

EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

Police Reports

1645627-WE - 1 - Texas

Department of Public Safety -
Trooper Clint Baughman Legals
and Records

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

OLLIE GREENE, Individually and as the
Surviving parent of WYNDELL GREENE, SR.,
WILLIAM GREENE, as the Administrator
Of the Estate of WYNDELL GREENE, SR., et al
vs.

TOYOTA MOTOR CORPORATION, TOYOTA
MOTOR MANUFACTURING NORTH AMERICA, et al

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§

CIVIL ACTION NO. 3-11CV0207-N

AFFIDAVIT

RECORDS PERTAINING TO: ACCIDENT ON 5/28/10

BEFORE ME, the undersigned authority personally appeared Clint Baughman
who, being by me duly sworn, deposed as follows:

My name is Clint Baughman I am over 18 years of age, of sound mind, capable
of making this affidavit, and personally acquainted with the facts therein stated and they are true and correct.

I am the custodian of records of: **TEXAS DEPARTMENT OF PUBLIC SAFETY - TROOPER CLINT
BAUGHMAN**

The attached records are part of this affidavit. These said records are kept in the regular course of business,
and it was the regular course of business of **TEXAS DEPARTMENT OF PUBLIC SAFETY - TROOPER
CLINT BAUGHMAN**, for an employee or representative of **TEXAS DEPARTMENT OF PUBLIC SAFETY -
TROOPER CLINT BAUGHMAN**, with personal knowledge of the act, event, condition, opinion or diagnosis
recorded to make the memorandum or record or to transmit information thereof to be included in such memorandum
or record; and the record was made at or near the time of the act, event or condition recorded or reasonably soon
thereafter.

The records attached hereto are the originals or exact copies of the originals or are true copies of the
microfiche on which the image of the original documents have been transferred and nothing has been removed from
the original file before making these copies.

THE RECORDS ATTACHED HERETO ARE TRUE, CORRECT AND COMPLETE.

Clint Baughman
CUSTODIAN OF RECORD

SWORN TO AND SUBSCRIBED before me on the 23 day of February, 2012.

Z Hickmon
SIGNATURE OF NOTARY PUBLIC IN AND FOR THE STATE OF TX
My Commission expires 1/28/2015

Order No. 01-46099-011



**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

OLLIE GREENE, Individually and as the §
Surviving parent of WYNDELL GREENE, SR., §
WILLIAM GREENE, as the Administrator §
Of the Estate of WYNDELL GREENE, SR., et al §
vs. §
TOYOTA MOTOR CORPORATION, TOYOTA §
MOTOR MANUFACTURING NORTH AMERICA, et al §

CIVIL ACTION NO. 3-11CV0207-N

NOTICE OF INTENTION FOR PRODUCTION OF DOCUMENTS

TO: ALL PARTIES BY AND THROUGH THEIR ATTORNEY(S) OF RECORD AS PROVIDED IN THE ATTACHED SERVICE LIST.

You will take notice that fourteen (14) days after the service hereof, the custodian of records for:

TEXAS DEPARTMENT OF PUBLIC SAFETY - TROOPER CLINT BAUGHMAN (Client Record Scope)
111 TEJAS DRIVE TERRELL, TX 75160-6567

Shall receive a Subpoena to produce documents on or before 02/20/2012, or any other agreed upon time and/or place, before a Notary Public for:

Written Deposition Service, LLC
1750 Valley View Lane Suite 210
Dallas, TX 75234

or its designated agent, to be used in evidence upon the trial of the above-styled and numbered cause pending in the above named court. Notice is further given that request is hereby made as authorized under Rules 34 & 45, Federal Rules of Civil Procedure, that the authorized officer shall issue a Subpoena Duces Tecum and cause it to be served on the witness to produce any and all records as described on the attached Exhibit(s) and/or Subpoena(s) and any other such record in the possession, custody or control of the said witness, and every such record to which the witness may have access, and to turn all such records over to the authorized officer so that photographic reproductions of the same may be made and attached.

Order No. 01-46099

Respectfully Submitted,



David P. Stone

SBA # 00785061

Bowman & Brooke, LLP

2711 N. Haskell Avenue, Ste 650

Dallas, TX 75204

(972) 616-1700 Fax (972) 616-1701

Attorney for Defendant

(RM)

CERTIFICATE OF SERVICE

I certify, as authorized agent for the attorney of record, David P. Stone, that a true and exact copy of foregoing Notice of Intention For the Production of Documents was served to all attorneys of record in the above-styled and numbered matter, said service being effected in the following manner:

CERTIFIED MAIL/RETURN RECEIPT REQUESTED _____

HAND DELIVERY _____

TELECOPY _____ ☒

OVERNIGHT/NEXT DAY DELIVERY VIA LONE STAR OR UPS _____

E-MAIL _____

DATED: 2/1/12

BY: David P. Stone

SERVED TO ALL PARTIES LISTED BELOW:

Ollie Greene, et al vs. Toyota Motor Corporation, et al

ATTORNEYS OF RECORD

Patrick J. Fitzgerald
Howry Breen & Herman, L.L.P.
1900 Pearl Street
Austin, TX 78705 (512) 474-7300 Fax (512) 474-8557
Attorney for Defendant

John S. Kenefick
MacDonald Devin, P.C.
1201 Elm Street, Suite 3800
Dallas, TX 75270 (214) 744-3300 Fax (214) 747-0942
Attorney for Defendant

S. Todd Parks
Walters, Balido & Crain, L.L.P.
900 Jackson Street, Ste. 600
Dallas, TX 75202 (214) 749-4805 Fax (214) 760-1670
Attorney for Defendant

Aubrey Pittman
The Pittman Law Firm
100 Crescent Court, Suite 700
Dallas, TX 75201 (214) 459-3454 Fax (214) 853-5912
Attorney for Plaintiff

Michael P. Sharp
Fee, Smith, Sharp & Vitullo, L.L.P.
13155 Noel Road, Suite 1000
Dallas, TX 75240 (972) 934-9100 Fax (972) 934-9200
Attorney for Defendant

Daryl K. Washington
Law Office of Daryl K. Washington
325 St. Paul, Suite 1975
Dallas, TX 75201 (214) 880-4883 Fax (469) 718-0380
Attorney for Plaintiff

United States District Court

FOR THE NORTHERN DISTRICT OF TEXAS

DALLAS DIVISION

**OLLIE GREENE, Individually and as the
Surviving parent of WYNDELL GREENE, SR.,
WILLIAM GREENE, as the Administrator
Of the Estate of WYNDELL GREENE, SR., et al**
vs.
**TOYOTA MOTOR CORPORATION, TOYOTA
MOTOR MANUFACTURING NORTH AMERICA, et
al**

SUBPOENA IN A CIVIL CASE

Civil Action Number:¹ 3-11CV0207-N

TO: Custodian of Records for: **TEXAS DEPARTMENT OF PUBLIC SAFETY - TROOPER
CLINT BAUGHMAN
111 TEJAS DRIVE
TERRELL, TX 75160-6567 (972) 551-6010**



YOU ARE COMMANDED to appear in the United States District Court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY

COURTROOM

DATE AND TIME



YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION

DATE AND TIME

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects): ANY AND ALL RECORDS, INCLUDING BUT NOT LIMITED TO THE INVESTIGATION OF THE COMMERCIAL VEHICLES INVOLVED IN THE ACCIDENT, THE VIDEOTAPE OF THE SCENE, COLOR COPIES OF PHOTOGRAPHS, ALL OTHER TANGIBLE MATERIALS OF THE ACCIDENT, NOTES, PAPERS, FILES AND ALL OTHER TANGIBLE THINGS IN THE POSSESSION, CUSTODY OR CONTROL OF THE SAID WITNESS AND EVERY SUCH RECORDS TO WHICH THE WITNESS MAY ACCESS PERTAINING TO AN ACCIDENT WHICH OCCURRED ON 5/28/10 IN KAUFMAN COUNTY INVOLVING WYNDELL GREENE, SR., LAKEYSHA GREENE, WYNDELL GREENE, II AND WESLEIGH GREENE

PLACE

The office of the custodian: **111 TEJAS DRIVE
TERRELL, TX 75160-6567**

DATE AND TIME

**AT 10:00 A.M.
ON 02/20/2012**



YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES

DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b) (6).

ISSUING OFFICER SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)

DATE

David Stone

Attorney for Defendant

2/1/12

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER

**David P. Stone
Bowman & Brooke, LLP
2711 N. Haskell Avenue, Ste 650, Dallas, TX 75204 (972) 616-1700**

PROOF OF SERVICE

SERVED	DATE	PLACE
	SERVED ON (PRINT NAME)	
SERVED BY (PRINT NAME)		MANNER OF SERVICE
		TITLE

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on

DATE

SIGNATURE OF SERVER

ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d) and (e), as amended on December 1, 2006:

(c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection, copying, testing, or sampling of designated electronically stored information, books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d) (2) of this rule, a person commanded to produce and permit inspection, copying, testing, or sampling may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to producing any or all of the designated materials or inspection of the premises – or to produce electronically stored information in the form or forms requested. If objection is made, the party serving the subpoena shall not be entitled to inspect, copy, test or sample the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production, inspection, copying, testing, or sampling. Such an order to compel shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection, copying, testing, or sampling commanded.

(3) (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clauses (c) (3) (B) (iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held;

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies; or

(iv) subjects a person to undue burden.

(B) If a subpoena

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in

whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) DUTIES IN RESPONDING TO SUBPOENA.

(1) (A) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(B) If a subpoena does not specify the form or forms for producing electronically stored information, a person responding to a subpoena must produce the information in a form or forms in which the person ordinarily maintains it or in a form or forms that are reasonably usable.

(C) A person responding to a subpoena need not produce the same electronically stored information in more than one form.

