

1028368

Fire

# TRAFFIC CRASH REPORT



10-0038-91

CRASH SEVERITY: 3 (1 FATAL, 2 INJURY, 3 PDO, 4 UNKNOWN)

PRIVATE PROPERTY: YES  
HIT/SKIP: 1 (1 NOT HIT/SKIP, 2 SOLVED, 3 UNSOLVED)

PHOTOS TAKEN: YES  
OH-2: X, OH-3: X, OH-1P: X, OTHER: X

REPORTING AGENCY: OHP 91

STATE HIGHWAY PATROL

UNITS: 01, UNIT BRANCH: 01, 98=ANIMAL, 99=UNKNOWN

DATE OF CRASH: 01302008

TIME OF CRASH: 0620, DAY OF WEEK: WED, COUNTY # 67, NAME: FREEDOM, LATITUDE: 41:14:42.323, LONGITUDE: 81:10:22.539

CRASH OCCURRED ON: I230 (OHIO TURNPIKE), WB, TYPE LOC 3, TYPE LOCATION POINT USED: 1 NAMED STREET, 3 NUMBERED ROUTE, 2 NUMBERED STREET, 197.0, PORTAGE PLAZA

AT/REFERENCE: AT, DIST REFERENCE: MILEPOST 197, REFERENCE POINT USED: 06, REFERENCE POINT USED: 01 STATE LINE, 02 INTERSECTION 2 STREETS, 03 COUNTY LINE, 04 HOUSE NUMBER, 05 TOWNSHIP BOUNDARY, 06 MILE POST, 07 CORPORATION LIMIT, 08 PLACE NAME W/O REFERENCE, 09 DRIVEWAY, 10 STREET OR ROUTE W/O REFERENCE

Motorist/Non-Motorist: Unit # 0101, NAME: [REDACTED], ADDRESS: [REDACTED] EUCLID OH.

SOCIAL SECURITY NUMBER: [REDACTED], DATE OF BIRTH: [REDACTED], SEX: M, HOME PHONE # [REDACTED], WORK PHONE # [REDACTED]

DL STATE: OH, DL # [REDACTED], LP STATE: OK, LP # [REDACTED], INJURED TAKEN BY: 3 POLICE, TRANSPORTED BY: [REDACTED], INJURED TAKEN TO: [REDACTED]

OWNER NAME: [REDACTED], ADDRESS: [REDACTED] OKLAHOMA CITY OK.

YEAR: 2005, MAKE: INTERNATIONAL, MODEL: CONV, COLOR: YELLOW, INSURANCE COMPANY: ADJ RISK SERVICES, INC, TOWING SERVICE: INTERSTATE, OWNER PHONE # [REDACTED]

OFFENSE CHARGED: [REDACTED], OFFENSE DESCRIPTION: [REDACTED]

Motorist/Non-Motorist: Unit # [REDACTED], NAME: [REDACTED], ADDRESS: [REDACTED]

SOCIAL SECURITY NUMBER: [REDACTED], DATE OF BIRTH: [REDACTED], SEX: [REDACTED], HOME PHONE # [REDACTED], WORK PHONE # [REDACTED]

DL STATE: [REDACTED], DL # [REDACTED], LP STATE: [REDACTED], LP # [REDACTED], INJURED TAKEN BY: [REDACTED], TRANSPORTED BY: [REDACTED], INJURED TAKEN TO: [REDACTED]

OWNER NAME: [REDACTED], ADDRESS: [REDACTED]

YEAR: [REDACTED], MAKE: [REDACTED], MODEL: [REDACTED], COLOR: [REDACTED], INSURANCE COMPANY: [REDACTED], TOWING SERVICE: [REDACTED], OWNER PHONE # [REDACTED]

OFFENSE CHARGED: [REDACTED], OFFENSE DESCRIPTION: [REDACTED]

Motorist/Non-Motorist: Unit # [REDACTED], NAME: [REDACTED], HOME PHONE # [REDACTED], DATE OF BIRTH: [REDACTED], SEX: [REDACTED]

Address: [REDACTED], INJURED TAKEN BY: [REDACTED], TRANSPORTED BY: [REDACTED], INJURED TAKEN TO: [REDACTED]

Motorist/Non-Motorist: Unit # [REDACTED], NAME: [REDACTED], HOME PHONE # [REDACTED], DATE OF BIRTH: [REDACTED], SEX: [REDACTED]

Address: [REDACTED], INJURED TAKEN BY: [REDACTED], TRANSPORTED BY: [REDACTED], INJURED TAKEN TO: [REDACTED]

