

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-0258-90

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN
3

PRIVATE PROPERTY
X IF YES

HIT/SKIP
1 NOT HIT/SKIP
2 SOLVED
3 UNSOLVED
1

PHOTOS TAKEN
X IF YES

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

N.C.I.C.# *
CHP 90

REPORTING AGENCY *
STATE HIGHWAY PATROL

UNITS
25

DATE OF CRASH *
03/28/08

TIME OF CRASH
1908

DAY OF WEEK
FRI

CITY *
BERLIN

VILLAGE *
TWP *
NAME (OF CITY, VILLAGE OR TOWNSHIP) *

COUNTY # *
22

LATITUDE
N41,19,53.506

LONGITUDE
W82,26,40674

CRASH OCCURRED ON
PREFIX CRASH LOCATION
OHIO TURNPIKE (I750) WEST BOUND

TYPE LOC
3

LOCAL INFORMATION

AT/REFERENCE
DIST REFERENCE DR PREFIX REFERENCE
AT MILE 127

REFERENCE POINT USED
01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE
06

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

UNIT # 01 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP CODE)
EVERETT, WA

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

DL STATE WA DL # LP STATE WA LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

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

YEAR 1999 MAKE FREIGHTLINER MODEL CONVENTIONAL COLOR MAROON INSURANCE COMPANY BALLARD AND CO. TOWING SERVICE CHARLIE'S OWNER PHONE #

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

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 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

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

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

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

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

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

Motorist/Non-Motorist

Occupant

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

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

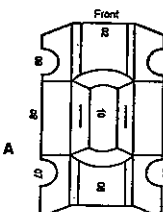
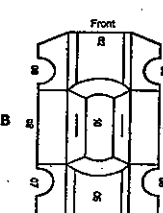
AIR BAG
1 NOT DEPLOYED
2 DEPLOYED-FRONT
3 DEPLOYED-SIDE
4 DEPLOYED BOTH FRONT/SIDE
5 NOT APPLICABLE
6 UNKNOWN

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

UNIT NUMBERS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01AB </div>	DAMAGE AREA 	PRE-CRASH ACTIONS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01AB </div>	SEQUENCE OF EVENTS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">A</td> <td style="width:50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">02</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">08</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> </tr> </table>	A	B	02	1	08	2	3	3	4	4	POSTED SPEED <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 65AB </div>	DRUG TEST STATUS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1AB </div>				
A	B																		
02	1																		
08	2																		
3	3																		
4	4																		
NON-MOTORIST LOCATION <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> AB </div>		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	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/LUMINAIRE 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	TRAFFIC CONTROL <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 12AB </div>	DRUG TEST TYPE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1AB </div>														
TYPE OF UNIT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 13AB </div>	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/TROLES 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	MOST DAMAGED AREA <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 12AB </div>	CONTRIBUTING CIRCUMSTANCES <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 19AB </div>	DIRECTION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">FROM</td> <td style="width:50%;">TO</td> <td style="width:50%;">FROM</td> <td style="width:50%;">TO</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">R</td> <td style="text-align: center;">R</td> </tr> </table>	FROM	TO	FROM	TO	3	4	R	R	DRUG TEST 1&2 RESULT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">A</td> <td style="width:50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	A	B	1	2	1	2
FROM	TO	FROM	TO																
3	4	R	R																
A	B																		
1	2																		
1	2																		
POINT OF IMPACT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01AB </div>	TYPE OF INTERSECTION <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01AB </div>	CONDITION <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1AB </div>	ALCOHOL/DRUG SUSPECTED <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1AB </div>	OCURRENCE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1AB </div>															
ACTION <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1AB </div>	ROAD CONTOUR <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1AB </div>	ALCOHOL TEST STATUS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1AB </div>	ALCOHOL TEST TYPE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1AB </div>	ROAD CONDITIONS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">PRIMARY</td> <td style="width:50%; text-align: center;">SECONDARY</td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">01</td> </tr> </table>	PRIMARY	SECONDARY	01	01											
PRIMARY	SECONDARY																		
01	01																		
IN EMERGENCY RESPONSE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> AB </div>	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> AB </div>	ALCOHOL TEST RESULT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> AB </div>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 08AB </div>	ROAD CONDITIONS 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															
DAMAGE SCALE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 5AB </div>	SPEED DETECTED <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1AB </div>	ALCOHOL TEST RESULT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> AB </div>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 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	LOCAL REPORT # 10-0258-90															