(D) A person responding to a subpoena need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or to quash, the person from whom discovery is sought must show that the information sought is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.



(2) (A) When information subject to a subpoena is withheld on a claim that is privileged or subject to protection as trial-preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

(B) If information is produced in response to a subpoena that is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has and may not use or disclose the information until the claim is resolved. A receiving party may promptly present the information to the court under seal for a determination of the claim. If the receiving party disclosed the information before being notified, it must take reasonable steps to retrieve it. The person who produced the information must preserve the information until the claim is resolved.


(e) **CONTEMPT.** Failure of any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court from which the subpoena issued. An adequate cause for failure to obey exists when a subpoena purports to require a nonparty to attend or produce at a place not within the limits provided by clause (ii) of subparagraph (c)(3)(A).

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<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: _____ <input type="checkbox"/> I HEREBY PROMISE TO APPEAR AT THE TIME AND PLACE DESIGNATED IN THIS NOTICE. (THIS IS NOT A PLEA OF GUILTY) </div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;"> X(8450) --OO(11250) --OO(10050) </div> <div> GROSS WEIGHT: 29,750 GROUP WEIGHT: 21,300 </div> </div>																																
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> COPY RECEIVED BY </div> <div> YOU ARE HEREBY NOTIFIED TO APPEAR JUDGE: _____ COURT: _____ PCT./PLACE: _____ PHONE: _____ ON/BEFORE _____ AT _____ ADDRESS: TX </div> <div> LOAD DISP: _____ PERMIT #: _____ RG WT #1 80000 GVWR #1 52000 RG WT #2 _____ GVWR #2 65000 </div> </div>																																
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TICKET VIOL. CITE # Unit No. OOS Y/N OOS DISP POST ACC 393.47 (A) 2 393.45 1 393.60 (C) 1 1 2																																
DRIVER: PLEASE COMPLY WITH DIRECTIONS ON BACK SIDE OF THIS FORM BRAKES NOT MAINTAINED IN GOOD WORKING ORDER (GENERAL) - axle 4 left drum worn - unable to measure BRAKES - AUDIBLE AIR LEAK (AT OTHER THAN CONNECTION) - relay valve between axles 2 & 3 small leak DAMAGED/DISCOLORED WINDSHIELD - large vert. crack passenger side NO VALID INSPECTION CERTIFICATE - EXPIRED (#) - faded - unable to read - no inspection report NO VALID INSPECTION CERTIFICATE - EXPIRED (#) - faded - unable to read																																

VEHICLE/DRIVER OUT OF SERVICE NOTICE			
<input type="checkbox"/> VEHICLE Pursuant to authority contained in TRC Chapter 644 I hereby declare "Out of Service" the vehicle/s with defects followed by "YES" in the Out of Service column of this report. 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, or proper operating authority has been obtained.		<input type="checkbox"/> DRIVER Pursuant to authority contained in TRC Chapter 644 I hereby notify and declare the driver named on this report Out of Service. No motor carrier shall permit or require driver to drive or operate any motor vehicle until	
SEE CONTINUATION SHEET <input checked="" type="checkbox"/> TROOPER COMMENTS: 2005, 2004 - Inspection result of fatality accident involving above vehicle. - Driver sent to TA truck stop in Terrell for repairs.		<div style="text-align: center; font-size: 2em; font-weight: bold;">X</div>	
INSPECTED BY: C BAUGHMAN CHARGES FILED BY:		ID/REGION/DISTRICT/AREA: 09848 1 A 02 TIME COMPLETED: 11:19PM REPORT PREPARED BY: C BAUGHMAN REFERRAL ID: A Cummins BRAKES INSPECTED BY: 06857 1 A 02	
		OOS DISPOSITIONS A. Repaired at Scene / Obtained Oper. Auth. B. Towed/Escorted to Repair Service C. Other U. Unknown N. Driver OOS <input type="checkbox"/> Log Book Exemption	

CVE-3a (12/03)				INSPECTION #	CP #	DATE
		TXDPS COMMERCIAL VEHICLE ENFORCEMENT		TX10440EAQ01-0	0798253	5/28/2010 7:00:00PM
		MOTOR CARRIER				
		[REDACTED]				
CONTINUATION SHEET		LAST NAME FIRST NAME MI [REDACTED]				
NOTE TO DRIVER: This report must be furnished to the motor carrier whose name appears on this report. NOTE TO MOTOR CARRIER: TRC Chapter 644 requires the Motor Carrier to execute the certification on the reverse side and return this report to Texas Department of Public Safety, Motor Carrier Safety Section, PO Box 4087, Austin, Texas 78773-0001 within fifteen (15) days.						
VIOLATIONS						
TICKET	VIOL. CITE #	Unit No.	OOS Y/N	OOS DISP	POST ACC	VIOLATIONS DISCOVERED
	393.75(a) (3)	2	Yes	D	Yes	TIRE-FLAT - axle 5 right inside flat
	393.9	2	Yes	D	Yes	DEFECTIVE TURN SIGNAL LAMP (#) - rear right - hanging
	393.205(a)	2	Yes	D	Yes	WHEEL/RIM CRACKED/BROKEN - axle 5 right inside - bent due to crash
	393.86	2			Yes	NO REAR END PROTECTION-BUMPERS - missing due to accident

VEHICLE/DRIVER OUT OF SERVICE NOTICE			
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CHARGES FILED BY:	BRAKES INSPECTED BY:		06857 1 A 02

TX10450EAQ01		TXDPS COMMERCIAL VEHICLE ENFORCEMENT		CP#: 0217079		LEVEL 1																						
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Lessee/MC Add/City/St/Zip OWNER ADD/CITY/ST/ZIP Operator: _____		USDOT#: 87823 ICC/MC#: 134824 TXDOT#: _____ PHONE#: _____ RACE/SEX: BM DOB: _____ MED CARD: 11/30/2011 DL #: _____ ST: MS DL CLASS: A		Add/City/St/Zip																								
VEH SEARCH: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REASON FOR STOP: <input type="checkbox"/> WARN <input type="checkbox"/> CITATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> CONTRABAND LOCATED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TYPE OF SEARCH: <input type="checkbox"/> CONSENT <input type="checkbox"/> PC <input type="checkbox"/> INC. TO ARREST <input type="checkbox"/> INVENTORY		TYPE OF CONTRABAND: <input type="checkbox"/> DRUGS <input type="checkbox"/> WEAPONS <input type="checkbox"/> CURRENCY <input type="checkbox"/> OTHER																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Unit</th> <th>TYPE</th> <th>MAKE</th> <th>CO#</th> <th>Plate</th> <th>Stat</th> <th>VIN</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>TT</td> <td>VOLV</td> <td>434</td> <td>A170956</td> <td>MS</td> <td>4V4NC9GH88N</td> </tr> <tr> <td>2</td> <td>ST</td> <td>UTIL</td> <td>723</td> <td>83438T</td> <td>MS</td> <td>1UYFS24848A</td> </tr> </tbody> </table>		Unit	TYPE	MAKE	CO#	Plate	Stat	VIN	1	TT	VOLV	434	A170956	MS	4V4NC9GH88N	2	ST	UTIL	723	83438T	MS	1UYFS24848A						
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SIGNATURE: _____ <input type="checkbox"/> I HEREBY PROMISE TO APPEAR AT THE TIME AND PLACE DESIGNATED IN THIS NOTICE. (THIS IS NOT A PLEA OF GUILTY)		X (9200) --OO (30000) --O (11950) --O (11900)		GROSS WEIGHT: 63,050 GROUP WEIGHT: 0																								
<input checked="" type="checkbox"/> COPY RECEIVED BY		YOU ARE HEREBY NOTIFIED TO APPEAR JUDGE: _____ COURT: _____ PCT./PLACE: _____ PHONE: _____ ON/BEFORE _____ AT _____ ADDRESS: TX		LOAD DISP: _____ PERMIT #: _____ RG WT #1 80000 GVWR #1 _____ RG WT #2 _____ GVWR #2 80000																								
SEAL #'S REMOVED: _____ DEPT. SEAL #: _____ INSTALLED _____		CVSA DECAL-TT _____ CVSA DECAL-ST _____ CVSA DECAL-ST _____																										
SHIPPING #: 0400538660		CONSIGNOR: CBP GRAND PRAIRIE		CONSIGNEE: _____		DEPENDABLE BAGGING																						
COMMODITY: BUILDING MATERIALS		ORIGIN: GRAND PRAIRIE		TX DESTINATION: HARAHAN		LA																						
HM CATEGORY CODE NA		RQ? <input type="checkbox"/> HW? <input type="checkbox"/> PLACARDS REQ? <input type="checkbox"/>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>INOP</td> <td>INOP</td> <td>INOP</td> <td>1</td> <td>0 1/2</td> </tr> <tr> <td>AX 1</td> <td>AX 2</td> <td>AX 3</td> <td>AX 4</td> <td>AX 5</td> </tr> <tr> <td>INOP</td> <td>INOP</td> <td>INOP</td> <td>0 1/2</td> <td>1 1/2</td> </tr> </table>		INOP	INOP	INOP	1	0 1/2	AX 1	AX 2	AX 3	AX 4	AX 5	INOP	INOP	INOP	0 1/2	1 1/2	ALLEGED SPEED _____ SPEED LIMIT _____ RADAR CAL. _____							
INOP	INOP	INOP	1	0 1/2																								
AX 1	AX 2	AX 3	AX 4	AX 5																								
INOP	INOP	INOP	0 1/2	1 1/2																								
TICKET VIOL. CITE # Unit No. OOS Y/N OOS DISP POST ACC		VIOLATIONS DISCOVERED																										
393.11 2		DRIVER: PLEASE COMPLY WITH DIRECTIONS ON BACK SIDE OF THIS FORM																										
392.9(a) 2 Yes B Yes		DEFECTIVE SIDE MARKER LAMP - left rear																										
393.209(d) 1 Yes B Yes		LOAD NOT SECURED SAFELY - shifted load / partial load loss from crash																										
393.67 1 Yes B Yes		STEERING SYSTEM COMPONENT WORN/WELDED/MISSING - steering components to FL wheel pushed backwards by crash																										
393.24(A) 1 Yes B Yes		DEFECTIVE LIQUID FUEL TANK/FUEL LINE/VISIBLE LEAK - fuel lines ruptured - unable to hold fuel																										
		DEFECTIVE HEAD LAMP (#) - right - missing																										