Motorist/Non-Motorist

Occupant

|   |                        |                  |                   |                     |                        |                      |
|---|------------------------|------------------|-------------------|---------------------|------------------------|----------------------|
| SEATING POSITION                        | SAFETY EQUIPMENT       | AIR BAG          | AIR BAG SWITCH    | EJECTION            | TRAPPED                | INJURIES             |
| 01 FRONT - LEFT (MC DRIVER)             | 01 NONE USED           | 1 NOT DEPLOYED   | 1 NOT PRESENT     | 1 NOT EJECTED       | 1 NOT TRAPPED          | 1 NO INJURY          |
| 02 FRONT - MIDDLE                       | 02 SHOULDER BELT ONLY  | 2 DEPLOYED-FRONT | 2 IN ON POSITION  | 2 TOTALLY EJECTED   | 2 EXTRICATED BY MEANS  | 2 POSSIBLE           |
| 03 FRONT - RIGHT                        | 03 LAP BELT ONLY       | 3 DEPLOYED-SIDE  | 3 IN OFF POSITION | 3 PARTIALLY EJECTED | 3 MEANS                | 3 NON-INCAPACITATING |
| 04 SECOND - LEFT (MC PASS)              | 04 SHOULDER/LAP BELT   | 4 DEPLOYED BOTH  | 4 UNKNOWN         | 4 NOT APPLICABLE    | 4 FREED BY MEANS       | 4 INCAPACITATING     |
| 05 SECOND - MIDDLE                      | 05 CHILD SAFETY SEAT   | 5 NOT APPLICABLE |                   | 5 UNKNOWN           | 5 NON-MECHANICAL MEANS | 5 FATAL INJURY       |
| 06 SECOND - RIGHT                       | 06 MC HELMET USED      | 6 UNKNOWN        |                   |                     | 6 UNKNOWN              | 6 UNKNOWN            |
| 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) | 07 USE UNKNOWN         |                  |                   |                     |                        |                      |
| 08 THIRD - MIDDLE                       | NON-MOTORIST           |                  |                   |                     |                        |                      |
| 09 THIRD - RIGHT                        | 08 NONE USED           |                  |                   |                     |                        |                      |
| 10 SLEEPER SECTION OF CAB               | 09 HELMET USED         |                  |                   |                     |                        |                      |
| 11 ENCLOSED CARGO AREA                  | 10 PROTECTIVE PADS     |                  |                   |                     |                        |                      |
| 12 UNENCLOSED CARGO AREA                | 11 REFLECTIVE CLOTHING |                  |                   |                     |                        |                      |
| 13 TRAILING UNIT                        | 12 LIGHTING            |                  |                   |                     |                        |                      |
| 14 EXTERIOR                             | 13 OTHER               |                  |                   |                     |                        |                      |
| 15 OTHER                                | 14 UNKNOWN             |                  |                   |                     |                        |                      |
| 16 NON-MOTORIST                         |                        |                  |                   |                     |                        |                      |
| 17 UNKNOWN                              |                        |                  |                   |                     |                        |                      |

1019

UNIT NUMBERS

01

NON-MOTORIST LOCATION

01 MARKED CROSSWALK AT INTERSECTION

02 INTERSECTION/ NO CROSSWALK

03 NON-INTERSECTION CROSSWALK

04 DRIVEWAY ACCESS CROSSWALK

05 IN ROADWAY

06 NOT IN ROADWAY

07 MEDIAN (BUT NOT SHOULDER)

08 ISLAND

09 SHOULDER

10 SIDEWALK

11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)

12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)

13 OUTSIDE TRAFFICWAY

14 SHARED USE PATHS OR TRAILS

15 UNKNOWN

TYPE OF UNIT

13

MOTORIST

01 SUB-COMPACT

02 COMPACT

03 MID SIZE

04 FULL SIZE

05 MINIVAN

06 SPORT UTILITY VEHICLE

07 PICKUP

08 PANEL/VAN

09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES

10 SINGLE UNIT TRUCK; 3+ AXLES

11 TRUCK/TRAILER

12 TRUCK TRACTOR (BOBTAIL)

13 TRACTOR/SEMI-TRAILER

14 TRACTOR/DOUBLE SHORT

15 TRACTOR/DOUBLE LONG

16 FIFTH WHEEL OR CONVERTER DOLLY

17 TRACTOR/TRIPLES

18 MOTORCYCLE

19 MOTORIZED BICYCLE

20 SCHOOL BUS

21 CHURCH BUS

22 PUBLIC BUS

23 OTHER BUS

24 POLICE VEHICLE

25 FIRE TRUCK

26 AMBULANCE/RESCUE

27 TAXI

28 MOTOR HOME

29 TRAIN

30 FARM VEHICLE

31 FARM EQUIPMENT

32 SNOWMOBILE

33 CONSTRUCTION EQUIPMENT

34 ALL OTHERS

NON-MOTORIST

35 ANIMAL W/RIDER

36 ANIMAL W/BUGGY

37 BICYCLE

38 PEDESTRIAN

39 PEDALCYCLIST

40 SKATER

41 OTHER-NON MOTORIST

42 UNKNOWN

IN EMERGENCY RESPONSE

1 NO

2 YES

3 UNKNOWN

DAMAGE SCALE

4

1 NONE

2 NON-FUNCTIONAL DAMAGE

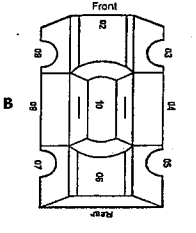
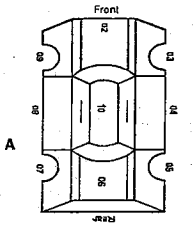
3 FUNCTIONAL DAMAGE