Narrative

UNIT ONE WAS WESTBOUND IN THE RIGHT LANE WHEN THE TRAILER WHEEL ON THE RIGHT SIDE CAUGHT FIRE. UNIT ONE PULLED TO A STOP ON THE RIGHT SHOULDER, DISCONNECTED THE TRACTOR, AND MOVED IT FORWARD. THE TRAILER BURNED TO THE GROUND.

MANNER OF COLLISION OR IMPACT

- 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 NO
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 UNKNOWN

WORK ZONE RELATED

- 1 NO
 2 YES
 3 UNKNOWN

TYPE OF WORK ZONE

- 1 LANE CLOSURE
 2 LANE SHIFT/CROSSOVER
 3 WORK ON SHOULDER OR MEDIAN
 4 INTERMITTENT/ MOVING WORK
 5 OTHER

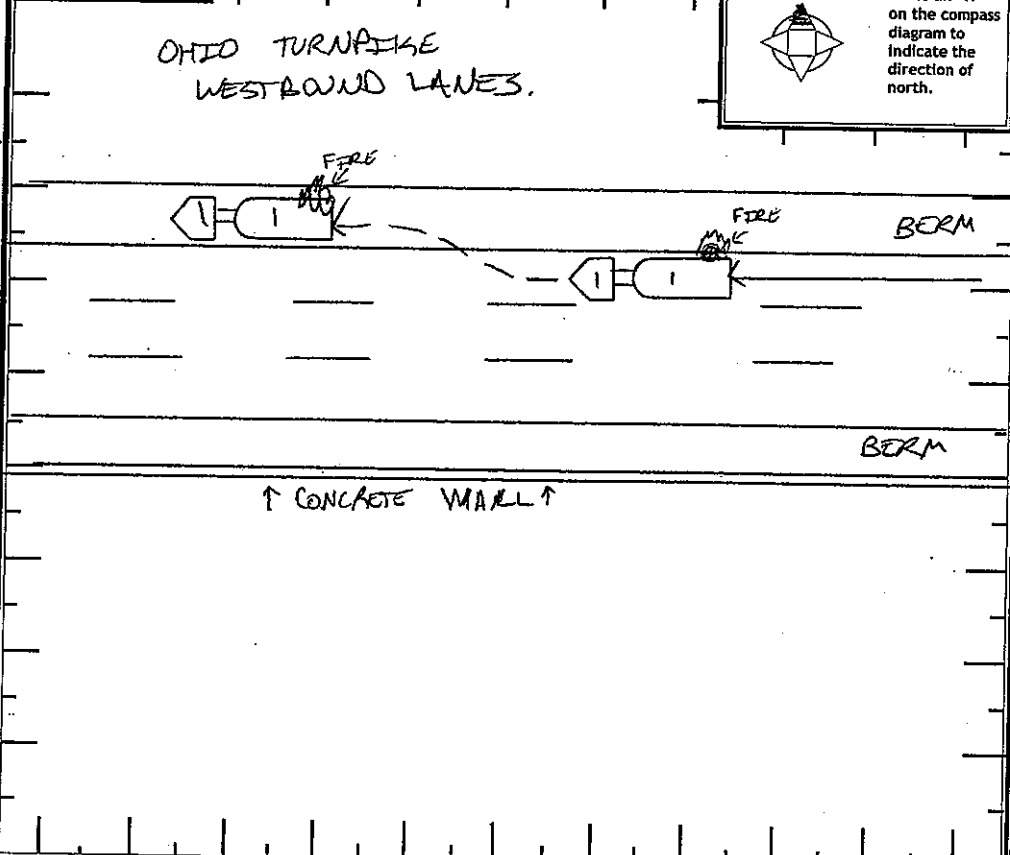
LOCATION OF CRASH IN WORK ZONE

- 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



WEATHER

- 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

LIGHT CONDITIONS

- PRIMARY 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

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.

