQUI 32 | EQ PROB 01 | FICT 01 | CITATION NUMBER (S) | 64 | FAULT NO 65 | YES | | | | | | | | |
| GOING 03 | DRIVER'S LICENSE NUMBER | STATE PAC | CLASS 69 | GOING 03 | DRIVER'S LICENSE NUMBER | STATE MD | CLASS 69 | | | | | | | | | | | | | | | | |
| CONTINU 03 | OR DATE OF BIRTH | IRREGULAR CONDITION <input type="checkbox"/> PARKED <input type="checkbox"/> CAUGHT FIRE <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERLESS | HMI SPILL <input checked="" type="checkbox"/> Y | HAZ MAT NUMBER | 73 | | | | | | | | | | | | | | | | | | |
| BODY TY 02 | COMMER. VEHICLE ONLY | U. S. DOT NUMBER | ICC NUMBER | BODY TY | CDL1 YES | | | | | | | | | | | | | | | | | | |
| MOST HE 01 | OWNER OR CARRIER NAME (Write "SAME" if Driver) | TEL | Work | Rest | | | | | | | | | | | | | | | | | | | |
| CONTRIB CIRCUMSTANCES 21 | OWNER / CARRIER ADDRESS | TOWED VEH #1 000000 | | TOWED VEH #2 000000 | | | | | | | | | | | | | | | | | | | |
| 82-2 | YEAR & MAKE OF VEHICLE 01 CAI PORSCHE | MODEL 911 | 1st IMPACT PT. 15 | 82-2 | YEAR & MAKE OF VEHICLE 00 GULI HOND | MODEL ACCORD | 1st IMPACT PT. 04 | | | | | | | | | | | | | | | | |
| 82-3 | EXP YR & REGISTR # STATE 00 PA 01-03-15-17 | AREAS DAMAGED | INSURER State farm | 82-3 | EXP YR & REGISTR # STATE 00 MD 03-1-04 | AREAS DAMAGED | INSURER Geico | | | | | | | | | | | | | | | | |
| 82-4 | VEHICLE ID NUMBER 00 WPCDA299XAS | 92 | POLICY NUMBER | 82-4 | VEHICLE ID NUMBER 00 1HGCD50387A | 92 | POLICY NUMBER | | | | | | | | | | | | | | | | |
| DAM EXT 05 | VEHICLE REMOVED BY MDTA VET | 95 | VEHICLE REMOVED TO MDTA STATION | DAM EXT 02 | VEHICLE REMOVED BY NOT TOWED | 95 | VEHICLE REMOVED TO DESTINATION | | | | | | | | | | | | | | | | |
| TRAFFIC UNIT # 02 | SEATING POSITION 04 | CODE all injured & uninjured PASSENGERS below. Use "W" for witness in TRAF UNIT and SEAT columns. WRITE NAME & ADDRESS of Injured Passengers and Witnesses. | | | | SEX M | AGE 09 | SAFETY EQUIP 32 | EQUIP PROB. 01 | INJUR SEVER 01 | ELEC-TION 01 | EMS UNIT 106 | | | | | | | | | | | |
| <table border="1"> <tr> <td>INJURED TAKEN BY:</td> <td>INJURED TAKEN TO:</td> <td>EMS RUN REPORT #</td> <td>INJURED TAKEN BY:</td> <td>INJURED TAKEN TO:</td> <td>EMS RUN REPORT #</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | | | | | INJURED TAKEN BY: | INJURED TAKEN TO: | EMS RUN REPORT # | INJURED TAKEN BY: | INJURED TAKEN TO: | EMS RUN REPORT # | | | | | | |
| INJURED TAKEN BY: | INJURED TAKEN TO: | EMS RUN REPORT # | INJURED TAKEN BY: | INJURED TAKEN TO: | EMS RUN REPORT # | | | | | | | | | | | | | | | | | | |
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State of Maryland Motor Vehicle Accident Report

