10222773 Fire

OH-1 (Rev. 10/06)

TRAFFIC CRASH REPORT

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

LOCAL REPORT # * 10-01173-91

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

PRIVATE PROPERTY ("X" IF YES):

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

PHOTOS TAKEN ("X" IF YES): X

OH-2	OH-3	OH-1P	OTHER
X	X		X

N.C.I.C. # * OHP91

REPORTING AGENCY * STATE HWY PATROL MAR

UNITS: 2

UNIT ERROR: 04 (98 = ANIMAL, 99 = UNKNOWN)

DATE OF CRASH * 02/08/2008

TIME OF CRASH: 0750

DAY OF WEEK: FRI

CITY * | VILLAGE * | TWP * X | NAME (OF CITY, VILLAGE OR TOWNSHIP) * BOSTON

COUNTY # *: 77

LATITUDE: 41,15,11.75 LONGITUDE: 81,34,7.35

CRASH OCCURRED ON

PREFIX | CRASH LOCATION: IR80 (OH. OTURNPIKE) WESTBOUND

TYPE LOC: 3

TYPE LOCATION POINT USED: 1 NAMED STREET, 2 NUMBERED STREET, 3 NUMBERED ROUTE

LOCAL INFORMATION: MAINLINE IS80 176.4 WB

AT / REFERENCE

DIST REFERENCE: .4M | DIR: E | PREFIX | REFERENCE: 176 MP

REF POINT: 06

REFERENCE POINT USED: 01 STATE LINE, 02 INTERSECTION, 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

A

UNIT #: 01 | # OF OCC.: 01

NAME (LAST, FIRST, MIDDLE): [redacted]

ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] ANGOLA, IN.

SOCIAL SECURITY NUMBER | DATE OF BIRTH: [redacted] | AGE | SEX: M | HOME PHONE #: [redacted] | WORK PHONE #

DL STATE: IN | DL #: [redacted] | LP STATE: MI | LP #: [redacted] | INJURED TAKEN BY | TRANSPORTED BY | INJURED TAKEN TO

(1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN)

OWNER NAME (IF SAME, WRITE "SAME"): [redacted] | ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] BRONSON, MI. [redacted]

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
1999	FRHT	FLD120	WHT	CHEROKEE	RICH'S	[redacted]

OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE? "X" IF YES

B

UNIT # | # OF OCC. | NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER | DATE OF BIRTH | AGE | SEX | HOME PHONE # | WORK PHONE #

DL STATE | DL # | LP STATE | LP # | INJURED TAKEN BY | TRANSPORTED BY | INJURED TAKEN TO

(1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN)

OWNER NAME (IF SAME, WRITE "SAME") | ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #

OFFENSE CHARGED | OFFENSE DESCRIPTION | CITATION # | LOCAL CODE? "X" IF YES

Occupant

C

UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE) | INJURED TAKEN BY | TRANSPORTED BY | INJURED TAKEN TO

(1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN)

D

UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE) | INJURED TAKEN BY | TRANSPORTED BY | INJURED TAKEN TO

(1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN)

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A: 01	A: 04	A: 1	A: 1	A: 1	A: 1	A: 1
B:	B:	B:	B:	B:	B:	B:
C:	C:	C:	C:	C:	C:	C:
D:	D:	D:	D:	D:	D:	D:

SEATING POSITION: 01 FRONT – LEFT (MC DRIVER), 02 FRONT – MIDDLE, 03 FRONT – RIGHT, 04 SECOND – LEFT (MC PASS), 05 SECOND – MIDDLE, 06 SECOND – RIGHT, 07 THIRD – LEFT (MC PASSENGER/SIDE CAR), 08 THIRD – MIDDLE, 09 THIRD – RIGHT, 10 SLEEPER SECTION OF CAB, 11 ENCLOSED CARGO AREA, 12 UNENCLOSED CARGO AREA, 13 TRAILING UNIT, 14 EXTERIOR, 15 OTHER, 16 NON-MOTORIST, 17 UNKNOWN

BLANK FOR WITNESS: 24

SAFETY EQUIPMENT — MOTORIST: 01 NONE USED, 02 SHOULDER BELT ONLY, 03 LAP BELT ONLY, 04 SHOULDER/LAP BELT, 05 CHILD SAFETY SEAT, 06 MC HELMET USED, 07 USE UNKNOWN; NON-MOTORIST: 08 NONE USED, 09 HELMET USED, 10 PROTECTIVE PADS, 11 REFLECTIVE CLOTHING, 12 LIGHTING, 13 OTHER, 14 UNKNOWN