VEHICLE/DRIVER OUT OF SERVICE NOTICE			
<input checked="" type="checkbox"/> VEHICLE Pursuant to authority contained in TRC Chapter 644 I hereby declare "Out of Service" the vehicle/s with defects followed by "YES" in the Out of Service column of this report. 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, or proper operating authority has been obtained.		<input type="checkbox"/> DRIVER Pursuant to authority contained in TRC Chapter 644 I hereby notify and declare the driver named on this report Out of Service. No motor carrier shall permit or require driver to drive or operate any motor vehicle until	
SEE CONTINUATION SHEET <input checked="" type="checkbox"/> TROOPER COMMENTS:		OOS DISPOSITIONS A. Repaired at Scene / Obtained Oper. Auth. B. Towed/Escorted to Repair Service C. Other D. Unknown E. Driver OOS	
2008, 2008 - inspection due to fatality accident involving above vehicle...		<input type="checkbox"/> Log Book Exemption	
INSPECTED BY: C BAUGHMAN		ID/REGION/DISTRICT/AREA: 09848 1 A 02	
CHARGES FILED BY:		TIME COMPLETED: 2:30AM	
REPORT PREPARED BY: C BAUGHMAN		REFERRAL ID: A Cummins	
BRAKES INSPECTED BY: 06857 1 A 02			

ISEAQ245534600001

CVE-3 (Rev. 12/03)

CVS-3a (12/03)

TXDPS COMMERCIAL
VEHICLE ENFORCEMENT

CONTINUATION SHEET

INSPECTION #	CP #	DATE
TX10450EAQ01-0	0217079	5/28/2010 11:25:00PM
MOTOR CARRIER		
FOREST PRODUCTS TRANSPORTS LLC		
OPERATOR		
[REDACTED]		
LAST NAME	FIRST NAME	MI

NOTE TO DRIVER: This report must be furnished to the motor carrier whose name appears on this report. NOTE TO MOTOR CARRIER: TRC Chapter 644 requires the Motor Carrier to execute the certification on the reverse side and return this report to Texas Department of Public Safety, Motor Carrier Safety Section, PO Box 4087, Austin, Texas 78773-0001 within fifteen (15) days.

VIOLATIONS							VIOLATIONS DISCOVERED
TICKET	VIOL. CITE #	Unit No.	OOS Y/N	OOS DISP	POST ACC		
	393.24 (A)	1	Yes	B	Yes		DEFECTIVE HEAD LAMP (#) - left - missing
	393.48 (A)	1	Yes	B	Yes		DEFECTIVE BRAKE - axle 1 right - no air supply, air hoses ruptured
	393.48 (A)	1	Yes	B	Yes		DEFECTIVE BRAKE - axle 1 left - no air supply, air hoses ruptured
	393.48 (A)	1	Yes	B	Yes		DEFECTIVE BRAKE - axle 2 right - no air supply
	393.48 (A)	1	Yes	B	Yes		DEFECTIVE BRAKE - axle 2 left - no air supply
	393.48 (A)	1	Yes	B	Yes		DEFECTIVE BRAKE - axle 3 right - no air supply
	393.48 (A)	1	Yes	B	Yes		DEFECTIVE BRAKE - axle 3 left - no air supply
	393.207 (f)	1	Yes	B	Yes		AIR SUSPENSION PRESSURE LOSS - axle 1 left air bag ruptured
	393.207 (f)	1	Yes	B	Yes		AIR SUSPENSION PRESSURE LOSS - axle 1 right air bag deflated
	393.207 (f)	1	Yes	B	Yes		AIR SUSPENSION PRESSURE LOSS - axle 2 left air bag deflated
	393.207 (f)	1	Yes	B	Yes		AIR SUSPENSION PRESSURE LOSS - axle 2 right air bag deflated
	393.207 (f)	1	Yes	B	Yes		AIR SUSPENSION PRESSURE LOSS - axle 3 left air bag deflated
	393.207 (f)	1	Yes	B	Yes		AIR SUSPENSION PRESSURE LOSS - axle 3 right air bag deflated
	393.207 (a)	1	Yes	B	Yes		IMPROPER AXLE POSITION PART-BROKEN/LOOSE/MISSING - main leaf support spring @ All cracked @ u-bolt connection
	393.75 (a) (3)	1	Yes	B	Yes		TIRE-FLAT - axle 1 right flat
	393.207 (f)	2			Yes		AIR SUSPENSION PRESSURE LOSS - air line between axles 4,5 ruptured
		2			Yes		DEFECTIVE TIRE - axle 5 left inside - inside sidewall cut
	393.61 (a)	1			Yes		INADEQUATE/MISSING TRUCK SIDE WINDOWS - left window shattered out by crash
	393.203 (a)	1			Yes		CAB DOOR BROKEN/MISSING - left door bent - does not open
	393.114	1			Yes		NO/IMPROPER FRONT END STRUCTURE - missing
	393.60 (C)	1			Yes		DAMAGED/DISCOLORED WINDSHIELD - severely cracked, left side pushed out from cab
	393.9	1			Yes		DEFECTIVE TURN SIGNAL LAMP (#) - front right - missing
	393.9	1			Yes		DEFECTIVE TURN SIGNAL LAMP (#) - front left - missing

VEHICLE/DRIVER OUT OF SERVICE NOTICE

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OOS DISPOSITIONS
A. Repaired at Scene /
Obtained Oper. Auth.
B. Towed/Escorted to
Repair Service
C. Other
D. Unknown
N. Driver OOS

SEE CONTINUATION SHEET ☒ TROOPER COMMENTS:

2008, 2008 - inspection due to fatality accident involving above vehicle...

X

COPY RECEIVED BY

☐ Log Book Exemption

INSPECTED BY: C BAUGHMAN	ID/REGION/DISTRICT/AREA 09848 1 A 02	TIME COMPLETED 2:30AM	REPORT PREPARED BY: A Cummins	C BAUGHMAN
CHARGES FILED BY:			BRAKES INSPECTED BY:	06857 1 A 02

ISEAQ245534600001

CVE-3 (Rev. 12/03)

CVE-3a (12/03)


**TXDPS COMMERCIAL
VEHICLE ENFORCEMENT**

CONTINUATION SHEET

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FOREST PRODUCTS TRANSPORTS LLC		
OPERATOR		
LAST NAME	FIRST NAME	MI

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VIOLATIONS

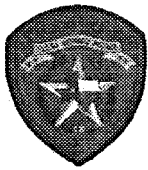
VIOLATIONS DISCOVERED

TICKET	VIOL. CITE #	Unit No.	OOS Y/N	OOS DISP	POST ACC	VIOLATIONS DISCOVERED
	393.11	1			Yes	DEFECTIVE ID LAMP (FRONT/REAR) - front right
	393.11	1			Yes	DEFECTIVE ID LAMP (FRONT/REAR) - front center
	393.11	1			Yes	DEFECTIVE ID LAMP (FRONT/REAR) - front left
	393.11	1			Yes	NO/DEFECTIVE CLEARANCE LAMP - front right
	393.11	1			Yes	NO/DEFECTIVE CLEARANCE LAMP - front left
	393.9	1			Yes	DEFECTIVE TURN SIGNAL LAMP (#) - rear right
	393.9	1			Yes	DEFECTIVE TURN SIGNAL LAMP (#) - rear left
	393.25(f)	1			Yes	DEFECTIVE STOP LAMP (#) - right
	393.25(f)	1			Yes	DEFECTIVE STOP LAMP (#) - left
	393.11	1			Yes	ANY TAIL LAMP VIOLATION-NOT MOTORCYCLE - right
	393.11	1			Yes	ANY TAIL LAMP VIOLATION-NOT MOTORCYCLE - left
	393.78	1			Yes	DEFECTIVE WINDSHIELD WIPER - left and right inoperable
	393.79	1			Yes	DEFECTIVE DEFROSTER - inoperable
	393.81	1			Yes	DEFECTIVE/IMPROPER HORN -

VEHICLE/DRIVER OUT OF SERVICE NOTICE

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SEE CONTINUATION SHEET <input checked="" type="checkbox"/> TROOPER COMMENTS: 2008, 2008 - inspection due to fatality accident involving above vehicle...		<input checked="" type="checkbox"/>		<input type="checkbox"/> Log Book Exemption
INSPECTED BY: C BAUGHMAN		ID/REGION/DISTRICT/AREA 09848 1 A 02		TIME COMPLETED 2:30AM
CHARGES FILED BY:		REPORT PREPARED BY: C BAUGHMAN		REFERRAL ID A Cummins
		BRAKES INSPECTED BY:		06857 1 A 02

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SEE CONTINUATION SHEET	<input checked="" type="checkbox"/>	TROOPER COMMENTS:		
2008, 2008 - inspection due to fatality accident involving above vehicle...		<div style="text-align: center; font-size: 2em;">X</div>		<input type="checkbox"/> Log Book Exemption
INSPECTED BY:		ID/REGION/DISTRICT/AREA	TIME COMPLETED	REPORT PREPARED BY:
C BAUGHMAN		09848 1 A 02	2:30AM	C BAUGHMAN
CHARGES FILED BY:		REFERRAL ID		A Cummins
		BRAKES INSPECTED BY:		06857 1 A 02