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|---|--|---|--|---|--|-----------------------|--|--|--|----------------------|--|--|--|
| REPORT NO. 1 10387339 | | PAGE OF 2 22 | | ACCIDENT DATE 3 06.09.12 | | ACCIDENT TIME 4 13.39 | | REPORT TYPE 5 <input type="checkbox"/> FATAL <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> PDO <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-TRAFFIC | | RESEARCH 6 | | LOCAL CASE NUMBER 7 12L004604 | | LOCAL CODES 8 | | PHOTOS? 9 <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES | | | | | | | | | | | | | | | |
| INVESTIGATING OFFICER ID 10 Jackson 0802 | | | | AGENCY AND AREA 11 GV | | | | SUPERVISING OFFICER ID 12 Wattawake cas | | | | REVIEWER ID # 13 Wattawake msp | | | | CODE - AND - NAME OF MUNICIPALITY 14 00D | | COUNTY 15 02 | | | | | | | | | | | | | |
| RD CHAR 16 10 | | RTE NUM Accident Occurred On 17 10 | | ROAD NAME 18 | | IN LANE 19 <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES | | TRAF SIG 20 <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES | | ON RAMP 21 <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES | | Ramp Number (Direction) 22 1 N-W 2 W-N 3 E-N 4 N-E 5 S-E 6 E-S 7 W-S 8 S-W 9 Other | | 0-Not Ramp 22 <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES | | IN INTERSECTION 23 <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES | | | | | | | | | | | | | | | |
| RD COND 24 10 | | INT-RTE 25 | | INTERSECTING ROAD NAME or Log Mile Reference Manual description. 26 | | MILEPT 27 | | DIR 28 | | Dist. of Acc (INT-RTE/Ref & Dir. 29 <input type="checkbox"/> I <input type="checkbox"/> M | | | | | | | | | | | | | | | | | | | | | |
| RD DIV 30 ACCIDENT DIAGRAM | | | | Show & Label: Roads, Traffic Units, the Travel Direction consistent with the Log Mile Reference Manual, and Movement of Traffic Units. | | | | NORTH: 32 (N) | | DESCRIBE ACCIDENT briefly, identify units by numbers. Also identify the following: a) the OBJECT DAMAGED & NATURE OF DAMAGE (Property other than vehicles) and b) the NAME & ADDRESS OF OWNER when applicable. VEH 1 WAS TRAVELING EB ON US RT 50 APPROACHING TOLL LAWE 11. VEH 1 SIDE-SWIPE VEH #2 ON THE FRONT FENDER THEN PROCEEDED THROUGH THE TOLL LAWE STRIKING VEH #3 IN THE REAR PUSHING VEH #3 INTO THE REAR OF VEH #4. THE OPERATOR OF VEH #3 WAS TRANSPORTED TO H&MC. | | | | | | | | | | | | | | | | | | | | | |
| SRF COND 34 | | COM ZONE 35 <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES | | JUNCT'N 36 | | EVENT-1 37 | | EVENT-2 38 | | FIX OBJ 39 | | COLL TY 40 | | LIGHT 41 | | WEATHER 42 | | | | | | | | | | | | | | | |
| UNIT # 43 0.3 | | | | NAME (First, Middle, Last) 44 | | | | SEX 45 0.1 | | | | UNIT # 46 0.4 | | | | NAME (First, Middle, Last) 47 | | | | SEX 48 0.1 | | | | | | | | | | | |
| TYPE OF UNIT 49 <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> PED | | | | Linthicum, MD | | | | TYPE OF UNIT 49 <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> PED | | | | Pasadena, MD | | | | | | | | | | | | | | | | | | | |
| MOVEMENT 50 0.0 | | CONDITN 51 0.1 | | SUBST 52 0.0 | | TEST 53 0.0 | | RESULT 54 54 | | FOR PIDS ONLY 55 0 | | AGE 56 0 | | TYPE 57 0 | | LOCAT'N 58 0 | | OBEY 59 0 | | VISIBL 60 0 | | | | | | | | | | | |
| SPEED LIMIT 61 4.0 | | SAF. EQUI 62 32.1 | | EQ. PROB 63 0.1 | | EFFECT 64 0.1 | | CITATION NUMBER (S) 65 | | FAULT 66 <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES | | SPEED LIMIT 61 4.0 | | SAF. EQUI 62 32.1 | | EQ. PROB 63 0.1 | | EFFECT 64 0.1 | | CITATION NUMBER (S) 65 | | FAULT 66 <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES | | | | | | | | | |
| GOING 67 0.3 | | | | DRIVER'S LICENSE NUMBER 68 | | | | STATE 69 MD | | | | CLASS 70 A | | | | GOING 67 0.3 | | | | DRIVER'S LICENSE NUMBER 68 | | | | STATE 69 MD | | | | CLASS 70 A | | | |
| CONTINU 71 0.3 | | OR DATE OF BIRTH 72 | | IRREGULAR CONDITION 73 <input type="checkbox"/> PARKED <input type="checkbox"/> CAUGHT FIRE <input checked="" type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERLESS | | HM SPILL 74 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | HAZ MAT NUMBER 75 | | CONTINU 71 0.3 | | OR DATE OF BIRTH 72 | | IRREGULAR CONDITION 73 <input type="checkbox"/> PARKED <input type="checkbox"/> CAUGHT FIRE <input checked="" type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERLESS | | HM SPILL 74 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | HAZ MAT NUMBER 75 | | | | | | | | | | | | | |
| BODY TY 76 2.3 | | COMMER. VEHICLE ONLY 77 | | U. S. DOT NUMBER 78 | | ICC NUMBER 79 | | BODY TY 76 2.0 | | COMMER. VEHICLE ONLY 77 | | U. S. DOT NUMBER 78 | | ICC NUMBER 79 | | BODY TY 76 2.0 | | COMMER. VEHICLE ONLY 77 | | U. S. DOT NUMBER 78 | | ICC NUMBER 79 | | | | | | | | | |
| MOST HE 80 0.1 | | | | OWNER OR CARRIER NAME (Write "SAME" if Driver) 81 | | | | MOST HE 80 0.1 | | | | OWNER OR CARRIER NAME (Write "SAME" if Driver) 81 | | | | MOST HE 80 0.1 | | | | OWNER OR CARRIER NAME (Write "SAME" if Driver) 81 | | | | | | | | | | | |
| CONTRIB CIRCUMSTANCES 82-1 0.0 | | | | DEALE, MD | | | | CONTRIB CIRCUMSTANCES 82-1 0.0 | | | | DEALE, MD | | | | CONTRIB CIRCUMSTANCES 82-1 0.0 | | | | DEALE, MD | | | | | | | | | | | |
| 82-2 0.0 | | YEAR & MAKE OF VEHICLE 83 11 CHEV | | MODEL 84 Equinox | | 1st IMPACT PT. 87 0.9 | | 82-2 0.0 | | YEAR & MAKE OF VEHICLE 83 99 CHEV | | MODEL 84 3500 | | 1st IMPACT PT. 87 0.9 | | 82-2 0.0 | | YEAR & MAKE OF VEHICLE 83 99 CHEV | | MODEL 84 3500 | | 1st IMPACT PT. 87 0.9 | | | | | | | | | |
| 82-3 0.0 | | EXP YR & REGISTR # STATE 85 13 MD | | AREAS DAMAGED 86 08-11; 02-04 | | INSURER 87 Gov Emply Ins. | | 82-3 0.0 | | EXP YR & REGISTR # STATE 85 09 - 10 | | AREAS DAMAGED 86 ALL state | | INSURER 87 ALL state | | 82-3 0.0 | | EXP YR & REGISTR # STATE 85 09 - 10 | | AREAS DAMAGED 86 ALL state | | INSURER 87 ALL state | | | | | | | | | |
| 86-4 0.0 | | VEHICLE ID NUMBER 88 2CNA1DEC136 | | POLICY NUMBER 89 | | 86-4 0.0 | | VEHICLE ID NUMBER 88 16CHK33J0XF | | POLICY NUMBER 89 | | 86-4 0.0 | | VEHICLE ID NUMBER 88 16CHK33J0XF | | POLICY NUMBER 89 | | 86-4 0.0 | | VEHICLE ID NUMBER 88 16CHK33J0XF | | POLICY NUMBER 89 | | | | | | | | | |
| DAM EXT 90 0.4 | | | | VEHICLE REMOVED BY 91 MDTA VRT | | | | VEHICLE REMOVED TO 92 MDTA station | | | | DAM EXT 90 0.2 | | | | VEHICLE REMOVED BY 91 NOT TOWED | | | | VEHICLE REMOVED TO 92 DESTINATION | | | | | | | | | | | |
| TRAFFIC UNIT # 97 | | SEATING POSITION 98 | | CODE all injured & uninjured PASSENGERS below. Use "W" for witness in TRAF UNIT and SEAT columns. WRITE NAME & ADDRESS of Injured Passengers and Witnesses. | | Witness telephone # 99 | | SEX 100 | | AGE 101 | | SAFETY EQUIP 102 | | EQUIP PROB. 103 | | INJUR SEVER 104 | | EJECT. TION 105 | | EMIS UNIT 106 | | | | | | | | | | | |
| E UNIT 107 SA | | INJURED TAKEN BY: 108 M&MC 199 | | INJURED TAKEN TO: 109 H&MC | | EMIS RUN REPORT # 110 2012322411 | | E UNIT 107 SB | | INJURED TAKEN BY: 108 | | INJURED TAKEN TO: 109 | | EMIS RUN REPORT # 110 | | | | | | | | | | | | | | | | | |