AIR BAG: 1 NOT DEPLOYED, 2 DEPLOYED-FRONT, 3 DEPLOYED-SIDE, 4 DEPLOYED BOTH FRONT/SIDE, 5 NOT APPLICABLE, 6 UNKNOWN

20

AIR BAG SWITCH: 1 NOT PRESENT, 2 IN ON POSITION, 3 IN OFF POSITION, 4 UNKNOWN

EJECTION: 1 NOT EJECTED, 2 TOTALLY EJECTED, 3 PARTIALLY EJECTED, 4 NOT APPLICABLE, 5 UNKNOWN

TRAPPED: 1 NOT TRAPPED, 2 EXTRICATED BY MECHANICAL MEANS, 3 FREED BY NON-MECHANICAL MEANS, 4 UNKNOWN

INJURIES: 1 NO INJURY, 2 POSSIBLE, 3 NON-INCAPACITATING, 4 INCAPACITATING, 5 FATAL INJURY, 6 UNKNOWN

SUPPLEMENT * "X" IF YES

HSY7001 — TOP COPY - ODPS BOTTOM COPY - AGENCY

Unit Numbers

A: 01 | B:

Non-Motorist Location

A: | B:

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

A: 13 | B:

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

A: | B:

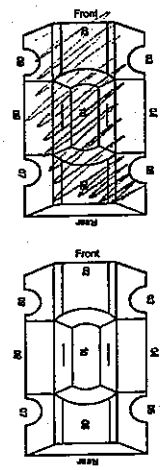
1 No
2 Yes
3 Unknown

Damage Scale

A: 5 | B:

1 None
2 Non-functional damage
3 Functional damage
4 Disabling damage
5 Severe
6 Unknown

Damage Area



Most Damaged Area

13 | B:

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

A: 01 | B:

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

Action

A: 2 | B:

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

A: | B:

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

A: 01 | B:

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 | B:

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

06 | B:

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

A	B
02	
08	

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

A: | B:

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

A: | B:

Of the Sequence of Events – Which one is the Most Harmful Event (1-4)

Speed Detected

A: | B:

1 Stated
2 Estimated Speed

Speed

60 A | B:

Posted Speed

65 A | B:

Traffic Control

12 A | B:

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

From	To	From	To
3 A	4	B	

1 North
2 South
3 East
4 West
5 Northeast
6 Northwest
7 Southeast
8 Southwest
9 Unknown

Condition

A: | B:

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

A: | B:

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

A: | B:

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

A: | B:

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

A:

B:

Drug Test Status

A: 1 | B:

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

A: 1 | B:

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

A: 1 2 | B: 1 2

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

01

01 Not An Intersection
02 Four-Way Intersection
03 T-Intersection
04 Y-Intersection
05 Traffic Circle/Roundabout
06 Five-point, Or More
07 On Ramp
08 Off Ramp
09 Crossover
10 Driveway/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

2

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

Primary: 02 | Secondary:

01 Dry
02 Wet
03 Snow
04 Ice
05 Sand, Mud, Dirt, Oil, Gravel
06 Water (Standing, Moving)
07 Slush
08 Debris**
09 Rut, Holes, Bumps, Uneven Pavement**
10 Other
11 Unknown

**Secondary Road Conditions ONLY

Supplement * 'X' if Yes:

Local Report # *: 10-01177-911

Top Copy - ODPS Bottom Copy - Agency

Narrative

UNIT #1 (A COMMERCIAL "A" VEHICLE) WAS WESTBOUND ON IR 80 (OHIO TURN PIKE) IN THE RIGHT DRIVING LANE. UNIT #1 REAR PASSENGER TRUCK TIRE BLEW, WHICH CAUSED THE SEMI TRUCK TO CATCH ON FIRE. UNIT #1 DROVE OFF ONTO THE RIGHT BERM WHERE THE TRAILER ALSO CAUGHT FIRE.