Texas Highway Patrol
Commercial Vehicle Enforcement
Division

CRASH INVESTIGATION REPORT
FOREST PRODUCTS TRANSPORTS LLC

DATE OF CRASH: 05/28/2010

INVESTIGATOR: CLINT BAUGHMAN
DATE OF COMPLETED
REPORT: 5/30/2010

DATE FORWARDED TO
SERGEANT: 5/31/2010

DATE RECEIVED BY
SERGEANT: _____

NOTES: _____
DATE FORWARDED TO
LIEUTENANT: _____
DATE RECEIVED BY
LIEUTENANT: _____

NOTES: _____
DATE FORWARDED TO
CAPTAIN: _____
DATE RECEIVED BY
CAPTAIN: _____

NOTES: _____

Crash Investigation Report

Date: 05/28/2010

Time: 6:25 PM

Location: IH-20 EB 509 MM KAUFMAN COUNTY

MOTOR CARRIER INFORMATION

Name of Motor Carrier: [REDACTED]

Street Address: [REDACTED]

City, State, Zip: COLUMBIA, MS [REDACTED]

State Carrier ID: [REDACTED]

US DOT#: [REDACTED]

ICC Docket: 134824

Owner: [REDACTED]

Address: SAME AS ABOVE

Vehicle Operated Under Lease: NO

Type of carriage being performed: Common

Name of Motor Carrier Office: [REDACTED]

Title: OWNER

Phone: [REDACTED]

At scene: NOT PRESENT

INSURANCE INFORMATION

Company: GREAT WEST CASUALTY COMPANY

Local Agent: STEWART SNEED HEWES – A DIVISION OF BANCORPSOUTH INSURANCE SERVICES

Address: PO BOX 1976, HATTIESBURG, MS 39403-1976

Phone: 601-544-8703

Representative on Scene: NOT PRESENT

Policy #:

Effective Date of Policy: 8/1/2009 TO 8/1/2010

LOAD

Cargo: MISC. BUILDING MATERIALS (BUCKETS OF CEMENT COMPOUND, PERMABOARD, AND BAGS OF SAND CONCRETE)

Weight: 36,263 LBS. PER MASTER BILL OF LADING

Shipper/Location: CBP – 1795 109TH ST, GRAND PRAIRIE, TX 75050

Destination: DEPENDABLE BAGGING – 264 HORD STREET, HARAHAN, LA 70123

Manifest #: 0400538660

Manifest Date: 5/28/2010

Hazardous Material? Yes No X

DRIVER

Name:

Address

COLUMBIA, MS

Date of Birth:

Sex: M

Height: 6'08"

Weight: 365

Eye Color: BROWN

Business Phone

Home Phone: UNKNOWN

DRIVER'S LICENSE

DL Number:

State: MS

Class: A

Endorsements: NONE

Restrictions: NONE

Expiration Date: 02/14/2014

MEDICAL CERTIFICATE

Date of Examination: 11/30/2009

Date of Expiration: 11/30/2011

Lenses: NONE

Hearing Aid: NONE

Waiver: NONE

Medic Alert: NONE

Examining Doctor: NANCY EASTERLING CFNP

Clinic: NANCY EASTERLING CFNP

Address/Phone: UNKNOWN

Co-Driver - NONE

SEAT BELT

Type:

Lap Belt

Lap Belt w/Shoulder Harness X

Driver wearing belt at time of accident? YES

PASSENGER

Name: - NONE

Authorized by Carrier? N/A

DRIVER'S HOURS OF SERVICE

Driver's Name _____

Date 5/28/2010

Vehicle # 434

DATE	TOTAL ON DUTY HOURS	DRIVING	ON DUTY (NOT DRIVING)	TOTAL MILES DRIVEN
5/21/2010	11.5	9	2.5	541
5/22/2010	1	1	0	61
5/23/2010	0	0	0	0
5/24/2010	7	5.75	1.25	312
5/25/2010	11.5	10	1.5	646
5/26/2010	5	4.5	.5	254
5/27/2010	11.75	10.75	1	706
5/28/2010	6.5	4.75	1.75	UNKNOWN
TOTAL	54.25	45.75	8.5	>2520

60/7 or 70/8 Hour Rule: NO VIOLATIONS

11 Hour Rule: NO VIOLATIONS

14 Hour Rule: NO VIOLATIONS

Last Entry: 5/28/2010, 5:45 PM, DRIVING – DALLAS, TX

Last Stop Arrived: 5/28/2010, 5:15 PM – DALLAS, TX

Last Stop Departed: 5/28/2010, 5:45 PM – DALLAS, TX

Purpose of Trip/Destination: DELIVER BUILDING MATERIALS FROM GRAND PRAIRIE, TX TO HARAHAN, LA.

Driver History: NO VIOLATIONS OR ACCIDENTS SHOWN ON DRIVING HISTORY

Familiar With Road: UNKNOWN

Years Driving Experience: UNKNOWN (Total): UNKNOWN (As CMV driver): UNKNOWN

Previous CMV Employers: UNKNOWN

Previous Accidents: UNKNOWN – NONE LISTED ON DRIVING HISTORY

NOTES: MOODY TRANSPORTED TO TERRELL RENAISSANCE HOSPITAL BY ETMC EMS FOR POSSIBLE INJURIES.

VEHICLE INFORMATION:

Power Unit

Company Unit #: 434

Year and Make: 2008 VOLVO

Type: TRUCK TRACTOR

Model: UNK

Body Style: TRUCK TRACTOR

VIN: 4V4NC9GH88N [REDACTED]

Color: WHITE

License Plate/State: [REDACTED]

Registered Gross Weight: 80,000

GVWR: UNK – LEFT DOOR JAMMED SHUT BY CRASH

Actual Gross Weight: 63,050 LBS.

MVI Certificate#/State/Date: 9623707, UNKNOWN STATE, 5/2010 – TAKEN FROM ANNUAL VEHICLE INSPECTION REPORT IN PERMIT BOOK – NO INSPECTION CERTIFICATE FOUND ON TRUCK

Transmission: AUTOMATIC

Gear: UNKNOWN

Mileage: UNKNOWN, LAST ENDING MILEAGE RECORDED ON LOG BOOK: 5/27/2010 418,159

Number of Axles: Up __0__ Down __3__

Air Conditioning: PRESENT – SET AT AC, HIGH FAN, DEFROSTER VENTS

Windows: LEFT – SHATTERED OUT BY CRASH, RIGHT INTACT

Automatic On Board Recording Device: UNKNOWN

Sealed?: UNKNOWN

AM/FM/CD Player: PRESENT – UNKNOWN POSITION AT TIME OF CRASH

CB Radio: PRESENT – UNKNOWN IF POWERED ON AT TIME OF CRASH

Business Band Radio: NONE

Mobile Telephone: PRESENT - POWERED ON AT TIME OF CRASH

Radar Detector: NONE

Police Scanner: NONE

Trailer

Company Unit #: 723

Vehic [REDACTED]

Addre [REDACTED]

Year and Make: 2008 UTILITY

Type: FLAT-BED – SEMI-TRAILER, SPREAD-AXLE

Model: UNK

Body Style: FLAT-BED, SEMI-TRAILER

VIN: 1UYFS24848A [REDACTED]

Color: ALUMINUM DECK WITH BLACK BOTTOM SUPPORT FRAME

License Plate/State: [REDACTED]

MVI Certificate#/State/Date: 2/24/2010

Number of Axles: Up __0__ Down __2__

Registered Gross Weight: N/A

GVWR: 80,000

Actual Gross Weight: 23,850 LBS. (AXLES 4 & 5 WHILE ATTACHED TO TRACTOR)

VEHICLE CONDITION

PAPERWORK

Daily Vehicle Inspection Report: UNABLE TO LOCATE

Registration/Trip Permit: PRESENT - CURRENT

Fuel License/Trip Permit: PRESENT - CURRENT

Name & Address Displayed: FOREST PRODUCTS TRANSPORTS, LLC 202 INDUSTRIAL PARK RD, COLUMBIA, MS, 39429

EQUIPMENT

Condition of Driver's Compartment: DISHEVELED BY CRASH

Glass: LEFT WINDOW SHATTERED OUT BY CRASH, WINDSHIELD SEVERELY CRACKED BY CRASH, RIGHT WINDOW OK

Windshield Wiper/Washer: PRESENT – UNABLE TO OPERATE AS A RESULT OF CRASH

Heater/Defroster: PRESENT – UNABLE TO OPERATE AS A RESULT OF CRASH

Rear Side View Mirrors: PRESENT – LEFT SIDE VIEW MIRROR PUSHED BACK AGAINST DOOR BY CRASH

Horn: PRESENT – UNABLE TO OPERATE AS A RESULT OF CRASH

Speedometer: PRESENT – UNABLE TO OPERATE AS A RESULT OF CRASH – NO SLAP MARKS, SHOWING 0 MPH

Wheels: FRONT LEFT PUSHED BACKWARDS BY CRASH

Lugs: NORMAL – 10 PER WHEEL - ALL PRESENT – ALL SECURE

STEERING

Power/Manual: POWER

Condition of Components: DAMAGED - PUSHED BACKWARDS BY CRASH

Condition of Joints: DAMAGED BY CRASH

Steering Wheel Diameter: 18"

Lash: UNABLE TO CHECK – FRONT LEFT WHEEL WITH STEERING COMPONENTS PUSHED BACKWARDS BY CRASH – POWER STEERING INOPERABLE

Front Bumper:

Ground Clearance: N/A - DETACHED BY CRASH - MISSING

Width: N/A

Height: N/A

Rear Bumper:

Ground Clearance: N/A

Width: N/A

Height: N/A

LIGHTING DEVICES

Power Unit

Headlamps: DESTROYED BY CRASH
Front Turn Signals: DESTROYED BY CRASH
Front Marker: INOPERABLE AS A RESULT OF CRASH
Front ID: INOPERABLE AS A RESULT OF CRASH
Front Clearance: INOPERABLE AS A RESULT OF CRASH
Rear turn Signals: INOPERABLE AS A RESULT OF CRASH
Stop Lamps: INOPERABLE AS A RESULT OF CRASH
Rear Marker: INOPERABLE AS A RESULT OF CRASH
Rear ID: N/A
Rear Clearance: N/A
Tail Lamps: INOPERABLE AS A RESULT OF CRASH
Four Way Flashers: INOPERABLE AS A RESULT OF CRASH
Reflectors: N/A
Back-up Lamp: UNKNOWN
Conspicuity Tape Installed: N/A

Towed Unit

Rear Turn Signals: GOOD
Stop Lamps: GOOD
Front Marker: GOOD
Side Marker: LEFT REAR SIDEMARKER LAMP INOPERABLE
Rear Marker: GOOD
Rear ID: GOOD
Rear Clearance: GOOD
Tail Lamps: GOOD
Four Way Flashers: GOOD
Reflectors: GOOD
License Plate Lamp: GOOD
Conspicuity Tape Installed: GOOD

Brake System

Who is responsible for brake adjustments? FOREST PRODUCTS TRANSPORTS LLC

When were the brakes last adjusted? N/A – AUTOMATIC SLACK ADJUSTERS WERE USED – TRUCK TYPICALLY SERVICED EVERY 18,000 TO 20,000 MILES PER JULIUS MILLER – COMPANY REPRESENTATIVE

Air Brake System

Type:

S-Cam X
Disc
Wedge

Air Loss on Brake Application: UNABLE TO CHECK - MOST AIR LINES / HOSES DETACHED BY CRASH

Low Air/Vacuum Warning Device: INOPERABLE

Engine Brake: UNKNOWN

Type: UNKNOWN

Operative: UNKNOWN

Parking Brake: DAMAGED BY CRASH

Tractor Protection Valve: UNABLE TO CHECK DUE TO DAMAGE FROM CRASH

Auto Trailer Brake Application: UNABLE TO CHECK DUE TO DAMAGE FROM CRASH

Air Tank Securement: APPEARED SECURE

Air Lines: DAMAGED BY CRASH

Glad Hands: CONNECTED, APPEARED NORMAL – UNABLE TO CHECK INTEGRITY WITHOUT AIR SOURCE

Hydraulic Brake System – N/A NOT PRESENT

Master Cylinder Fluid Level: N/A

Fluid Leaks:

Master Cylinder
Wheel Cylinders
Brake Lines

Brake Indicator Lamps:

AIR BRAKE SYSTEM MEASUREMENTS

Date 5/28/2010

Vehicle # 434 & 723

Axle # 1	Driver (L)	Passenger (R)			Driver (L)	Passenger (R)
Drum Diameter	Outer: UNK Inner: UNK	Outer: UNK Inner: UNK		Slacks – Auto/Man	AUTO	AUTO
Pad Thickness	Top: 1/2" Bottom: 1/2"	Top: 1/2" Bottom: 1/2"				
Travel	UNK – UNABLE TO SUPPLY AIR	UNK – UNABLE TO SUPPLY AIR				
Chamber Size/Type	20, CLAMP	20, CLAMP				

Axle # 2	Driver (L)	Passenger (R)			Driver (L)	Passenger (R)
Drum Diameter	Outer: UNK Inner: UNK	Outer: UNK Inner: UNK		Slacks – Auto/Man	AUTO	AUTO
Pad Thickness	Top: 5/8" Bottom: 5/8"	Top: 3/8" Bottom: 3/8"				
Travel	UNK – UNABLE TO SUPPLY AIR	UNK – UNABLE TO SUPPLY AIR				
Chamber Size/Type	30, CLAMP	30, CLAMP				

Axle # 3	Driver (L)	Passenger (R)			Driver (L)	Passenger (R)
Drum Diameter	Outer: UNK Inner: UNK	Outer: UNK Inner: UNK		Slacks – Auto/Man	AUTO	AUTO
Pad Thickness	Top: 5/8" Bottom: 5/8"	Top: 1/4" Bottom: 1/4"				
Travel	UNK – UNABLE TO SUPPLY AIR	UNK – UNABLE TO SUPPLY AIR				
Chamber Size/Type	30, CLAMP	30, CLAMP				

Axle # 4	Driver (L)	Passenger (R)			Driver (L)	Passenger (R)
Drum Diameter	Outer: UNK Inner: UNK	Outer: UNK Inner: UNK		Slacks – Auto/Man	AUTO	AUTO
Pad Thickness	Top: 1/2" Bottom: 1/2"	Top: 1/2" Bottom: 1/2"				
Travel	0 1/2"	1"				
Chamber Size/Type	30, CLAMP	30, CLAMP				

Axle # 5	<i>Driver (L)</i>	<i>Passenger (R)</i>			<i>Driver (L)</i>	<i>Passenger (R)</i>
Drum Diameter	Outer: UNK Inner: UNK	Outer: UNK Inner: UNK		Slacks – Auto/Man	AUTO	AUTO
Pad Thickness	Top: 1/2" Bottom: 1/2"	Top: 1/2" Bottom: 1/2"				
Travel	1 1/2"	0 1/2"				
Chamber Size/Type	30, CLAMP	30, CLAMP				

TIRE INFORMATION

Date 5/28/2010

Vehicle # 434 & 723

Axle # 1	<u>Driver (L)</u>			<u>Passenger (R)</u>
Size	295/75R 22.5			295/75R 22.5
Make	YOKOHAMA			YOKOHAMA
Design	103ZR			103ZR
Pressure	114			0 - FLAT
Tread Depth	Max 19/32" Min 18/32"			Max 19/32" Min 18/32"
Weight Rating	SINGLE 6175			SINGLE 6175

Driver (L)

Passenger (R)

Axle # 2	<u>Outside</u>	<u>Inside</u>	<u>Inside</u>	<u>Outside</u>
Size	295/75R 22.5	295/75R 22.5	295/75R 22.5	295/75R 22.5
Make	YOKOHAMA	YOKOHAMA	YOKOHAMA	YOKOHAMA
Design	703ZL	703ZL	703ZL	703ZL
Pressure	110	110	110	101
Tread Depth	Max 29/32" Min 26/32"	Max 30/32" Min 28/32"	Max 27/32" Min 25/32"	Max 29/32" Min 27/32"
Weight Rating	DUAL 5675	DUAL 5675	DUAL 5675	DUAL 5675

Axle # 3	<u>Outside</u>	<u>Inside</u>	<u>Inside</u>	<u>Outside</u>
Size	295/75R 22.5	295/75R 22.5	295/75R 22.5	295/75R 22.5
Make	YOKOHAMA	YOKOHAMA	YOKOHAMA	YOKOHAMA
Design	703ZL	703ZL	703ZL	703ZL
Pressure	85	110	111	105
Tread Depth	Max 28/32" Min 26/32"	Max 27/32" Min 27/32"	Max 27/32" Min 25/32"	Max 27/32" Min 26/32"
Weight Rating	DUAL 5675	DUAL 5675	DUAL 5675	DUAL 5675

Axle # 4	<u>Outside</u>	<u>Inside</u>	<u>Inside</u>	<u>Outside</u>
Size	295/75R 22.5	275/80R 22.5	295/75R 22.5	295/75R 22.5
Make	GENERAL	CONTINENTAL	GENERAL	GT
Design	ST250	HSL ECO PLUS	S371	GT669
Pressure	AUTO INFLATORS	AUTO INFLATORS	AUTO INFLATORS	AUTO INFLATORS
Tread Depth	<u>Max 14/32"</u> <u>Min 13/32"</u>	<u>Max 15/32"</u> <u>Min 15/32"</u>	<u>Max 15/32"</u> <u>Min 14/32"</u>	<u>Max 15/32"</u> <u>Min 14/32"</u>
Weight Rating	DUAL 5675	DUAL 6175	DUAL 6175	DUAL 5675

Axle # 5	<u>Outside</u>	<u>Inside</u>	<u>Inside</u>	<u>Outside</u>
Size	295/75R 22.5	295/75R 22.5	295/75R 22.5	295/75R 22.5
Make	STEELMARK	BRIDGESTONE	DAYTON	GENERAL
Design	AHS	R260	RIB RADIAL ALL POSITION	D460
Pressure	AUTO INFLATORS	AUTO INFLATORS	AUTO INFLATORS	AUTO INFLATORS
Tread Depth	<u>Max 18/32"</u> <u>Min 17/32"</u>	<u>Max 13/32"</u> <u>Min 12/32"</u>	<u>Max 18/32"</u> <u>Min 18/32"</u>	<u>Max 18/32"</u> <u>Min 11/32"</u>
Weight Rating	DUAL 5675	DUAL 5675	DUAL 5675	DUAL 5675

Loading and Securement of Cargo

Number of Tie Downs: 10

Type and Size of Tie Downs: 4" SYNTHETIC WEB

Load Cover: GREEN VINYL TARP

Other Equipment/Components

Wheel Flaps: LEFT ON TRAILER – BURNED, ALL OTHERS OK

Battery Installation: GOOD

Exhaust System: APPEARED INTACT

Fuel Tanks: FUEL TANKS OK – FUEL LINES DAMAGED CAUSING ALL FUEL TO DRAIN OUT

Header Board: NONE

Power Unit Suspension/Frame: FRAME OK, ALL AIR BAGS DEFLATED, FRONT LEFT AIR BAG RUPTURED, FRONT LEFT MAIN SUPPORT SPRING CRACKED AT U-BOLT SECUREMENT TO AXLE FRAME

Trailer Suspension/Frame: OK

Wiring: WIRING HOOD DAMAGED

Fire Extinguisher: NONE FOUND IN TRUCK – POSSIBLY USED AT CRASH SCENE – SEVERAL EMPTY FIRE EXTINGUISHERS FOUND AT CRASH SCENE

Triangular Warning Devices: PRESENT

Hood: DAMAGED / GONE

Coupling Device

Type: FIFTH WHEEL

Secured to Vehicle: YES

Safety Devices Intact: N/A

How Many: N/A

Dimensions

Truck-tractor: 28'L X 8"W

Semi-trailer: 48'L X 8'5"W

Combination: 68'L X 8'5"W

Bridges: (1-5): 59'6" (1-3): 20' (2-5): 44'4" (4-5): 10'

Weight

Truck tractor:	1L: 4900	2L: 7675	3L: 6700
	1R: 4300	2R: 8825	3R: 6800

Semi-trailer:	4L: 5500	5L: 5500
	4R: 6450	5R: 6400

Gross: 63,050 LBS.

