

 US Department of Transportation National Highway Traffic Safety Administration		AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONWIDE 1-800-424-9393 DC METRO AREA 202-366-0123		FOR AGENCY USE ONLY DATE RECEIVED _____ od. or _____ rt. dt _____ od. rt _____ up. ltr _____ REFERENCE NO. _____	
OWNER INFORMATION (TYPE OR PRINT) NAME and _____ _____ _____				551911 _____	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/> In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
SIGNATURE OF OWNER _____				DATE _____	
VEHICLE INFORMATION					
VEHICLE IDENTIFICATION NO.* 1NUFT28Z8VMNA0506		VEHICLE MAKE BENZON		VEHICLE MODEL FLAT BED TRAILER	MODEL YEAR 1997
*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE					
CURRENT ODOMETER READING _____		DATE PURCHASED _____	DEALER'S NAME, CITY & STATE _____		ENGINE SIZE (CID/CC/L) _____
		<input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED			<input type="checkbox"/> TURBO DIESEL <input type="checkbox"/> GAS FUEL INJECTN
TRANSMISSION TYPE <input type="checkbox"/> MANUAL <input type="checkbox"/> AUTOMATIC	ANTILOCK BRAKES <input type="checkbox"/> YES <input type="checkbox"/> NO	RESTRAINT SYSTEM <input type="checkbox"/> DRIVERSIDE AIRBAG <input type="checkbox"/> MOTORBELT <input type="checkbox"/> PASSENGERSIDE AIRBAG <input type="checkbox"/> 3-POINT BELT <input type="checkbox"/> 2-POINT BELT		CRUISE CONTROL <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVETRAIN <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> 4-WHEEL
BODY STYLE STAWAG _____ HATCH BK _____ 4 DR _____ VAN _____ 2 DR _____ PK UP TRK _____ OTHER _____					
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)					
COMPONENT	PART NAME(S)		LOCATION <input type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR		FAILED PART(S) <input type="checkbox"/> ORIGINAL REPLACEMENT
NO. OF FAILURES	DATE(S) OF FAILURE(S) _____		MANUFACTURER CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO		NHTSA PREVIOUSLY CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO
	MILEAGE AT FAILURE(S) _____				
	VEHICLE SPEED AT FAILURE(S) _____				
APPLICABLE ACCIDENT INFORMATION					
ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER PERSONS INJURED _____	NUMBER OF FATALITIES _____	PROPERTY DAMAGE ESTS _____	POLICE REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)					
CROSS-MEMBER WELDS ARE CRACKING IN NOSE OF TRAILER ONLY ON 4-BOARD NAILED STRIP - 45' & 48' TRAILERS - WNL SEND PHOTOS					
CONTINUE ON BACK IF NEEDED					
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 to 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.		

PAT GALLAGHER.

PGT TRUCKING. OUT OF
PITTSBURGH, PA.



THIS GUY HAS SEVERAL WITH
THE SAME CONDITION. HE OWNS
PGT TRUCKING.

FROM : LOIS COUTUREK

FAX NO. : 419-898-4915

JUL 06 2008 01:51PM P3



PUBLIC UTILITIES COMMISSION OF OHIO
Transportation Department
180 East Broad Street
Columbus, Ohio 43215-3793
Phone 614-466-3191

DRIVER VEHICLE INSPECTION REPORT
Report #: OH:783:0098
Date: 05/24/08
Time Started: 09:00 Time Ended: 10:52
Insp. Level: S (Terminal Inspection)

3 of 3

THE KAPLAN TRUCKING COMPANY
6600 BESSEMER AVENUE
CLEVELAND, OH 44127
ICC #: 002104

LOT #: 120670

Driver: _____
License #: _____
DOB: _____ State: _____
State #: _____

NOTES

SEE PHOTOS. Tractor uncoupled. Upper fifth wheel cracked at king pin at all four points where king pin is bolted to trailer. Cracks in welds at crossmembers (5th-11 from front), Rt and Lt sides next to inside nailers. Weld cracked 2 1/8" at 5th crossmember RT side and 1 3/8" left side (crack extends from top flange and around radius). Inspection conducted at owner's request at residence, 6892 W Harbor Rd. Port Clinton, OH 43452 Trl 1997 Benson 48' 2 axle spread (102"), VIN# INUFT28ZVMNA0506.