Manner of Collision or Impact: 1
1 Not Collision Between Two Vehicles In Transport; 2 Rear-End; 3 Head-On; 4 Rear-To-Rear; 5 Backing; 6 Angle; 7 Sideswipe, Same Direction; 8 Sideswipe, Opposite Direction; 9 Unknown

School Bus Related: 1
1 No; 2 Yes, Directly Involved; 3 Yes, Indirectly Involved; 4 Unknown

Work Zone Related: 1
1 No; 2 Yes; 3 Unknown

Weather: 02
01 Clear; 02 Cloudy; 03 Fog, Smog, Smoke; 04 Rain; 05 Sleet, Hail (Freezing Rain Drizzle); 06 Snow; 07 Severe Crosswinds; 08 Blowing Sand, Soil, Dirt, Snow; 09 Other; 10 Unknown

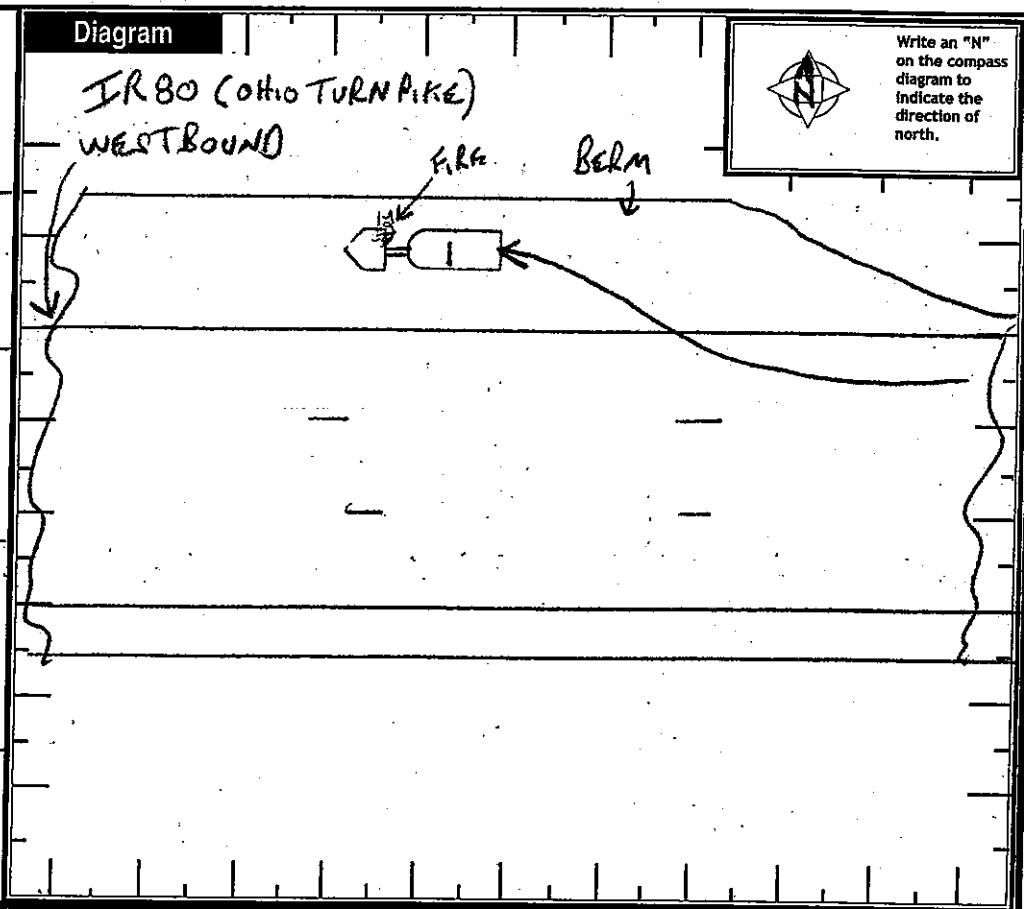
Type Of Work Zone:
1 Lane Closure; 2 Lane Shift/Crossover; 3 Work On Shoulder Or Median; 4 Intermittent/ Moving Work; 5 Other

Light Conditions — Primary: 1 — Secondary:
1 Daylight; 2 Dawn; 3 Dusk; 4 Dark – Lighted Roadway; 5 Dark – Not Lighted; 6 Dark – Unknown Lighting; 7 Glare; 8 Other; 9 Unknown

Location Of Crash In Work Zone:
1 Before First Work Zone Warning Sign; 2 Advance Warning Area; 3 Transition Area; 4 Activity Area

Workers Present:
1 No; 2 Yes; 3 Unknown

Diagram



Write an "N" on the compass diagram to indicate the direction of north.

Truck/Bus

Unit #: 01

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER.

