Form Approved: O.M.B. No. 2127-0008

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 100237

Date Received	Repository
SEP - 1 2010 21-JUL-2010	☐
	Reference No. 10345429

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	all
City BLAIR Augusta	State WI	Zip Code [redacted]	Evening Telephone Number [redacted]

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	Model	Model Year
1XP5DB9X1YN[redacted]	PETERBILT	379	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
				No: Cylinders	
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
			1	02-JUN-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 190000 TIRES, 980000 UNKNOWN OR OTHER	Failure Mileage	Failure Speed
		65

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: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location: Front Axel out side Passenger side
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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☒ Yes ☐ No	0	0	Y

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).

2000 PETERBILT 379 UTILITY TRAILER RIGHT REAR TIRES AND WHEEL BEARING CAUGHT ON FIRE. *BF
(OHIO TRAFFIC CRASH REPORT # 10-0205-89)*JB UPDATED 08/05/10 *BF

The Bearings went Dry and started The Grease on Fire NOT Tires Just Grease Fire Took To (Express Truck Service 419 865-4990) They called Axle Doctor Put New END OF Axle ~~Axle~~ New Bearing Ect. Contact express they know what was Done on work order

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.

OR Contact owner [redacted]

VQ 10345429-8326

JUL 1 9 2010

FIRC

OH-1 (Rev. 10/99)

TRAFFIC CRASH REPORT

OHIO PUBLIC SAFETY

LOCAL REPORT #*: 10-0205-89

CRASH SEVERITY: 3 (1 FATAL 2 PDO 2 INJURY 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: X | OH-3: X | OH-1P: | OTHER:

N.C.I.C.*: OHP89

REPORTING AGENCY*: Ohio State Highway Patrol

#UNITS: 01

UNIT ERROR: 01 (88 = ANIMAL 99 = UNKNOWN)

DATE OF CRASH*: 06/22/2010

TIME OF CRASH: 1841

DAY OF WEEK: WED

CITY* | VILLAGE* | TWP*: X

NAME (OF CITY, VILLAGE OR TOWNSHIP)*: Springfield

COUNTY#*: 48

LATITUDE: 41:35:27.03

LONGITUDE: 83:44:41.38

LOCATION OF CRASH

PREFIX: IR | CRASH LOCATION: 0060

TYPE LOC: 3

TYPE LOCATION POINT USED (1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET)

DIRECTION FROM REFERENCE: EB

DIST FROM REFERENCE: .7m | DIR: E | PREFIX | REFERENCE: 55

REF POINT: 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

A

UNIT #: 01 | # OF OCC.: 01

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

[redacted] STATE, ZIP CODE: Blair, Wisconsin [redacted]

SOCIAL SECURITY NUMBER | DATE OF BIRTH: 03/18/1954 (1956 53) | AGE: 56 | SEX: M | HOME PHONE # [redacted] | WORK PHONE #

DL STATE: WI [redacted] | LP STATE: WI | LP # [redacted] | INJURED TAKEN BY | 1 NONE 4 OTHER 2 EMS 9 UNKNOWN 3 POLICE | TRANSPORTED BY | INJURED TAKEN TO

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

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
2000	PETE	TT	WHI	Northland Insurance Co	Xpress	[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 | 1 NONE 4 OTHER 2 EMS 9 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

Occupant

C

UNIT #: 03 | [redacted] | DATE OF BIRTH: 08/18/1956 | AGE: 53 | SEX: M

ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] BLAIR WI [redacted]

INJURED TAKEN BY | 1 NONE 4 OTHER 2 EMS 9 UNKNOWN 3 POLICE | TRANSPORTED BY: NONE | INJURED TAKEN TO

D

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 9 UNKNOWN 3 POLICE | TRANSPORTED BY | INJURED TAKEN TO

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:
	03					SUPPLEMENT "X" IF YES:

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 IN SIDE/SIDECAR) 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 US 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 9 UNKNOWN

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

EJECTION: 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 9 UNKNOWN

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

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

BLANK FOR WITNESS

HSY7001 TOP COPY - ODPS BOTTOM COPY - AGENCY

CAD Incident Number: LHP100602002777

UNIT NUMBERS

A: 0 1 — 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 PATHS OR TRAILS
15 UNKNOWN

TYPE OF UNIT

A: 1 3 — B:

MOTORIST
01 SUB-COMPACT
02 COMPACT
03 MID SIZE
04 FULL SIZE
05 MINIVAN
06 SPORT UTILITY VEHICLE
07 PICKUP
08 FAN/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/RIDER
36 ANIMAL/BUGGY
37 BICYCLE
38 PEDESTRIAN
39 PEDALCYCLIST
40 SKATER
41 OTHER NON-MOTORIST
42 UNKNOWN