4 DISABLING DAMAGE

5 SEVERE

6 UNKNOWN

DAMAGE AREA



MOST DAMAGED AREA

12

01 NONE

02 CENTER FRONT

03 RIGHT FRONT

04 RIGHT SIDE

05 RIGHT REAR

06 REAR CENTER

07 LEFT REAR

08 LEFT SIDE

09 LEFT FRONT

10 TOP AND WINDOWS

11 UNDERCARRIAGE

12 LOAD/TRAILER

13 TOTAL (ALL AREAS)

14 OTHER

15 UNKNOWN

POINT OF IMPACT

01

01 NONE

02 CENTER FRONT

03 RIGHT FRONT

04 RIGHT SIDE

05 RIGHT REAR

06 REAR CENTER

07 LEFT REAR

08 LEFT SIDE

09 LEFT FRONT

10 TOP AND WINDOWS

11 UNDERCARRIAGE

12 LOAD/TRAILER

13 TOTAL (ALL AREAS)

14 OTHER

15 UNKNOWN

PRE-CRASH ACTIONS

01

MOTORIST

01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD

02 BACKING

03 CHANGING LANES

04 OVERTAKING/PASSING

05 TURNING RIGHT

06 TURNING LEFT

07 MAKING U-TURN

08 ENTERING TRAFFIC LANE

09 LEAVING TRAFFIC LANE

10 PARKED

11 SLOWING/STOPPED IN TRAFFIC

12 DRIVERLESS

13 OTHER

14 UNKNOWN

NON-MOTORIST

15 ENTERING/CROSSING IN SPECIFIED LOCATION

16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING

17 WORKING

18 PUSHING VEHICLE

19 APPROACHING/LEAVING VEHICLE

20 PLAYING/WORKING ON VEHICLE

21 STANDING

22 OTHER

23 UNKNOWN

CONTRIBUTING CIRCUMSTANCES

19

MOTORIST

01 NONE

02 FAILURE TO YIELD

03 RAN RED LIGHT, OR STOP SIGN

04 EXCEEDED SPEED LIMIT

05 UNSAFE SPEED

06 IMPROPER TURN

07 LEFT OF CENTER

08 FOLLOWED TOO CLOSELY/ACDA

09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING

10 IMPROPER BACKING

11 IMPROPER START FROM PARKED POSITION

12 STOPPED OR PARKED ILLEGALLY

13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER

14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)