MARYLAND TRANSPORTATION AUTHORITY POLICE

WITNESS STATEMENT
PLEASE PRINT

INCIDENT: VEHICLE COLLISION. CC NUMBER: 12L004104

LOCATION: EBR150@mm31.7 TOLL LANE 11 DATE: 6/9/12

NAME: [REDACTED] [REDACTED] [REDACTED]
FIRST MIDDLE LAST

STREET ADDRESS: [REDACTED]

CITY: BLUE RIDGE SPRING STATE: PA ZIP: [REDACTED]

PHONE:(H) [REDACTED] (C) [REDACTED] (W) [REDACTED]

DOB: [REDACTED] SEX: M RACE: W

OFFICER'S NAME/PIN/ASSIGNMENT: JACKSON 0872 LMB

I am making this statement voluntarily and not as the result of any coercion, threats, or promises.
This statement is true to the best of my knowledge and belief.

I tried to brake as I approached the toll booth,
but the brake didn't work. I tried to react
but there wasn't room to get by, the car stopped
at the toll booth

SIGNATURE: [REDACTED]

DATE: 6/9/12 TIME: 2:07 PM

WITNESS: [Signature] Jackson. WITNESS: _____

(TURN OVER IF ADDITIONAL SPACE IS NEEDED)

MARYLAND TRANSPORTATION AUTHORITY POLICE

WITNESS STATEMENT
PLEASE PRINT

INCIDENT: VEHICLE COLLISION CC NUMBER: 121004464

LOCATION: EBR150 @ mm31.7 TOLLGATE II DATE: 6/9/12

NAME: [REDACTED]
FIRST MIDDLE LAST

STREET ADDRESS: [REDACTED]

CITY: Randallstown STATE: MD ZIP: [REDACTED]

PHONE:(H) [REDACTED] (C) [REDACTED] (W) [REDACTED]

DOB: [REDACTED] SEX: F RACE: Black

OFFICER'S NAME/PIN/ASSIGNMENT: JACKSON 0872 LMB.

I am making this statement voluntarily and not as the result of any coercion, threats, or promises. This statement is true to the best of my knowledge and belief.

I heard a sound from the right side of the
car. It was bumped on the right side front. The
car proceeded to hit the ^{Burgundy} door in front
of me. I had not seen him before he hit me.

SIGNATURE: [REDACTED]

DATE: 6/9/12 TIME: 2:00 pm

WITNESS: [Signature] WITNESS: _____

(TURN OVER IF ADDITIONAL SPACE IS NEEDED)

MARYLAND TRANSPORTATION AUTHORITY POLICE

WITNESS STATEMENT
PLEASE PRINT

INCIDENT: VEHICLE COLLISION CC NUMBER: 12L004664

LOCATION: EB R150 @ mm 31.7 Toll Lane 11 DATE: 10/9/12

NAME: [REDACTED] [REDACTED] [REDACTED]
FIRST MIDDLE LAST

STREET ADDRESS: [REDACTED]

CITY: Deale STATE: MD ZIP: [REDACTED]

PHONE: (H) [REDACTED] (C) [REDACTED] (W) [REDACTED]

DOB: [REDACTED] SEX: M RACE: W

OFFICER'S NAME/PIN/ASSIGNMENT: JACKSON 0872 LMB

I am making this statement voluntarily and not as the result of any coercion, threats, or promises.
This statement is true to the best of my knowledge and belief.