IN EMERGENCY RESPONSE

A: — B:

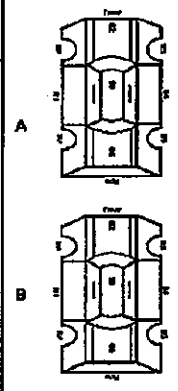
1 NO
2 YES
3 UNKNOWN

DAMAGE SCALE

A: 4 — B:

1 NONE
2 NON-FUNCTIONAL DAMAGE
3 FUNCTIONAL DAMAGE
4 DISABLING DAMAGE
5 SEVERE
6 UNKNOWN

DAMAGE AREA



MOST DAMAGED AREA

A: 1 2 — 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: 0 1 — 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: 1 — 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: 0 1 — B:

MOTORIST
01 MOVEMENT 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

1 9

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/ DRIVE 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 ENTERING 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 FATIGUED/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 SIGN, SIGNAL, OR OFFICER
31 WRONG SIDE OF ROAD
32 OTHER
33 UNKNOWN

VEHICLE DEFECT
CODE ONLY IF "19" SELECTED ABOVE

A: 0 8 — 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
0 6 (1)	(1)
(2)	(2)
(3)	(3)
(4)	(4)

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/CENTER LINE
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 WALL/BLOCK
44 TREE
45 OTHER FIXED OBJECT
46 WORK ZONE MAINTENANCE EQUIPMENT
47 UNKNOWN FIXED OBJECT
48 OTHER
49 UNKNOWN

FIRST HARMFUL EVENT

A: 1 — B:

OF THE 3 SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT

A: 1 — B:

OF THE 3 SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED

A: 1 — B:

1 ESTIMATED
2 ESTIMATED SPEED

SPEED

6 5 — B:

POSTED SPEED

6 5 — B:

TRAFFIC CONTROL

A: 1 2 — A:

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
A: 4	3	B:	

1 NORTH
2 SOUTH
3 EAST
4 WEST
5 NORTHEAST
6 NORTHWEST
7 SOUTHEAST
8 SOUTHWEST
9 UNKNOWN

CONDITION

A: 1 — B:

1 APPARENTLY NORMAL
2 PHYSICAL IMPAIRMENT
3 EMOTIONAL
4 ILLNESS
5 FELL ASLEEP, FAINTED, FATIGUE, ETC
6 UNDER THE INFLUENCE OF MEDICATION/DRUG/ALCOHOL
7 OTHER
8 UNKNOWN

ALCOHOL/DRUG SUSPECTED

A: 1 — B:

1 NONE
2 YES - ALCOHOL SUSPECTED
3 YES - MED NOT IMPAIRED
4 YES - DRUG IS SUSPECTED
5 YES - ALCOHOL/DRUG IS SUSPECTED
9 UNKNOWN

ALCOHOL 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

ALCOHOL TEST TYPE

A: 1 — 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 (S) 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

0 1

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

1

1 STRAIGHT LEVEL
2 STRAIGHT GRADE
3 CURVE LEVEL
4 CURVE GRADE

ROAD CONDITION

PRIMARY: 0 1 — 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 #**: 1 0 - 0 2 0 5 - 8 9

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CAD Incident Number - LHP100602002777

Narrative

Unit#1 was traveling eastbound on IR 80 (Ohio Turnpike) when his right rear tires and wheel bearings of his trailer, caught fire.

Tires Never Caught Fire Grease Fire Bearings SEASED FROM Not Enough Grease OLD Grease

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: 01
01 CLEAR
02 CLOUDY
03 FOG, MIST, SMOKE
04 RAIN
05 SLEET, HAIL (FREEZING RAIN OR DRIZZLE)
06 SNOW
07 SEVERE CROSSWINDS
08 BLOWING SAND, SOIL, DIRT, SNOW
09 OTHER
10 UNKNOWN