15 FAILURE TO CONTROL

16 VISION OBSTRUCTION

17 DRIVER INATTENTION

18 FATIGUE/ASLEEP

19 OPERATING DEFECTIVE EQUIPMENT

20 LOAD SHIFTING/FALLING/SPILLING

21 OTHER IMPROPER ACTION

22 UNKNOWN

NON-MOTORIST

23 NONE

24 IMPROPER CROSSING

25 DARTING

26 LYING AND/OR ILLEGALLY IN ROADWAY

27 FAILURE TO YIELD RIGHT OF WAY

28 NOT VISIBLE (DARK CLOTHING)

29 INATTENTIVE

30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER

31 WRONG SIDE OF THE ROAD

32 OTHER

33 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE

04

01 TURN SIGNALS

02 HEAD LAMPS

03 TAIL LAMPS

04 BRAKES

05 STEERING

06 TIRE BLOWOUT

07 WORN OR SLICK TIRES

08 TRAILER EQUIPMENT DEFECTIVE

09 MOTOR TROUBLE

10 DISABLED FROM PRIOR CRASH

11 OTHER DEFECTS

SEQUENCE OF EVENTS

02

NON-COLLISION

01 OVERTURN/ROLLOVER

02 FIRE/EXPLOSION

03 IMMERSION

04 JACKKNIFE

05 CARGO/EQUIPMENT LOSS/SHIFT

06 EQUIPMENT FAILURE

07 SEPARATION OF UNITS

08 RAN OFF ROAD RIGHT

09 RAN OFF ROAD LEFT

10 CROSS MEDIAN/CENTERLINE

11 DOWNHILL RUNAWAY

12 OTHER NON-COLLISION

13 UNKNOWN NON-COLLISION

COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED

14 PEDESTRIAN

15 PEDALCYCLE

16 RAILWAY VEHICLE

17 ANIMAL - FARM

18 ANIMAL - DEER

19 ANIMAL - OTHER

20 MOTOR VEHICLE IN TRANSPORT

21 PARKED MOTOR VEHICLE

22 WORK ZONE MAINTENANCE EQUIPMENT

23 OTHER MOVABLE OBJECT

24 UNKNOWN MOVABLE OBJECT

COLLISION WITH FIXED OBJECT

25 IMPACT ATTENUATOR/CRASH CUSHION

26 BRIDGE OVERHEAD STRUCTURE

27 BRIDGE PIER OR ABUTMENT

28 BRIDGE PARAPET

29 BRIDGE RAIL

30 GUARDRAIL FACE

31 GUARDRAIL END

32 MEDIAN BARRIER

33 HIGHWAY TRAFFIC SIGN POST

34 OVERHEAD SIGN POST

35 LIGHT/LUMINARIES SUPPORT

36 UTILITY POLE

37 OTHER POST, POLE OR SUPPORT

38 CULVERT

39 CURB

40 DITCH

41 EMBANKMENT

42 FENCE

43 MAILBOX

44 TREE

45 OTHER FIXED OBJECT

46 WORK ZONE MAINTENANCE EQUIPMENT

47 UNKNOWN FIXED OBJECT

48 OTHER

49 UNKNOWN

FIRST HARMFUL EVENT

1

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT

1

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED

1

1 STATED

2 ESTIMATED SPEED

SPEED

60

POSTED SPEED

65

TRAFFIC CONTROL

12

01 NO CONTROLS

02 STOP SIGN

03 YIELD SIGN

04 TRAFFIC SIGNAL

05 TRAFFIC FLASHERS

06 SCHOOL ZONE

07 RAILROAD CROSSBUCKS

08 RAILROAD FLASHERS

09 RAILROAD GATES

10 CONSTRUCTION BARRICADE

11 POLICE OFFICER

12 PAVEMENT MARKINGS

13 CROSSWALK LINES

14 WALK/DON'T WALK SIGNAL

15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED

16 OTHER

DIRECTION

34

1 NORTH

2 SOUTH

3 EAST

4 WEST

5 NORTHEAST

6 NORTHWEST

7 SOUTHEAST

8 SOUTHWEST

9 UNKNOWN

CONDITION

1

1 APPARENTLY NORMAL

2 PHYSICAL IMPAIRMENT

3 EMOTIONAL

4 ILLNESS

5 FELL ASLEEP, FAINTED, FATIGUED, ETC

6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL

7 OTHER

8 UNKNOWN

ALCOHOL/DRUG SUSPECTED

1

1 NONE

2 YES - ALCOHOL SUSPECTED

3 YES - HBD NOT IMPAIRED

4 YES - DRUGS SUSPECTED

5 YES - ALCOHOL/DRUGS SUSPECTED

**Narrative**

UNIT#1 WAS WEST BOUND ON THE OHZO TURNPIKE. ANOTHER DRIVER SIGNALLED TO UNIT#1 THAT THERE WAS A PROBLEM WITH THE TRAILER OF UNIT#1. UNIT#1 STOPPED AT PORTAGE PLAZA AND OBSERVED A FIRE NEAR THE REAR AXEL. THE DRIVER OF UNIT#1 ATTEMPTED BUT WAS UNABLE TO PUT THE FIRE OUT.