Setting in toll both hit in Back

SIGNATURE: [REDACTED]

DATE: 10/9/12 TIME: _____

WITNESS: [Signature] WITNESS: _____

(TURN OVER IF ADDITIONAL SPACE IS NEEDED)

MARYLAND TRANSPORTATION AUTHORITY POLICE

WITNESS STATEMENT
PLEASE PRINT

INCIDENT: VEHICLE COLLISION CC NUMBER: 121004664

LOCATION: EBR150 @ mm 31.7 TOLL lane 11 DATE: 1/9/12

NAME: [REDACTED] [REDACTED] [REDACTED]
FIRST MIDDLE LAST

STREET ADDRESS: [REDACTED]

CITY: Pasadena STATE: MD ZIP: [REDACTED]

PHONE:(H) _____ (C) [REDACTED] (W) _____

DOB: [REDACTED] SEX: M RACE: White

OFFICER'S NAME/PIN/ASSIGNMENT: JACKSON 0812 LMB

I am making this statement voluntarily and not as the result of any coercion, threats, or promises.
This statement is true to the best of my knowledge and belief.

I WAS SITTING AT TOLL BOOTH #11. I JUST RECEIVED MY
CHANGE WHEN I WAS STRUCK FROM BEHIND & SHoved
ABOUT 30-40"

SIGNATURE: [REDACTED]

DATE: 1/9/12 TIME: _____

WITNESS: [Signature] WITNESS: _____

(TURN OVER IF ADDITIONAL SPACE IS NEEDED)

MARYLAND TRANSPORTATION AUTHORITY POLICE

WITNESS STATEMENT

PLEASE PRINT

INCIDENT: VEHICLE COLLISION CC NUMBER: 12L0046004

LOCATION: Lane 11 Bay Bridge DATE: 06/09/2012

NAME: [REDACTED] [REDACTED] [REDACTED]
FIRST MIDDLE LAST

STREET ADDRESS: [REDACTED]

CITY: Baltimore STATE: MD ZIP: [REDACTED]

PHONE:(H) [REDACTED] (C) [REDACTED] (W) [REDACTED]

DOB [REDACTED] SEX: Male RACE: Caucasian

OFFICER'S NAME/PIN/ASSIGNMENT: JACKSON 0812 LMPB

I am making this statement voluntarily and not as the result of any coercion, threats, or promises. This statement is true to the best of my knowledge and belief.

While working as a toll collector in lane 11 at the Bay Bridge, the following happened: I had just taken a \$4 toll from a black truck, who was just starting to pull away from the window, when I heard a loud collision. The black truck was pushed from behind by a maroon SUV. It was then that I saw the Porsche which had caused the collision, which was the source of the loud collision which I heard. I did not directly see the collision, only the result.

SIGNATURE [REDACTED]

DATE: 06/09/2012 TIME: 1:59:30

WITNESS: [Signature] WITNESS: _____

(TURN OVER IF ADDITIONAL SPACE IS NEEDED)

Attachment D

State Farm®
Providing Insurance and Financial Services
Home Office, Bloomington, Illinois 61710



June 21, 2012

[REDACTED]
Blue Ridge Sm PA [REDACTED]

State Farm Claims
PO Box 106117
Atlanta GA 30348-6117

RE: Claim Number: [REDACTED]
Date of Loss: June 09, 2012
Our Insured: [REDACTED]

Dear [REDACTED]

After inspecting your vehicle, it has been determined it is a total loss. Your policy provides for payment of the actual cash value of your vehicle, less any applicable deductible. Actual cash value is determined by the market value, age, and condition of your vehicle at the time the loss occurred.

To assist us in determining actual cash value, we consider information obtained by our representatives, and information provided by you, vehicle valuation services, and other sources. If you have additional information you wish us to consider, or if you believe we have not correctly determined the actual cash value of your vehicle, please contact us. We have enclosed the evaluation report for your review.

Enclosed are the papers necessary to settle the total loss of your vehicle, unless you previously indicated the settlement would be completed at a State Farm® Agency location.