REMARKS/NOTES: 38 PAILS OF CEMENT PRODUCT WEIGHING APPROX 25 LBS. EACH FELL FROM FRONT OF TRAILER DURING CRASH. 38 PAILS WEIGHED 950 LBS. AND WERE ADDED TO AXLE 2'S WEIGHT (475 LBS. FOR EACH SIDE).

Accident investigated by: TROOPER DEXTER BARKLEY
ID number/Service ID# 11097 / THP TERRELL
2nd TRAILER

Converter Dolly

Trailer # 2

Company Unit #: N/A – NO SECOND TRAILER

Vehicle Owner:

Address:

Year and Make:

Type:

Model:

Body Style:

VIN:

Color:

License Plate/State:

Tab #:

MVI Certificate#/State/Date:

Number of Axles: Up _____ Down _____

Registered Gross Weight:

GVWR:

Actual Gross Weight:

Hazardous Materials Information Sheet

Shipping Paper Information:

SHIPPER

Name: N/A – NO HAZARDOUS MATERIAL CARGO PRESENT

Address:

Phone:

RECEIVER (Destination)

Name:

Address:

Phone:

Hazardous Material as listed on shipping paper: (Full Description of each product)

>
>
>
>
>

Name of party signing shipping paper, if signed:

Certification Plate Information:

Tank Manufacturer:

Serial Number:

Tank Specification:

Date of Manufacture:

Design Pressure/MAWP:

Number of Compartments:

Tank Capacity (per compartment): 1>

Head Material:

Shell Material:

Weld Material:

Max. Design Density:

Max. Product Load:

2>

3>

4>

5>

6>

400 SERIES TANKS

Shell Mfg. Thickness:

Shell Min. Thickness:

Head Mfg. Thickness:

Head Min. Thickness:

Test Date Markings:**Month****Year****Type of Test:**

"V"	External Visual
"I"	Internal Visual
"K"	Leakage Test
"P"	Pressure Test
"T"	Thickness Test
"L"	Lining Test

Characteristics

Type of Circumferential Reinforcement: ____ Bulk Head ____ Baffle ____ Ring Stiffeners ____ N/A

% or Volume Loaded per Compartment:

Comp. 1 ____ Comp. 2 ____ Comp. 3 ____ Comp. 4 ____

Tank Dimensions: Height ____ Width ____ Length ____

Distance from center of tank to road surface:

Tracking distance between trailer wheels: _____ (measured from outer edge of wheels)

Labeling Information

(Number on bottom of label)

Product 1> ____

Product 2> ____

Product 3> ____

Product 4> ____

Product 5> ____

Product 6> ____

Label type without number on bottom:

Placarding Information

Type of placard:

(Number on bottom of placard)

Product 1> _____ Product 2> _____ Product 3> _____
 Product 4> _____ Product 5> _____ Product 6> _____

Location of Placard:
 (Ck. If placard is displayed)

	<u>Front</u>	<u>Driver Side</u>	<u>Passenger Side</u>	<u>Rear</u>
Product 1>	_____	_____	_____	_____
Product 2>	_____	_____	_____	_____
Product 3>	_____	_____	_____	_____
Product 4>	_____	_____	_____	_____

Placard type without number on bottom:

Marking Information

ID Number(s):

Product 1> _____ Product 2> _____ Product 3> _____
 Product 4> _____ Product 5> _____ Product 6> _____

Product Name(s):

Product Characteristics: _____Poison _____Inhalation Hazard _____Non-flammable _____Hot
 _____Marine Pollutant Other: _____

Cargo Tank Damage

Location of Leaking:

_____ None

_____ Front Head
 _____ Front Head Weld
 _____ Shell Left Front
 _____ Shell Left Rear
 _____ Shell Weld
 _____ Baffle Weld
 _____ 5th Wheel Connection

_____ Rear Head
 _____ Rear Head Weld
 _____ Shell Right Front
 _____ Shell Right Rear
 _____ Bulkhead Weld
 _____ Attachment Weld
 _____ Other (explain)

_____ Valve Top
 _____ Valve Bottom
 _____ Vent Top
 _____ Manway Assembly
 _____ Piping
 _____ Suspension Assembly

Damage Protection:

	<u>Failed to Protect</u>	<u>Damaged, but did not fail to protect</u>	<u>Not Damaged</u>
Overturn Protection	_____	_____	_____
Rear-end Protection	_____	_____	_____
Bottom Damage Protection	_____	_____	_____

NON-BULK PACKAGES

Blocking and Bracing

_____ No Failure
_____ Securement failed

Type of Securement:

Separation & Segregation

_____ Improper loading--Hazardous reaction
_____ Improper loading--No hazardous reaction

Package Failure

Type of Package	Failed?	Cause of Damage
_____	Y/N	_____
_____	Y/N	_____
_____	Y/N	_____
_____	Y/N	_____



**Texas Highway Patrol
Commercial Vehicle Enforcement
Division**

**CRASH INVESTIGATION REPORT
JOHN FAYARD MOVING & WAREHOUSING LLC**

DATE OF CRASH: 05/28/2010

INVESTIGATOR: CLINT BAUGHMAN
DATE OF COMPLETED REPORT: 05/30/2010

DATE FORWARDED TO SERGEANT: 05/31/2010
DATE RECEIVED BY SERGEANT:

NOTES:
DATE FORWARDED TO LIEUTENANT:
DATE RECEIVED BY LIEUTENANT:

NOTES:
DATE FORWARDED TO CAPTAIN:
DATE RECEIVED BY CAPTAIN:

NOTES:

Crash Investigation Report

Date: 05/28/10

Time: 6:25 PM

Location: IH-20 EB 509 MM KAUFMAN CO.

MOTOR CARRIER INFORMATION

Name of Mc [REDACTED]

Street Address [REDACTED]

City, State, Zip: GULFPORT, MS [REDACTED]

State Carrier ID:

US DOT#: 1043597

MC#: 432866

Owner: [REDACTED]

Address: SAME AS ABOVE

Vehicle Operated Under Lease: N/A

Type of carriage being performed:
Common

Name of Motor Carrier Officer:

Title: NOT PRESENT

Phone: [REDACTED]

At scene: NO

INSURANCE INFORMATION

Company: MISSISSIPPI INSURANCE COMPANY

Local Agent: STEWART SNEED HEWES

Address: PO BOX 250, GULFPORT MS 39502

Phone: 228-863-5362

Representative on Scene: N/A

Policy #: [REDACTED]

Effective Date of Policy: 12/7/2009

LOAD

Cargo: N/A - EMPTY

Weight: N/A

Shipper/Location: N/A

Destination: N/A

Manifest #: N/A

Manifest Date: N/A

Hazardous Material? Yes No X

DRIVER

Name:

Address:

E, Al

Date of Birth:

Sex: M

Height: 5-05

Weight: 155

Eye Color: BROWN

Business Phone:

Home Phone:

DRIVER'S LICENSE

DL Number:

State: AL

Class: A

Endorsements: NT

Restrictions: NONE

Expiration Date: 07/03/2011

MEDICAL CERTIFICATE

Date of Examination: 10/15/08

Date of Expiration: 10/15/10

Lenses: N/A

Hearing Aid: N/A

Waiver: N/A

Medic Alert: N/A

Examining Doctor: T. ASHTON BLASSEX

Clinic: SPRINGHILL MEDICAL CENTER CLINIC

Address/Phone: 210 GOVERNMENT ST., MOBILE, AL 36602

Co-Driver

SEAT BELT

Type:

Lap Belt

Lap Belt w/Shoulder Harness X

Driver wearing belt at time of accident? YES

PASSENGER

Name: N/A - NONE

Authorized by Carrier?

DRIVER'S HOURS OF SERVICE

Driver's Name _____

Date 05/28/2010

Vehicle # 26205

DATE	TOTAL ON DUTY HOURS	DRIVING	ON DUTY (NOT DRIVING)	TOTAL MILES DRIVEN
05/21/2010	2.5	2	.5	100
05/22/2010	0	0	0	0
5/23/2010	0	0	0	0
5/24/2010	0	0	0	0
5/25/2010	0	0	0	0
5/26/2010	11.5	10.5	1	638
5/27/2010	7	5	2	250
5/28/2010	7.5	7	.5	APPROX. 242
TOTAL	28.5	24.5	4	APPROX 1230

60/7 or 70/8 Hour Rule: NO VIOLATIONS

11 Hour Rule: NO VIOLATIONS

14 Hour Rule: NO VIOLATIONS

Last Entry: 5/28/2010 11:30 AM, DRIVING, OKLAHOMA CITY, OK

Last Stop Arrived: 05/27/10 3:00 PM, OKLAHOMA CITY, OK

Last Stop Departed: 05/28/2010 11:30 AM, OKLAHOMA CITY, OK

Purpose of Trip/Destination: TRAVELING TO HIS TRUCKING COMPANY'S YARD FROM LAST DROP IN OKLAHOMA CITY, OK.