AND

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Company (From Shipping Papers): [redacted] — Company Phone: [redacted]

Address (Street, City, St, Zip Code): [redacted] BRONSON, MI. [redacted]

US DOT	ICC MC	PUCO	Trailer LP St.	Trailer LP Year	Trailer LP #	Placard #	# Dia.
1068935			IN	2008	[redacted]		

Cargo Body Type: 03
01 Not Applicable; 02 Bus (9-15 Including Driver); 03 Van/Enclosed Box; 04 Grain/Chips/Gravel; 05 Pole; 06 Cargo Tank; 07 Flatbed; 08 Dump; 09 Concrete Mixer; 10 Auto Transporter; 11 Garbage/Refuse; 12 Other; 13 Unknown

Weight (GVWR): 3
1 Less/Equal 10,000; 2 10,001 - 26,000; 3 More Than 26,000

CDL Class: 1
1 Class A; 2 Class B; 3 Class C; 4 Class M; 5 Class D

Hazardous Materials Placard: 1
1 No; 2 Yes; 3 Unknown

Hazardous Materials Released: 1
1 No; 2 Yes; 3 Not Applicable; 4 Unknown

Police Action

Date Crash Reported	Time Rec Call	Dispatch	Arrived	Cleared	Other	Total Minutes
02082008	0755	0755	0801	1000	0	125

Officer's Name*: TPR O.B. Hunt — Badge #*: 20 — Checked By: SGT. B[illegible] — Date Report Filed*: 02092008

Report Taken By: 1 (1 Police Agency; 2 Motorist) — Report Taken At: 1 (1 Scene; 2 Station; 3 Other) — Supplement ("X" If Yes)*: — Local Report #*: 10-01177-91

Top Copy - ODPS Bottom Copy - Agency

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-0117-91	STATE HWY PATROL	M 2 D 8 Y 08
IN COUNTY OF SUMMIT	CRASH LOCATION IR80 (OHIO TURNPIKE) WESTBOUND 176.4MP	

UNIT #1'S REAR PASSENGER TIRE BLEW OUT ON THE SEMI TRUCK. UNIT #1 PULLED OFF ONTO THE BERM WHERE THE SEMI TRUCK CAUGHT ON FIRE.

THE TRAILER ALSO CAUGHT ON FIRE WHICH CAUSED THE LOAD TO BE BURNED.

THE TRAILER DID NOT HAVE A LICENSE PLATE ON IT. CALLING THE COMPANY: THE PLATE WAS SUPPOSE TO BE IN.
1997 WABASH VIN# 1JJE532S6VL[redacted]
OWNER: [redacted]
[redacted] INDIANAPOLIS, IN, [redacted]

LOAD WAS 41,000 LBS OF FRUIT (GRAPES).

* SEMI TRUCK, TRAILER AND LOAD COMPLETELY BURNED.
* BOSTON HEIGHTS FIRE DEPT. ON SCENE.

TRAILER NEEDED TO BE OPENED UP TO GET TO FIRE, PRODUCE WAS SMOKE DAMAGED.

OFFICER'S SIGNATURE	BADGE NUMBER
X [signature]	20

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: 02/08/2008
Start Time: 08:39 AM **End Time:** 09:54 AM
Insp. Level: II-Walk-Around, No HM Insp.

[redacted]
BRONSON, MI [redacted]
USDOT#: 00303718
MC/MX#: 248773
State#:
Phone#: [redacted]
Fax#:

Driver: [redacted]
License#: [redacted] **State:** IN
Date of Birth:
CoDriver:
License#: **State:**
Date of Birth:

Location: OHIO TURNPIKE
Highway: IR 80
County: SUMMIT, OH
MilePost: 176
Origin: CAMDEN, NJ
Destination: DETROIT, MI
Shipper: PRO FRUIT
Bill of Lading: NA
Cargo: FRESH PRODUCE

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	License #	Company #	Vin #	GVWR	CVSA #	OOS#
1	TT	FRHT	1999	MI		108	1FUYDSEB3XL[redacted]			
2	ST	WANC	1997	IN		CF223	1JJE532S6VL[redacted]			

BRAKE ADJUSTMENTS: No Brake Measurements Required For Level 2

VIOLATIONS

Section Code	Type	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
391.41(a)	F	D	N		N	N	No medical certificate on drivers possession. NONE LOCATED.
395.8(a)	**F**	**D**	**Y**		**N**	**N**	**No drivers record of duty status. NONE LOCATED.**
395.3(a)(1)	**F**	**D**	**Y**		**N**	**N**	**11 hour rule violation (Property). DRIVING 7:15A - 7:55A. SEE NOTES.**
395.3(a)(2)	**F**	**D**	**Y**		**N**	**N**	**14 hour rule violation (Property). ON DUTY 02/07 5PM. SLEEPER BERTH 02/07 11:00P - 2:00A 02/08. ON DUTY & DRIVING UNIT FIRE 7:55A. DRIVING 5:00A - 7:55A.**

HazMat: No HM Transported.