Please have all titled owners sign the enclosed Power of Attorney where indicated and notarize and return the original along with the title in the enclosed business reply envelope.

Upon receipt of the title and properly signed and notarized Power of Attorney, we will send payment.

If the vehicle is at your residence or the Tow/Repair Facility, please leave all keys and remotes with the vehicle. If the vehicle has been moved by State Farm, please mail all the extra keys and remotes in the envelope provided.

Rental expenses will be paid through June 26, 2012, unless rental coverage of \$1000.00 is reached. Charges incurred past this date will be at your expense.

Storage fees will be paid through June 26, 2012. Charges incurred past this date will be at your expense.

As a State Farm® policyholder, you can enjoy the benefits of online registration. Benefits include checking the status of your claim online; managing your insurance information and accounts;

38-1C90-154
Page 2
June 21, 2012

and staying connected to State Farm. Just go to **statefarm.com**[®] to get registered. All you need to complete the process is your State Farm policy or account number, your email address, and about five minutes. If you are already registered, thank you!

Please contact us if you have any questions.

Sincerely,

■
Janice F Oree
Claim Representative
(888) 713-4694 Ext. 3276

State Farm Mutual Automobile Insurance Company

Enclosures: Evaluation report
Envelopes (2)
Power of Attorney Form

For your insurance and financial needs, please contact an agent or visit **statefarm.com**[®].

Attachment E

[REDACTED]

From: [REDACTED]
Sent: Tuesday, June 19, 2012 4:13 PM
To: 'Shanetta.McPhatter@porsche.us'
Subject: Report Concerning June 9, 2012 Accident Involving My 2004 Porsche Carrera C4S -- VIN WPOCA299X4S [REDACTED]

To: Porsche NA

Attn.: Ms. McPhatter:

This responds to the request that you made during our telephone conversation on June 11 or 12 that I submit a written report concerning the June 9, 2012 accident that we discussed.

On June 9 I drove my car eastbound on Route 50 from the Washington Beltway to the Toll Plaza of the Chesapeake Bay Bridge. During the drive I had used the car's cruise control. As I slowed down and entered the Plaza area, I steered the car toward the right-hand most toll booth. There were several cars in line for that toll booth. When I applied my brakes to slow down further and maneuver the car towards the end of the line of cars for that toll booth, the car inexplicably did not respond to my braking action, but instead began to accelerate. I hurriedly checked to make sure I was stepping on the brake pedal, which I was, and then repeatedly applied more force to the brake pedal. The car's engine opposed my attempted braking action and surged forward. My pumping of the brake had no net effect. I had no room to maneuver the car away from the several cars in front of me at the toll booth as there was another line of cars in front of another toll booth immediately to my left and a concrete barrier to my right. I therefore rear-ended the last car in the line for the right-hand most toll booth.

After the accident the car was not drivable. I therefore arranged for a towing service to take the car on a flatbed that same day, June 9, to my dealership in Arlington Virginia, Porsche of Arlington. On Monday, June 11, I spoke to the service manager at the dealership and authorized him to have a technician download the data from my car's engine management system (the car's 'black box') in order to determine the role of any vehicle equipment malfunction in the accident. I understand from follow-up conversations with the service manager that the data was downloaded successfully on June 12. I further understand from our telephone conversation that my dealer, Porsche of Arlington, delivered the downloaded data to Porsche NA and that Porsche NA presently is analyzing the data.

As a result of the accident Maryland Transportation Authority Police, on the day of the accident, June 9, issued to me two citations, both alleging that I had operated the vehicle negligently. I intend to contest these charges on the grounds that the accident was caused by vehicle equipment malfunction, not by operator negligence. In order to do so I need Porsche NA to release to me the downloaded data and the results of your analysis of the data.

Please contact me as soon as possible concerning your delivery of the data and any analysis to me. Also please let me know if there is anything further you need from me.

[REDACTED]

[REDACTED] NW, Washington DC [REDACTED]
[REDACTED] (O) | [REDACTED] (OF) | [REDACTED] (C)
[REDACTED] (O E-M)

FROM:

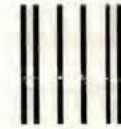
[REDACTED]
[REDACTED]
BLUE RIDGE SUMMIT, PA [REDACTED]

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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