**MANNER OF COLLISION OR IMPACT**  1

**SCHOOL BUS RELATED**  1

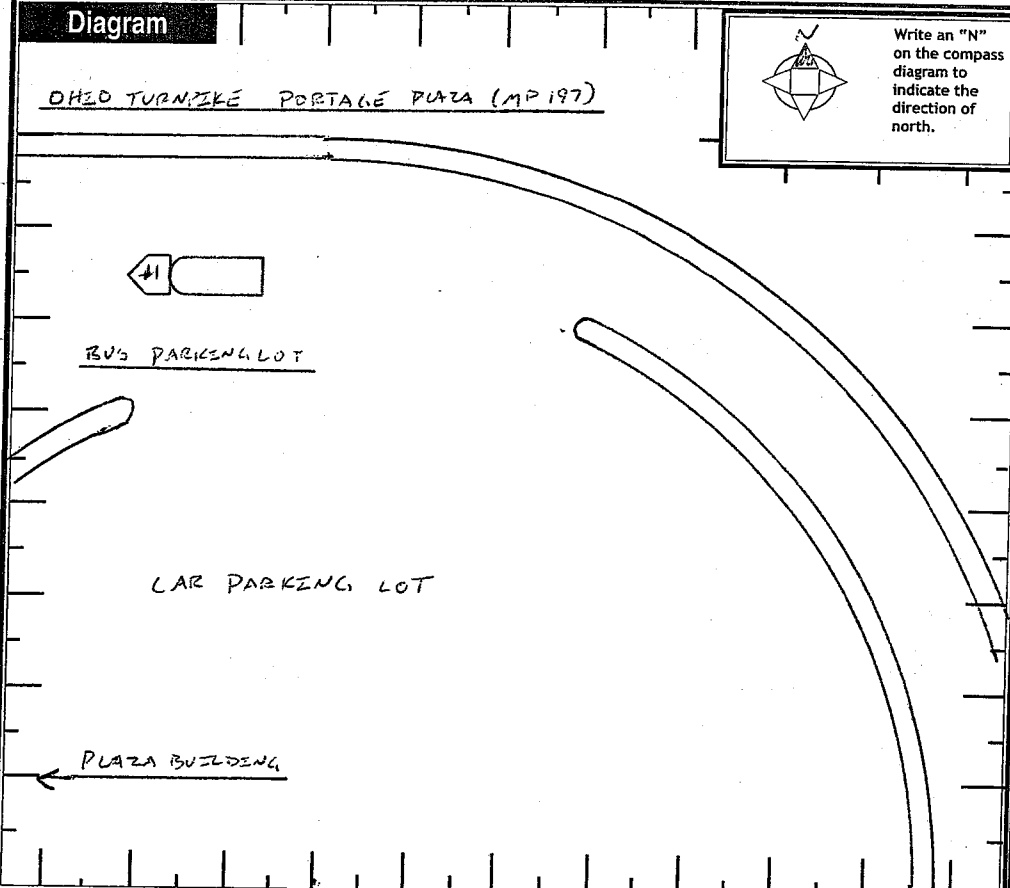
**WEATHER**  02

**LIGHT CONDITIONS**  5

**WORK ZONE RELATED**  1

**TYPE OF WORK ZONE**

**WORKERS PRESENT**



**Truck/Bus**

**THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:**

**A** A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR

**N** A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR

**D** A BUS DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER.

**THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:**

**A** A FATALITY; OR

**N** AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR

**D** AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS) \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_

ADDRESS (STREET, CITY, ST, ZIP CODE) \_\_\_\_\_

OKLAHOMA CITY OK

US DOT  66173

ICC MC

PUCO

TRAILER LP ST.  OK

TRAILER LP YEAR  08

TRAILER LP #

**CARGO BODY TYPE**  03

**Weight (GVWR)**  1

**CDL Class**  1

**Hazardous Materials Placard**  2

**Hazardous Materials Released**  1

**Police Action**

DISPATCH  013020080630

ARRIVED  0630

CLEARED  0639

OTHER  0818

OFFICER'S NAME#  TPR. L. SPRICKETT

CHECKED BY  1019

DATE REPORT FILED #  476

REPORT TAKEN BY  1

REPORT TAKEN AT  1

10-0088-91

## OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

|                                   |   |                                   |
|-----------------------------------|---|-----------------------------------|
| LOCAL REPORT NUMBER<br>10-0088-91 | REPORTING AGENCY<br>STATE HIGHWAY PATROL                      | DATE OF CRASH<br>M 01 10 30 19 08 |
| IN COUNTY OF<br>PORTAGE           | CRASH LOCATION<br>OHIO TURNPIKE - WB - AP 197 - PORTAGE PLAZA |                                   |

UNIT #1

- DAMAGE - REAR AXLE OF TRAILER FIRE DAMAGE
- FOUR TIRES ON REAR AXEL OF TRAILER MELTED
  - FIRE DAMAGE TO REAR DOORS OF TRAILER
  - FIRE DAMAGE TO SIDES OF TRAILER
  - FIRE DAMAGE TO UNDERCARRIAGE OF TRAILER

TRAILER - 1999 WABASH

VIN # 1JJ1532WXXL [REDACTED]

OK. REG.

OWNER: [REDACTED]

WARREN MI [REDACTED]

NO DAMAGE TO TURNPIKE PROPERTY

GARRETSVILLE FIRE RESPONDED TO THE SCENE TO PUT OUT THE FIRE.

ROADWAY DRY - CLOUDY - APPROX 25°.

UNIT #1'S TRAILER WAS PLACARDED WITH A CORROSIVE PLACARD WITH NO NUMBER ON IT. THE TRAILER WAS LOADED WITH GENERAL FREIGHT THAT INCLUDED BATTERIES. THE BATTERIES DID NOT MELT AND NO CORROSIVE WAS RELEASED.

OFFICER'S SIGNATURE

X [Signature]

BADGE NUMBER

109

LHP 080130 000756

10-0088-91



OHIO STATE HIGHWAY PATROL  
Motor Carrier Enforcement  
District 10 Berea  
Telephone: (440) 234-2096 ext 1285  
Return certification to agency listed below

DRIVER/VEHICLE EXAMINATION REPORT  
Report Number:  
Inspection Date: 01/30/2008  
Start Time: 06:29 AM End Time: 09:27 AM  
Insp. Level: II-Walk-Around, Bulk HM Insp.

CENTRAL TRANSPORT INC  
12225 STEPHENS ROAD  
WARREN, MI 48089  
USDOT#: 00661173  
MC/MX#: 302382  
State#:

Phone#: (586)939-7000  
Fax#:

Driver: [REDACTED]  
License#: [REDACTED] State: OH  
Date of Birth: [REDACTED]  
CoDriver:  
License#: [REDACTED] State:  
Date of Birth: [REDACTED]

Location: OHIO TURNPIKE  
Highway: IR 80  
County: PORTAGE, OH

MilePost: 197  
Origin: TOPTON, PA  
Destination: INDIANAPOLIS, IN  
Shipper: EAST PENN MANUFACTURING CO INC  
Bill of Lading: 145322561  
Cargo: HAZ MAT (ALL)