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 PAPER):
 COMPANY PHONE:
 RENTRY, WA

US DOT ICC MC PUCO TRAILER LP ST. TRAILER LP YEAR TRAILER LP # PLACARD # DIA
 488086 WA 1999

CARGO BODY TYPE 01 NOT APPLICABLE 05 POLE 09 CONCRETE MIXER 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 0328 2008 TIME REC CALL 1810 DISPATCH 1810 ARRIVED 1817 CLEARED 1945 OTHER 20 TOTAL MINUTES 115
 OFFICER'S NAME* T.J. HOFFMAN BADGE # 1830 CHECKED BY SGT. A. WALKER DATE REPORT FILED * 03292008
 REPORT TAKEN BY 1 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT 1 1 SCENE 2 STATION 3 OTHER
 LOCAL REPORT # 10-0258-90

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-0258-90	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 3 10 28 1988
IN COUNTY OF Erie	CRASH LOCATION OHIO TURNPIKE MP 127 WESTBOUND	

UNIT ONE

NO DAMAGE TO POWER UNIT.

TRAILER COMPLETELY DESTROYED BY FIRE.

TRAILER VIN# 10TJV532W7XL [REDACTED]

PLATE# [REDACTED] - WASHINGTON STATE

TRAILER OWNER SAME AS TRACTOR OWNER.

INSURANCE: BALLARD AND CO. INS.

POLICY# [REDACTED] PHONE# 208-323-8214

FAX# 208-322-0273

LOAD: APPROXIMATELY 29,000 POUNDS FOOD PRODUCTS

LOAD COMPLETELY DESTROYED

OWNED BY _____

PORTLAND, ME

NOTES:

THE RIGHT FRONT AXLE/BEARINGS ON THE TRAILER RAN DRY OF OIL AND THE SURROUNDING COMPONENTS OVER HEATED AND CAUGHT FIRE.

UNIT ONE POWER UNIT WAS DRIVEN FROM SCENE UNDER OWN POWER. THE TRAILER WILL BE REMOVED BY CHARLIE'S TOWING WITH ASSISTANCE FROM OHIO TURNPIKE MAINTENANCE.

OFFICER'S SIGNATURE

X [Signature]

BADGE NUMBER

1837

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-0258-90	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 3 10 28 1988
IN COUNTY OF ERIE	CRASH LOCATION OHIO TURNPIKE MP 127 WEST BOUND	

NOTES

ON SCENE:

TPR. R.A. KISNER, U-1191

TPR. T.J. HOFFMAN, U-1830

OHIO TURNPIKE MAINTENANCE

SOUTH AMHERST FIRE

FLORENCE TOWNSHIP FIRE

CHARLIE'S TOWING.

PROPERTY DAMAGE

APPROXIMATE 15' X 40' AREA OF ASPHALT

OWNED BY:

OHIO TURNPIKE COMMISSION

682 PROSPECT ST.

BEREA, OH 44017

PHONE: 440-234-2081

OFFICER'S SIGNATURE

X



BADGE NUMBER

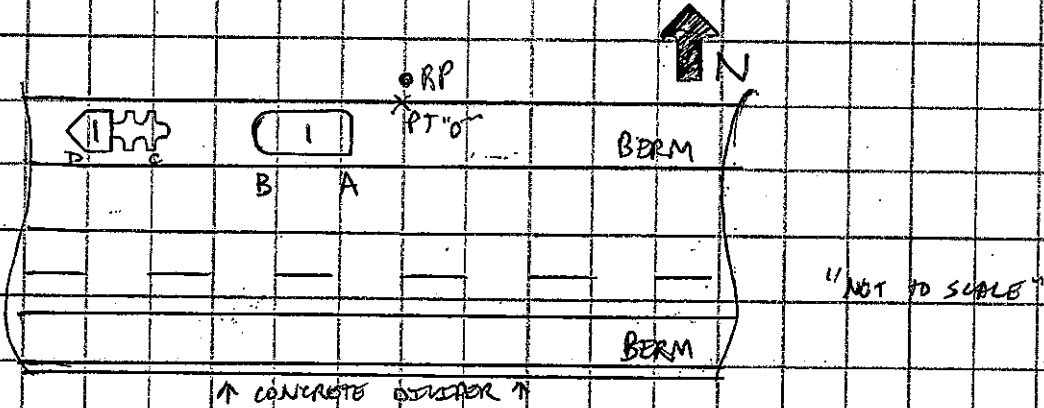
1830

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-0258-90	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 3 10 28 1908
IN COUNTY OF ERIE	CRASH LOCATION OHIO TURNPIKE MP 127 WESTBOUND	