Report Prepared By:

Badge #: 3214

Copy Received By:

[Redacted Signature]

X [Redacted Signature]

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Public Utilities Commission of Ohio
Transportation Department
180 East Broad Street
Columbus, Ohio 43215-3794
Phone 614-466-3191

DRIVER VEHICLE INSPECTION REPORT
Report #: OHCE300098
Date: 05/24/00
Time Started: 09:00 Time Ended: 10:52
Insp. Level: 5 (Terminal Inspection)

2 of 3

THE KAPLAN TRUCKING COMPANY

6600 BESSEMER AVENUE

CLEVELAND, OH 44127

ICC #: 002304

Phone #:

DOI #: 120670

Fax #:

Driver:

License #:

DOB:

State #:

Cargo:

State

Location: TERMINAL INSPECTION

Highway: 163

Shipper:

MilePost:

County: OTTAWA

Origin:

Destination:

Shipping Paper #:

VEHICLE IDENTIFICATION

Unit	Type	Make	Yr	Company	License	State	CVSA #	HAZARDOUS MATERIALS HM Code/Class	Qty	Wt
1	ST	BENS	97	7059A	1LP7041	OH				

BRAKE ADJUSTMENTS

Axle #:

Right:

Left:

Chamber:

VIOLATIONS

Violation Code	St	Unit	OOS	Citation #	Verify	Violations Discovered
393.70		1	Y		U	Upper fifth wheel, WELDS AND PARENT METAL CRACKED AROUND KING PIN.
393.201(a)		1	Y		U	Frame cracked, trailer (396.3(a)(1). Frame cross members cracked at welds upper flange right and left sides. #5 thru 11 cross members from front of trailer.

Consignee: Interstate Shipment: N For-Hire Carrier: N SSN: Drvr Street Address: Drvr City:
 Drvr State: Drvr ZIP: Seal Broken for Inspection: N Original Seal No.: Replacement Seal No.:
 HM Incident/Accident: N Placards Displayed: N Placards Offered by shipper: N Ship. docs. prep by carrier: N
 Ship. docs. prep. by shipper: N Loaded by Shipper: N Loaded by carrier: N Tank Spec. No.: HazClass A:
 ID No. A: Gross Wt. A: Haz Class B: ID No. B: Gross Wt. B: Haz Class C: ID No. C:
 Gross Wt. C: Haz Class D: ID No. D: Gross Wt. D: Haz Class E: ID No. E: Gross Wt. E:
 Photos Taken: Y Photo Ref No.: Supplemental Report: N PaperRptNumber:

I hereby declare the vehicle(s) so marked above to be OUT OF SERVICE. No person shall remove the OUT OF SERVICE stickers applied to this vehicle, if any, nor operate such vehicle until the out of service defects have been repaired and the vehicle(s) restored to safe operating condition. POSSIBLE \$1,000 PENALTY (\$10,000 IF HAULING HAZMAT).

NOTE TO DRIVER/MECHANIC: This report must be furnished WITHIN 24 HOURS to the motor carrier whose name appears at the top of this report. NOTE TO MOTOR CARRIERS: Sign one certification below and the one on the back of this form, and return this report to the address which appears on the other side of this report within 15 days.

Signature of Repairer: X Facility: Date:

CARRIER CERTIFICATION: [This certification and the one on the back of this form MUST BE SIGNED by the motor carrier and RETURNED WITHIN 15 DAYS if any mechanical violations are listed above.] "The undersigned certifies that all mechanical violations listed on this report have been corrected and action taken to assure compliance with the Motor Carrier Safety and HM Regulations insofar as they are applicable to motor carriers and drivers."

Signature of Carrier Official: X Date:

Report Prepared By:

K.J. HEDGECOCK

X

Badge #:

3214

Copy Received By:



Page #: 1

Last Page

Added to 551911

419-898-8615

7/7/00 - SPOKE w/ MR - COULTURE - WILL HAVE ATTORNEY/
SEND VIDEO OF TRAILER WHICH IS NOW OFF
THE ROAD. HAD PUBLIC UTILITIES COMMISSION
OR OHIO INSPECT TRAILER FOR CRACKS;
REPORT FAXED.

- INFORMED ME THAT BENJON WOULD TAKE CARE OF CRACKS BUT WOULD GIVE A 90 WARRANTY ON WORK SINCE OWNER BOUGHT USED.
- SPOKE WITH ATTORNEY: AWAITING VIDEO TAPE OF TRAILER. SITTING OF CRACKS TO KINGPIN AREA & PERMANE CROSS MEMBERS.