VEHICLE IDENTIFICATION

| Unit | Type | Make | Year | State | License # | Company # | Vin #                  | GVWR | CVSA # | OOS# |
|------|------|------|------|-------|-----------|-----------|------------------------|------|--------|------|
| 1    | TT   | INTL | 2005 | OK    | 2JF279    | 5515      | 2HSCNAPR85C [REDACTED] |      |        |      |
| 2    | ST   | WANC | 1999 | OK    | UNKNOWN   | 536558    | 1JJV532WXXL [REDACTED] |      |        | Y    |

BRAKE ADJUSTMENTS: No Brake Measurements Required For Level 2

VIOLATIONS

| Section Code  | Type | Unit | OOS | Citation # | Verify | Crash | Violations Discovered  |
|---------------|------|------|-----|------------|--------|-------|--|
| 393.75(a)     | F    | 2    | Y   |            | U      | Y     | Flat tire & fabric exposed. AXLE 5L OUTSIDE TIRE FLAT, IN SHREADS. DAMAGED DUE TO FIRE.                            |
| 393.75(a)     | F    | 2    | Y   |            | U      | Y     | Flat tire & fabric exposed. AXLE 5L INSIDE TIRE FLAT, IN SHREADS. DAMAGED DUE TO FIRE.                             |
| 393.75(a)     | F    | 2    | Y   |            | U      | Y     | Flat tire & fabric exposed. AXLE 5R OUTSIDE TIRE FLAT, IN SHREADS. DAMAGED DUE TO FIRE.                            |
| 393.75(a)     | F    | 2    | Y   |            | U      | Y     | Flat tire & fabric exposed. AXLE 5R INSIDE TIRE FLAT, IN SHREADS. DAMAGED DUE TO FIRE.                             |
| 393.207(f)    | F    | 2    | Y   |            | U      | Y     | Air suspension pressure loss. AXLE 5L AIR BAG DEFLATED DUE TO FIRE.  |
| 393.207(f)    | F    | 2    | Y   |            | U      | Y     | Air suspension pressure loss. AXLE 5R AIR BAG DEFLATED DUE TO FIRE.  |
| 393.45        | F    | 2    | Y   |            | U      | Y     | Brake tubing and hose adequacy. AXLE 5L BRAKE CHAMBER AIR HOSES DAMAGED DUE TO FIRE.                               |
| 393.45        | F    | 2    | Y   |            | U      | Y     | Brake tubing and hose adequacy. AXLE 5R BRAKE CHAMBER AIR HOSES DAMAGED DUE TO FIRE.                               |
| 393.9T        | F    | 2    | Y   |            | U      | Y     | Inoperable tail lamp. LEFT TAIL LAMP DAMAGED, MISSING DUE TO FIRE.   |
| 393.9T        | F    | 2    | Y   |            | U      | Y     | Inoperable tail lamp. RIGHT TAIL LAMP DAMAGED, MISSING DUE TO FIRE.  |
| 393.9TS       | F    | 2    | Y   |            | U      | Y     | Inoperative turn signal. LEFT & RIGHT SIGNAL LAMPS DAMAGED, MISSING DUE TO FIRE.                                   |
| 393.25(f)     | F    | 2    | Y   |            | U      | Y     | Stop lamp violations. LEFT STOP LAMP DAMAGED, MISSING DUE TO FIRE.   |
| 393.25(f)     | F    | 2    | Y   |            | U      | Y     | Stop lamp violations. RIGHT STOP LAMP DAMAGED, MISSING DUE TO FIRE.  |
| 393.9(a)      | F    | 2    | N   |            | N      | Y     | Inoperable required lamp. 3 RED ID LAMPS DAMAGED, MISSING DUE TO FIRE.   |
| 393.9(a)      | F    | 2    | N   |            | N      | Y     | Inoperable required lamp. LICENSE PLATE LAMP DAMAGED, MISSING DUE TO FIRE.   |
| 172.506(a)(1) | F    | 2    | N   |            | N      | N     | Placards not affixed to vehicle. NO PLACARD AFFIXED TO FRONT OF VEHICLE.   |
| 172.506(a)(1) | F    | 2    | N   |            | N      | Y     | Placards not affixed to vehicle. NO PLACARD AFFIXED TO REAR OF VEHICLE. APPARENTLY DAMAGED, DESTROYED DUE TO FIRE. |

Report Prepared By:  
TPR. F.M. BENETT

Badge #:  
0775

Copy Received By:

Page 1 of 2



OH0775004142

X *Tom Bennett*

X

10-0088-91



OHIO STATE HIGHWAY PATROL  
Motor Carrier Enforcement  
District 10 Berea  
Telephone: (440) 234-2096 ext 1285  
Return certification to agency listed below

DRIVER/VEHICLE EXAMINATION REPORT  
Report Number:  
Inspection Date: 01/30/2008  
Start Time: 06:29 AM End Time: 09:27 AM  
Insp. Level: II-Walk-Around, Bulk HM Insp.