OHIO TURNPIKE
WESTBOUND LANES



	AE	FE	DESCRIPTION
A	83 $\frac{1}{2}$ W	81 $\frac{1}{3}$	LEFT REAR CORNER OF TRAILER ON GROUND
B	122 $\frac{2}{3}$ W	6 $\frac{4}{3}$	LEFT TRAILER FOOT ON GROUND
C	256 $\frac{2}{3}$ W	8 $\frac{6}{3}$	LEFT REAR DRIVE TIRE UNIT ONE
D	278 $\frac{7}{8}$ W	8 $\frac{2}{5}$	LEFT FRONT TIRE UNIT ONE

RP = MP 127.1 WB

PT "0" = NORTH PAVEMENT EDGE

RP to PT "0" = 3' 6"

OFFICER'S SIGNATURE

X *[Signature]*

BADGE NUMBER

1830



OHIO STATE HIGHWAY PATROL
MOTOR CARRIER ENFORCEMENT
DISTRICT 10 BERA
TELEPHONE (440)234-2096 EXT. 1285
RETURN CERTIFICATION TO AGENCY LISTED BELOW

DRIVER/VEHICLE EXAMINATION REPORT
Report Number: OH1191004052
Inspection Date: 03/28/2008
Start Time: 06:05 PM End Time: 07:08 PM
Insp. Level: II-Walk-Around, No HM Insp.

CXL INC
 PO BOX 60135
 RENTON, WA 98058
 USDOT#: 01230321
 MC/MX#:
 State#:

Phone#:
 Fax#:

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

Location: OHIO TURNPIKE
 Highway: I80
 County: ERIE, OH

MilePost: 127
 Origin: SHARON, MA.
 Destination: BAKERSFIELD, CA.
 Shipper: PREFERRED FREEZER SERVICES
 Bill of Lading: 86040001
 Cargo: REFRIGERATED FOODS

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	License #	Company #	Vin #	GVWR	CVSA #	OOS#
1	TT	FRHT	1999	WA		701	1FUYSXYB0XP [REDACTED]			
2	ST	WANC	1999	WA		5303	1JJV532W7XL [REDACTED]			

BRAKE ADJUSTMENTS: No Brake Measurements Required For Level 2

VIOLATIONS

Section Code	Type	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
396.3(a)(1)	F	2	Y		U	N	Inspection, repair and maintenance of parts & accessories, right front axle/bearings ran dry of oil and the surrounding components overheated and caught fire.

HazMat: No HM Transported.

Placard: No **Cargo Tank:**

Special Checks: Post Crash

State Information:

FMCSA Credentials Verified-Y/N: Y; 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 #: 10-0258-90; Driver Address: 10701 HOLLY DR.; Driver City: EVERETT; Driver State: WA; Driver Zip: 98204; Photos Taken (Y/N): 10-0258-90;

* 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:

KISNER JR. R. A. TPR

Badge #:

1191

Copy Received By:

[REDACTED]



X _____ X



LOCAL REPORT NUMBER 10-0258-90	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 3 D 28 Y 08
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

[REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO
 PRINTED

T J Hoffmann AT IR80 MP 127 WB
 OFFICER'S NAME LOCATION

I was going 65 MPH in the right lane wearing my seatbelt when I felt the trailer airbags go flat. I pulled over and saw the right side front trailer tire was on fire. The maintenance people showed up and helped me disconnect my tractor from my trailer to move it away from the fire.

Q Did you try to put the fire out?

A. No.

Q. Have you had any problems with the trailer lately?

A. No.

Q How much fuel is in the reefer tank?

A. 35 Gallons diesel, intact.

Q What are you loaded with?

A. Food products.

ADDRESS OF WITNESS [REDACTED] EVERETT WA [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS X [REDACTED]	OFFICER'S SIGNATURE X