Driver History: NO VIOLATIONS OR ACCIDENTS LISTED ON DRIVING RECORD

Familiar With Road: ONLY TWICE ON THIS SECTION OF HIGHWAY WITHIN PAST 2 MONTHS. HAS NOT BEEN ON THIS SECTION OF HIGHWAY SINCE THEN FOR THE PAST TEN YEARS.

Years Driving Experience: (Total): 30 (As CMV driver): 22

Previous CMV Employers: CURRENT COMPANY 3 YEARS – SELF EMPLOYED ALL PREVIOUS YEARS

Previous Accidents: NONE

NOTES:

VEHICLE INFORMATION:

Power Unit

Company Unit #: 26205

Year and Make: 2005 FREIGHTLINER

Type: TT – DAY CAB

Model: COLUMBIA

Body Style: TT

VIN: 1FUJA6CV35D [REDACTED]

Color: WHITE

License Plate/State: MS [REDACTED]

Registered Gross Weight: 80,000

GVWR: 52,000

Actual Gross Weight: 19,700

MVI Certificate#/State/Date: UNREADABLE

Transmission: STANDARD

Gear: NONE - STOPPED

Mileage: 202,131

Number of Axles: Up __0__ Down __3__

Air Conditioning: YES - ON

Windows: UP

Automatic On Board Recording Device: UNKNOWN

Sealed?: UNKNOWN

AM/FM/Tape Player: PRESENT – NOT ON

CB Radio: PRESENT – NOT ON

Business Band Radio: - PRESENT - ON

Mobile Telephone: PRESENT – NOT IN USE

Radar Detector: NONE

Police Scanner: NONE

Trailer

Company Unit #: 33350

Vehicle [REDACTED]

Address [REDACTED]

TN [REDACTED]

Year and Make: 2004

Type: SEMI

Model: 1S1

Body Style: SEMI

VIN: 1S12E95324E [REDACTED]

Color: WHITE

License Plate/State: TN [REDACTED]

MVI Certificate#/State/Date: UNKNOWN – NOT READABLE

Number of Axles: Up __0__ Down __2__

Registered Gross Weight: N/A

GVWR: 65,000

Actual Gross Weight: 10,050 (AXLES 4 & 5 WHILE ATTACHED TO TRACTOR)

VEHICLE CONDITION

PAPERWORK

Daily Vehicle Inspection Report: PRESENT - NO DEFECTS NOTED

Registration/Trip Permit: PRESENT - CURRENT

Fuel License/Trip Permit: PRESENT - CURRENT

Name & Address Displayed: [REDACTED]

GULFPORT, MS [REDACTED]

EQUIPMENT

Condition of Driver's Compartment: - GOOD

Glass: LARGE VERTICAL CRACK THROUGHOUT PASSENGER SIDE WINDSHIELD

Windshield Wiper/Washer: - GOOD

Heater/Defroster: - GOOD

Rear Vision Mirrors: - GOOD

Horn: - GOOD

Speedometer: - GOOD

Wheels: - GOOD

Lugs: - GOOD

STEERING

Power/Manual: - POWER

Condition of Components: - GOOD

Condition of Joints: - GOOD

Steering Wheel Diameter: - UNKNOWN

Lash: - GOOD

Front Bumper:

Ground Clearance: 15.5"

Width: 7.5'

Height: 19"

Rear Bumper:

Ground Clearance: N/A

Width: N/A

Height: N/A

LIGHTING DEVICES

Power Unit

Headlamps: - GOOD

Front Turn Signals: - GOOD

Front Marker: - GOOD

Front ID: - GOOD

Front Clearance: - GOOD

Rear turn Signals: - GOOD

Stop Lamps: - GOOD

Rear Marker: - GOOD

Rear ID: - GOOD

Rear Clearance: - GOOD

Tail Lamps: - GOOD

Four Way Flashers: - GOOD

Reflectors: - GOOD

Back-up Lamp: - UNKNOWN

Conspicuity Tape Installed: - N/A

Towed Unit

Rear Turn Signals: REAR RIGHT - DANGLING

Stop Lamps: - GOOD

Front Marker: - GOOD

Side Marker: - GOOD

Rear Marker: - GOOD

Rear ID: - GOOD

Rear Clearance: - GOOD

Tail Lamps: - GOOD

Four Way Flashers: - GOOD

Reflectors: - GOOD

License Plate Lamp: - GONE – POST ACCIDENT

Conspicuity Tape Installed: - GOOD

Brake System

Who is responsible for brake adjustments? COMPANY MAINTAINANCE

When were the brakes last adjusted? BRAKES SERVICED 3 WEEKS PRIOR

Air Brake System

Type:

S-Cam X
Disc
Wedge

Air Loss on Brake Application: NORMAL

Low Air/Vacuum Warning Device: GOOD

Engine Brake: UNKNOWN

Type: UNKNOWN

Operative: UNKNOWN

Parking Brake: - GOOD

Tractor Protection Valve: - GOOD

Auto Trailer Brake Application: - GOOD

Air Tank Securement: - GOOD

Air Lines: - GOOD

Glad Hands: - GOOD

Hydraulic Brake System – N/A

Master Cylinder Fluid Level: N/A

Fluid Leaks:

Master Cylinder
Wheel Cylinders
Brake Lines

Brake Indicator Lamps:

AIR BRAKE SYSTEM MEASUREMENTS

Date 5/28/10

Vehicle # 26205_ & 33350_

Axle # 1	Driver (L)	Passenger (R)			Driver (L)	Passenger (R)
Drum Diameter	Outer: UNK Inner: UNK	Outer: UNK Inner: UNK		Slacks – Auto/Man	AUTO	AUTO
Pad Thickness	Top: 3/4 Bottom: 3/4	Top: 5/8 Bottom: 5/8				
Travel	1 1/4"	1 1/8"				
Chamber Size/Type	20 / CLAMP	20 / CLAMP				

Axle # 2	Driver (L)	Passenger (R)			Driver (L)	Passenger (R)
Drum Diameter	Outer: UNK Inner: UNK	Outer: UNK Inner: UNK		Slacks – Auto/Man	AUTO	AUTO
Pad Thickness	Top: 1/2 Bottom: 1/2	Top: 1/2 Bottom: 1/2				
Travel	1 1/4"	1 1/2"				
Chamber Size/Type	30 / CLAMP	30 / CLAMP				

Axle # 3	Driver (L)	Passenger (R)			Driver (L)	Passenger (R)
Drum Diameter	Outer: UNK Inner: UNK	Outer: UNK Inner: UNK		Slacks – Auto/Man	AUTO	AUTO
Pad Thickness	Top: 1/4 Bottom: 1/4	Top: 1/4 Bottom: 1/4				
Travel	1 1/4"	1 1/4"				
Chamber Size/Type	30 / CLAMP	30 / CLAMP				

Axle # 4	Driver (L)	Passenger (R)			Driver (L)	Passenger (R)
Drum Diameter	Outer: UNK Inner: UNK	Outer: UNK Inner: UNK		Slacks – Auto/Man	AUTO	AUTO
Pad Thickness	Top: 1/2 Bottom: 1/2	Top: 1/2 Bottom: 1/2				
Travel	0 3/4"	1"				
Chamber Size/Type	30 / CLAMP	30 / CLAMP				

Axle # 5	<i>Driver (L)</i>	<i>Passenger (R)</i>			<i>Driver (L)</i>	<i>Passenger (R)</i>
Drum Diameter	Outer: UNK Inner: UNK	Outer: UNK Inner: UNK		Slacks – Auto/Man	AUTO	AUTO
Pad Thickness	Top: 3/4 Bottom: 3/4	Top: 3/4 Bottom: 3/4				
Travel	0 3/4"	0 3/4"				
Chamber Size/Type	30 / CLAMP	30 / CLAMP				

TIRE INFORMATION

Date 5/28/10

Vehicle # 26205_ & 33350

Axle # 1	<u>Driver (L)</u>			<u>Passenger (R)</u>
Size	295/75R 22.5			295/75R 22.5
Make	FIRESTONE			FIRESTONE
Design	FS590 PLUS RADIAL			FS590 PLUS RADIAL
Pressure	101			98
Tread Depth	Max 15/32" Min 13/32"			Max 15/32" Min 13/32"
Weight Rating	SINGLE 6175			SINGLE 6175

Driver (L)

Passenger (R)

Axle # 2	<u>Outside</u>	<u>Inside</u>	<u>Inside</u>	<u>Outside</u>
Size	275/80R 22.5	295/75R/22.5	295/75R/22.5	295/75R/22.5
Make	MICHELIN	BRIDGESTONE	HANKOOK	BRIDGESTONE
Design	UNKNOWN	R287	RADIAL F80	R250
Pressure	97	UNKNOWN	UNKNOWN	90
Tread Depth	Max 8/32" Min 8/32"	Max 5/32" Min 4/32"	Max 6/32" Min 5/32"	Max 7/32" Min 5/32"
Weight Rating	DUAL 5675	DUAL 5675	DUAL 5675	DUAL 5675

Axle # 3	<u>Outside</u>	<u>Inside</u>	<u>Inside</u>	<u>Outside</u>
Size	295/75R 22.5	295/75R 22.5	295/75R 22.5	295/75R 22.5
Make	BRIDGESTONE	BRIDGESTONE	GENERAL	FIRESTONE
Design	R250	R250	S580	FS590
Pressure	94	UNKNOWN	UNKNOWN	90
Tread Depth	Max 8/32" Min 7/32"	Max 7/32" Min 5/32"	Max 7/32" Min 6/32"	Max 6/32" Min 3/32"
Weight Rating	DUAL 5675	DUAL 5675	DUAL 5675	DUAL 5675