CENTRAL TRANSPORT INC  
12225 STEPHENS ROAD  
WARREN, MI 48089  
USDOT#: 00661173  
MC/MX#: 302382  
State#:

Phone#: (586)939-7000  
Fax#:

Driver: [Redacted]  
License#: [Redacted] State: OH  
Date of Birth: [Redacted]  
CoDriver:  
License#: [Redacted] State:  
Date of Birth: [Redacted]

| VIOLATIONS (Continued) |      |      |     |            |        |       |   |
|------------------------|------|------|-----|------------|--------|-------|---|
| Section Code           | Type | Unit | OOS | Citation # | Verify | Crash | Violations Discovered   |
| 393.9(a)               | F    | 2    | N   |            | N      | Y     | Inoperable required lamp. 3 RED ID LAMPS DAMAGED, MISSING DUE TO FIRE.  |
| 393.9(a)               | F    | 2    | N   |            | N      | Y     | Inoperable required lamp. LEFT RED SIDE MARKER LAMP DAMAGED, MISSING DUE TO FIRE.   |
| 393.9(a)               | F    | 2    | N   |            | N      | Y     | Inoperable required lamp. RIGHT RED SIDE MARKER LAMP DAMAGED, MISSING DUE TO FIRE.  |
| 177.834(a)             | F    | 2    | Y   |            | U      | N     | Package not secure in vehicle. 5 PALLETS OF HM CL 8. 2 PALLETS SHRINK WRAPPED, 2 OTHER PALLETS SHRINK WRAPPED, SINGLE PALLET WITH HAZMAT SHRINK WRAPPED. NOTES. |
| 177.834(a)             | F    | 2    | Y   |            | U      | Y     | Package not secure in vehicle. 1 PALLET OF HAZMAT CLASS 8. SHRINK WRAPPING AROUND HM PRODUCT AND PALLET DAMAGED, BURNED DUE TO FIRE.                            |
| 2-5-08                 | S    | 2    | N   |            | N      | Y     | No mudflap. LEFT DAMAGED, MISSING DUE TO FIRE.  |
| 2-5-08                 | S    | 2    | N   |            | N      | Y     | No mudflap. RIGHT DAMAGED, MISSING DUE TO FIRE.   |
| 4503.21                | S    | 2    | N   |            | N      | Y     | Fail to display valid license plate. DAMAGED, MISSING DUE TO FIRE.  |

HazMat: 8 Corrosive material Placard: Yes Cargo Tank:

Special Checks: Post Crash

State Information:  
FMCSA Credentials Verified-Y/N: N; CDL Verified (Y/N): Y; FMCSA OOS Order Issued(Y/N): N; For-Hire Carrier: Y; Reason Code: CRAS; Fatalities (Y/N): N; Crash Report #: 10-0088-91; Driver Address: 27350 EUCLID AVE APT 11; Driver City: EUCLID; Driver State: OH; Driver Zip: 44132; Photos Taken (Y/N): Y; Co-Investigator #: 0380; HM Safety Permit Verified(Y/N): N; Loaded by Carrier (Y/N): Y; Loaded by Shipper (Y/N): N; Ship Docs Prep by Carrier(Y/N): Y; Ship Doc Prep by Shipper(Y/N): N; Haz Class A: 8; ID # A: UN2794; Packing Group A: III; Gross Weight A: 5754LBS; RQ (A): N; HW (A): N;

\* Pursuant to authority contained in Title 49, Code of Federal Regulations, Section 396.9, I hereby declare vehicles with defects followed by an "Y" in the "Out of Service" column in the violations discovered section of this report OUT OF SERVICE. No person shall remove the out of service stickers applied to these vehicles, or operate such vehicles until the out of service defects have been repaired and the vehicles have been restored to safe operating condition.

Signature Of Repairer X: \_\_\_\_\_ Facility: \_\_\_\_\_ Date: \_\_\_\_\_

All violations of the FHMR and FMCSR or Title 49 of the Ohio Revised Code will be reviewed by the PUCO's Transportation Department to determine whether civil forfeitures should be assessed against any responsible parties in accordance with the penalty provisions of Title 49 of the Ohio Revised Code. If civil forfeitures are assessed, you will receive a separate notice by mail. These penalties may be assessed to motor carriers, shippers, and/or drivers.

ATTENTION DRIVER: This report must be sent to the motor carrier whose name appears at the top of this inspection report within 24 hours. If the inspection report cannot be delivered within 24 hours the driver must mail or fax the inspection report to the motor carrier.

ATTENTION MOTOR CARRIER: The motor carrier must examine this report and repair all the vehicle defects/violations noted above -AND- The motor carrier must sign the Certification of Repairs below and return the signed form to: Public Utilities Commission of Ohio-TASD; 180 E. Broad St.; Columbus, Oh; 43215-3793 -OR- Fax (614) 752-9274 within 15 days of the inspection. If "No Violations Were Discovered" then you do not need to return this report. Failure to return this report with the required certification can result in penalties of up to \$500.