Special Checks: Post Crash **Placard:** No **Cargo Tank:**

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 #: 10-0117-91; Driver Address: 404 S SUPERIOR ST; Driver City: ANGOLA; Driver State: IN; Driver Zip: 46703; Photos Taken (Y/N): N;

I hereby declare WALTER HERENDEEN "Out of Service". This driver MAY NOT DRIVE any commercial motor vehicle nor may any carrier permit or require this driver to drive any commercial motor vehicle until:TEN CONSECUTIVE HOURS OFF DUTY.

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 5 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 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:
R. F.M. BENETT
T Pa Bennett

Badge #:
0775

Copy Received By:
X_____

OH0775004172

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: 02/08/2008
Start Time: 08:39 AM **End Time:** 09:54 AM
Insp. Level: II-Walk-Around, No HM Insp.

[redacted]
BRONSON, MI [redacted]
Phone#: [redacted]
USDOT#: 00303718
State#:

Fax#:
MC/MX#: 248773

Driver: [redacted]
License#: [redacted] **State:** IN
Date of Birth:
CoDriver:
License#: **State:**
Date of Birth:

Inspection Notes

NO AIR CARD COVERAGE. VEHICLE FIRE ON TURNPIKE WEST MP 176. INVESTIGATED BY TPR HUNT 20/91/10. I READ DRIVER HIS MIRANDA WARNINGS. DAMAGE TO UNIT 1: AXLES 2 & 3 L/R TIRES ALL FLAT, MELTED FROM FIRE. BRAKING COMPONENTS BURNED, HOSES MELTED. SUSPENSION BURNED, MELTED. CAB OCCUPANT AND SLEEPER AREAS COMPLETELY DESTROYED FROM FIRE. HOOD, WIRING, LIGHTING ALL DESTROYED FROM FIRE. AXLE 1 TIRES STILL INTACT. DAMAGE TO UNIT 2: FRONT, LEFT AND RIGHT SIDES DESTROYED BY FIRE. LOAD DAMAGED, BURNED. AXLE 4 & 5 L/R TIRES, SUSPENSION, BRAKING COMPONENTS APPEAR IN GOOD WORKING ORDER. NOT DAMAGED BY FIRE. NO LOG BOOK FOUND. DRIVER SAID HE LEFT CAMDEN NJ DRIVING 02/07 5:00P - 11:00P. SLEEPER 11:00P - 2:00A 02/08. DRIVING 2:00A - 4:00A. ON DUTY NOT DRIVE (FUEL) 4:00A - 4:15A. DRIVING 4:15A - TIME OF FIRE 7:55A.

OHIO TRAFFIC CRASH WITNESS STATEMENT OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-0117-91	STATE HWY PATROL	M 2 D 8 Y 08

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

I, [redacted] (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

T.M.B. HUNT (OFFICERS NAME) AT SCENE (LOCATION)

Blow right side TRACTOR tire PULL off the Right side Road WAY WAS NOT INJURE.

Q. WHAT SPEED WERE YOU TRAVELING?
A. 60 MPH
Q. WHAT ARE YOU HAULING?
A. FRUIT - GRAPES
Q. TOTAL WEIGHT
A. #41 000
Q WHERE WERE YOU COMING FROM?
A. CAMDEN, NJ.
Q. WHAT TIME DID YOU LEAVE?
A. 5PM
Q WHERE WERE YOU GOING?
A DETROIT MI.
Q WAS THERE ANY OTHER TRAFFIC INVOLVED? A NO
Q WERE YOU INJURED? A. NO
Q DID YOU HAVE YOUR SEAT BELT ON? A. YES.
Q. HOW LONG HAVE YOU BEEN DRIVING THAT TRUCK?
A. ABOUT TWO WEEKS.
Q. DID YOU CHECK THE TIRES BEFORE YOU LEFT?
A. YES, THEY WERE FINE.

ADDRESS OF WITNESS [redacted] ANGOLA IND. PHONE [redacted]

SIGNATURE OF WITNESS [redacted] OFFICERS SIGNATURE T.M.B. Hunt

HSY 7003 1/82