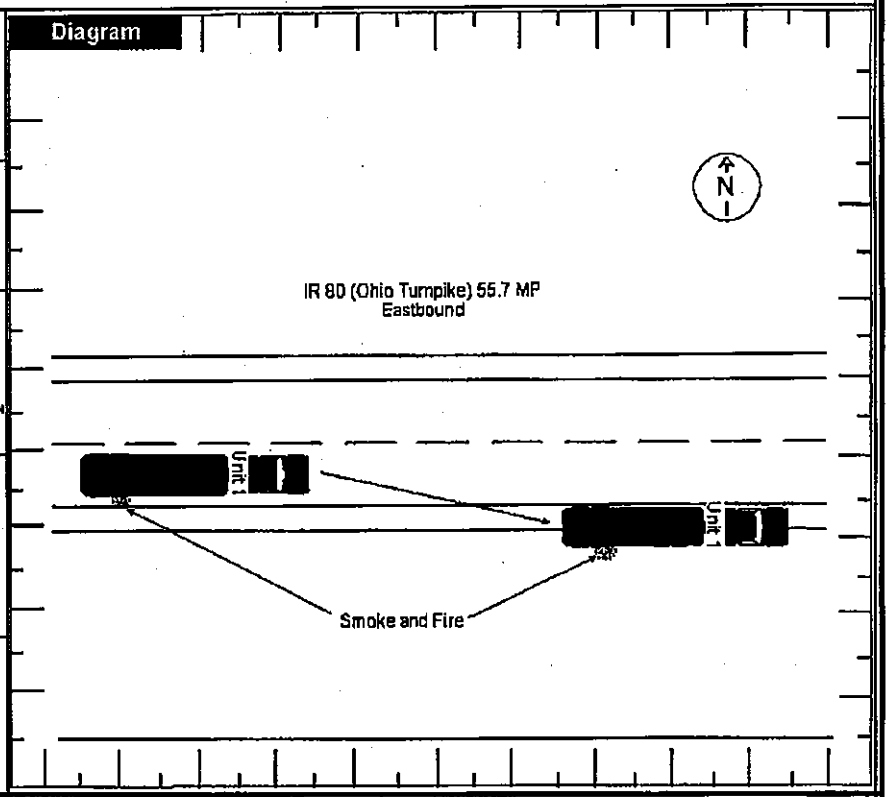
TYPE OF WORK ZONE:
1 LANE CLOSURE
2 LANE SHIFT/CROSSOVER
3 WORK ON SHOULDER OR MEDIAN
4 INTERMITTENT OR MOVING WORK
5 OTHER

LOCATION OF CRASH IN WORK ZONE:
1 BEFORE FIRST WORK ZONE WARNING SIGN
2 ADVANCE WARNING AREA
3 TRANSITION AREA
4 ACTIVITY AREA

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

WORKERS PRESENT:
1 NO
2 YES
3 UNKNOWN

Diagram



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 IT'S OWN POWER

[redacted] COMPANY PHONE [redacted]

ADDRESS (STREET, CITY, ST, ZIP CODE) [redacted] Augusta, Wisconsin [redacted]

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	#DIA.
1833643			WI	1998	[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): 1
1 LESS THAN OR EQUAL TO 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
06/02/2010	1841	1841	1853	1959	30	0108

OFFICER'S NAME*	BADGE #*	CHECKED BY	DATE REPORT FILED*
Brillhart, Ryan	0293	SPBABICH	06/03/2010

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 #*: 10-02058-9

TOP COPY - DOPS BOTTOM COPY - AGENCY

CAD Incident Number - LHP100602002777

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION **OH-2 (REV. 1/82)**

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF ACCIDENT
10-0205-89	Ohio State Highway Patrol	06/02/2010
IN COUNTY OF	ACCIDENT LOCATION	
Lucas	IR0080	

Vehicle damage Analysis
- Right rear tires on trailer burned and melted
- Right rear bearings on wheels burned

Trailer Information
- White 1998 Utility
- [redacted] WI
- VIN 1XP5D[redacted]
- Insurance [redacted]
Northland Insurance Co.
Hatch Agency INC
6121 Baker RD
Minnetonka, MN 55345
(952) 933-8080

Turnpike Damage
- None

(This is NOT true. Tires never started ON Fire Grease STARTED the fire AND Bearings SEIZED UP Getting The AXle Nipple Red Hot then the Grease STARTE FIRE. I Put the FIRE out with my EXTINGUISHER The AXle Nipple HAVE TO Be Rebuilt New Bearings new Grease Set You CAN CALL Express for copy of work order 419-865-4990

OFFICERS SIGNATURE	BADGE NO.
	0293

HSY 7002

CAD Incident Number - LHP100602002777

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

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-0205-89	Ohio State Highway Patrol	06/02/2010

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

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

Brillhart, Ryan (OFFICERS NAME) AT IR0080 (LOCATION)

ADDRESS OF WITNESS	PHONE
[redacted] Blair, Wisconsin [redacted]	[redacted]
SIGNATURE OF WITNESS	OFFICERS SIGNATURE

HSY 7003 1/82

CAD Incident Number - LHP100602002777