MOTOR CARRIER CERTIFICATION OF COMPLETED REPAIRS: The undersigned certifies that all violations noted on this report have been corrected and action taken to assure compliance with the Federal Motor Carrier Safety & Hazardous Materials Regulations insofar as they are applicable to motor carriers and drivers. A false certification of repairs is required to be prosecuted with penalties up to \$10,000.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
TPR. F.M. BENETT  
X *F.M. Bennett*

Badge #:  
0775

Copy Received By:  
[Redacted]  
X



10-0088-91



OHIO STATE HIGHWAY PATROL  
Motor Carrier Enforcement  
District 10 Berea  
Telephone: (440) 234-2096 ext 1285  
Return certification to agency listed below

DRIVER/VEHICLE EXAMINATION REPORT  
Report #:  
Date: 01/30/2008  
Start Time: 06:29 AM End Time: 09:27 AM  
Insp. Level: II-Walk-Around, Bulk HM Insp.

CENTRAL TRANSPORT INC  
12225 STEPHENS ROAD  
WARREN, MI 48089  
Phone#: (586)939-7000  
USDOT#: 00661173  
State#:

Fax#:  
MC/MX#: 302382

Driver: [REDACTED]  
License#: [REDACTED] State: OH  
Date of Birth: [REDACTED]  
CoDriver:  
License#: [REDACTED] State:  
Date of Birth:

**Inspection Notes**

NO AIR CARD COVERAGE. UNIT 2 AXLE 5 TIRE CAUGHT ON FIRE WHILE UNIT IN OPERATION. CRASH INVESTIGATED BY TPR SPROCKETT 1019/91/10. DRIVER READ HIS MIRANDA WARNINGS PRIOR TO INSPECTION. CARRIER PROVIDED PLACARDS, LOADED HAZMAT AND MADE UP SHIPPING PAPERS. 2 PALLETS CONTAINING THE CLASS 8 BATTERIES ARE SHRINK WRAPPED WITH THE BATTERIES, ONE PALLET ON TOP. SECOND 2 PALLETS SHRINK WRAPPED TOGETHER WITH THE CLASS 8 BATTERIES, ONE PALLET ON TOP. LAST PALLET HAS THE CLASS 8 BATTERIES SHRINK WRAPPED. NONE OF THE PALLETS ARE SECURED. THE 3 PALLETS ON THE LEFT HAVE 2' OPEN SPACE TO REAR CARGO DOORS, AND 5' OPEN SPACE TO RIGHT CARGO WALL. THE 2 PALLETS ON THE RIGHT HAVE 5' 6" OF OPEN SPACE TO THE REAR CARGO DOORS, AND 1' OPEN SPACE TO RIGHT CARGO WALL. THE 26369 LBS OF GENERAL FREIGHT WAS SECURED WITH LOAD LOCKING BARS.



|                                     |  |                                     |
|-------------------------------------|--|-------------------------------------|
| LOCAL REPORT NUMBER<br>10 0088 - 91 | REPORTING AGENCY<br>STATE HIGHWAY PATROL | DATE OF CRASH<br>M 01   D 30   Y 08 |
|-------------------------------------|--|-------------------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
 TR. L. SPROCKETT AT Portage Travel Plaza  
OFFICER'S NAME LOCATION

Around 6:15am I was traveling west bound on I 80 when another truck driver alerted to me something was wrong with my trailer. I proceeded to pull into the plaza when I noticed my tire was on fire. I tried to put it out with my fire extinguisher but the wind blew it out of control. I had went inside to call road service, I thought the fire was out but the wind was strong and must have flared up again.

Q ARE YOU INSURED?

A NO.

Q WHERE ARE YOU COMING FROM?

A WILLIAMSPORT PA

Q WHERE ARE YOU GOING?

A BROOKPARK OH.

Q WHAT LANE WERE YOU IN?

A RIGHT LANE

Q HOW FAST WERE YOU GOING?

A 60 MPH

ADDRESS OF WITNESS [REDACTED] PHONE [REDACTED]  
 EULLID OH [REDACTED]

SIGNATURE [REDACTED] OFFICER'S SIGNATURE X



|                                   |  |                                     |
|-----------------------------------|--|-------------------------------------|
| LOCAL REPORT NUMBER<br>10-0088-91 | REPORTING AGENCY<br>STATE HIGHWAY PATROL | DATE OF CRASH<br>M 01   D 30   Y 08 |
|-----------------------------------|--|-------------------------------------|

**FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

TPR. L. SPROCKETT AT PORTAGE PLAZA  
OFFICER'S NAME LOCATION

Q DID YOU DO A PRE-TRIP INSPECTION?

A. YES.

Q DID YOU SEE ANY PROBLEMS?

A. NO.

Q HAVE YOU STOPPED SINCE YOU LEFT WILLIAMSPORT?

A. YES, AT THE REST STOP ON I-80 AT MILEPOST 86.

Q HAVE YOU HAD ANY PROBLEMS WITH THIS TRUCK BEFORE?

A. NO.

|   |                     |
|---|---------------------|
| ADDRESS OF WITNESS<br>[REDACTED]<br>EUGLID OH | PHONE<br>[REDACTED] |
|---|---------------------|

|        |   |
|--------|---|
| S<br>X | OFFICER'S SIGNATURE<br>X <u>[Signature]</u> |
|--------|---|