Axle # 4	<u>Outside</u>	<u>Inside</u>	<u>Inside</u>	<u>Outside</u>
Size	295/75R 22.5	295/75R 22.5	295/75R 22.5	295/75R 22.5
Make	KELLY	YOKOHAMA	DUNLOP	KELLY
Design	ARMORSTEEL	RY587	SP384	ARMORSTEEL
Pressure	AUTO INFLATORS	AUTO INFLATORS	AUTO INFLATORS	AUTO INFLATORS
Tread Depth	<u>Max</u> 9/32" <u>Min</u> 8/32"	<u>Max</u> 10/32" <u>Min</u> 9/32"	<u>Max</u> 12/32" <u>Min</u> 9/32"	<u>Max</u> 11/32" <u>Min</u> 9/32"
Weight Rating	DUAL 5675	DUAL 5675	DUAL 5675	DUAL 5675

Axle # 5	<u>Outside</u>	<u>Inside</u>	<u>Inside</u>	<u>Outside</u>
Size	295/75R 22.5	295/75R 22.5	295/75R 22.5	295/75R 22.5
Make	KELLY	KELLY	BRIDGESTONE	DUNLOP
Design	ARMORSTEEL	ARMORSTEEL	V STEEL RIB	SP384
Pressure	AUTO INFLATORS	AUTO INFLATORS	FLAT – RIM BENT	AUTO INFLATORS
Tread Depth	<u>Max</u> 14/32" <u>Min</u> 13/32"	<u>Max</u> 15/32" <u>Min</u> 13/32"	<u>Max</u> 10/32" <u>Min</u> 9/32"	<u>Max</u> 8/32" <u>Min</u> 6/32"
Weight Rating	DUAL 5675	DUAL 5675	DUAL 5675	DUAL 5675

Loading and Securement of Cargo

Number of Tie Downs: N/A – NO CARGO

Type and Size of Tie Downs: N/A

Load Cover: N/A

Other Equipment/Components

Wheel Flaps: GOOD

Battery Installation: GOOD

Exhaust System: GOOD

Fuel Tanks: GOOD

Header Board: NONE

Power Unit Suspension/Frame: GOOD

Trailer Suspension/Frame: GOOD

Wiring: GOOD

Fire Extinguisher: USED DURING ACCIDENT - EMPTY

Triangular Warning Devices: GOOD

Hood: GOOD

Coupling Device

Type: 5TH WHEEL

Secured to Vehicle: YES

Safety Devices Intact: N/A

How Many: N/A

Dimensions

Truck-tractor: 22' 1"L X 7' 6"W

Semi-trailer: 52' 8"L X 8' 6"W

Combination: 67"L X 8' 6"W

Bridges: (1-5): 55" (1-3): 16'6" (2-5): 42' 11" (4-5): 4' 2"

Weight

Truck tractor:	1L: 4350	2L: 3100	3L: 2900
	1R: 4100	2R: 2500	3R: 2750

Semi-trailer:	4L: 2500	5L: 2300
	4R: 2700	5R: 2550

Gross: 29,750

REMARKS/NOTES:

Accident investigated by: TROOPER DEXTER BARKLEY
ID number/Service #11097 THP

2nd TRAILER

Converter Dolly

Trailer # 2

Company Unit #: N/A – NO SECOND TRAILER

Vehicle Owner:

Address:

Year and Make:

Type:

Model:

Body Style:

VIN:

Color:

License Plate/State:

Tab #:

MVI Certificate#/State/Date:

Number of Axles: Up _____ Down _____

Registered Gross Weight:

GVWR:

Actual Gross Weight:

Hazardous Materials Information Sheet

Shipping Paper Information: N/A – NO HAZARDOUS MATERIAL CARGO

SHIPPER

Name:

Address:

Phone:

RECEIVER (Destination)

Name:

Address:

Phone:

Hazardous Material as listed on shipping paper: (Full Description of each product)

>

>

>

>

>

Name of party signing shipping paper, if signed:

Certification Plate Information:

Tank Manufacturer:

Serial Number:

Tank Specification:

Date of Manufacture:

Design Pressure/MAWP:

Number of Compartments:

Tank Capacity (per compartment): 1>

4>

2>

5>

Head Material:

Shell Material:

Weld Material:

Max. Design Density:

Max. Product Load:

3>

6>

400 SERIES TANKS

Shell Mfg. Thickness:

Shell Min. Thickness:

Head Mfg. Thickness:

Head Min. Thickness:

Test Date Markings:

Month

Year

Type of Test:

"V" External Visual
"I" Internal Visual
"K" Leakage Test
"P" Pressure Test
"T" Thickness Test
"L" Lining Test

Characteristics

Type of Circumferential Reinforcement: ____ Bulk Head ____ Baffle ____ Ring Stiffeners ____ N/A

% or Volume Loaded per Compartment:

Comp. 1 ____ Comp. 2 ____ Comp. 3 ____ Comp. 4 ____

Tank Dimensions: Height ____ Width ____ Length ____

Distance from center of tank to road surface:

Tracking distance between trailer wheels: _____ (measured from outer edge of wheels)

Labeling Information

(Number on bottom of label)

Product 1> ____ Product 2> ____ Product 3> ____

Product 4> ____ Product 5> ____ Product 6> ____

Label type without number on bottom:

Placarding Information

Type of placard:

(Number on bottom of placard)

Product 1> ____ Product 2> ____ Product 3> ____

Product 4> ____ Product 5> ____ Product 6> ____

Location of Placard:
(Ck. if placard is displayed)

	<u>Front</u>	<u>Driver Side</u>	<u>Passenger Side</u>	<u>Rear</u>
Product 1> _____	_____	_____	_____	_____
Product 2> _____	_____	_____	_____	_____
Product 3> _____	_____	_____	_____	_____
Product 4> _____	_____	_____	_____	_____

Placard type without number on bottom:

Marking Information

ID Number(s):

Product 1> _____	Product 2> _____	Product 3> _____
Product 4> _____	Product 5> _____	Product 6> _____

Product Name(s):

Product Characteristics: ☐ Poison ☐ Inhalation Hazard ☐ Non-flammable ☐ Hot
 ☐ Marine Pollutant Other: _____

Cargo Tank Damage

Location of Leaking:

☐ **None**

<input type="checkbox"/> Front Head	<input type="checkbox"/> Rear Head	<input type="checkbox"/> Valve Top
<input type="checkbox"/> Front Head Weld	<input type="checkbox"/> Rear Head Weld	<input type="checkbox"/> Valve Bottom
<input type="checkbox"/> Shell Left Front	<input type="checkbox"/> Shell Right Front	<input type="checkbox"/> Vent Top
<input type="checkbox"/> Shell Left Rear	<input type="checkbox"/> Shell Right Rear	<input type="checkbox"/> Manway Assembly
<input type="checkbox"/> Shell Weld	<input type="checkbox"/> Bulkhead Weld	<input type="checkbox"/> Piping
<input type="checkbox"/> Baffle Weld	<input type="checkbox"/> Attachment Weld	<input type="checkbox"/> Suspension Assembly
<input type="checkbox"/> 5 th Wheel Connection	<input type="checkbox"/> Other (explain)	

Damage Protection:

	<u>Failed to Protect</u>	<u>Damaged, but did not fail to protect</u>	<u>Not Damaged</u>
Overturn Protection	_____	_____	_____
Rear-end Protection	_____	_____	_____
Bottom Damage Protection	_____	_____	_____

NON-BULK PACKAGES

Blocking and Bracing

_____ No Failure
_____ Securement failed

Type of Securement:

Separation & Segregation

_____ Improper loading--Hazardous reaction
_____ Improper loading--No hazardous reaction

Package Failure

Type of Package	Failed?	Cause of Damage
_____	Y/N	_____
_____	Y/N	_____
_____	Y/N	_____
_____	Y/N	_____

EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

Police Reports

1678613-WE - 1 - Texas

Department of Public Safety -

Trooper Clint Baughman

(corrected DWQ)

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

OLLIE GREENE, Individually and as the §
Surviving parent of WYNDELL GREENE, SR., §
WILLIAM GREENE, as the Administrator §
Of the Estate of WYNDELL GREENE, SR., et al §
vs. §
TOYOTA MOTOR CORPORATION, TOYOTA §
MOTOR MANUFACTURING NORTH AMERICA, et al §

CIVIL ACTION NO. 3-11CV0207-N

**AMENDED NOTICE OF INTENTION TO TAKE
DEPOSITION BY WRITTEN QUESTIONS**

TO: ALL PARTIES BY AND THROUGH THEIR ATTORNEY(S) OF RECORD AS PROVIDED IN THE ATTACHED SERVICE LIST.

You will take notice that fourteen (14) days after the service hereof, with attached questions, a deposition by written questions will be asked of the custodian of records for:

TEXAS DEPARTMENT OF PUBLIC SAFETY - TROOPER CLINT BAUGHMAN (Client Record Scope)
111 TEJAS DRIVE TERRELL, TX 75160-6567

Such questions to be answered on or **before 04/17/2012**, before a Notary Public on behalf of:

Written Deposition Service, LLC
1750 Valley View Lane, Suite 210
Dallas, Texas 75234

or its designated agent, which deposition with attached questions may be used in evidence upon the trial of the above-styled and numbered cause pending in the above named court. Notice is further given that request is hereby made as authorized under Rules 31 & 45, Federal Rules of Civil Procedure, to the officer taking this deposition to issue a Subpoena Duces Tecum and cause it to be served on the witness to produce any and all records as described on the attached questions and/or Exhibit(s) and any other such record in the possession, custody or control of the said witness, and every such record to which the witness may have access, and to turn all such records over to the officer authorized to take this deposition so that photographic reproductions of the same may be made and attached to said deposition.

Respectfully Submitted,



David P. Stone

SBA # 00785061

Bowman & Brooke, LLP

2711 N. Haskell Avenue, Ste 650

Dallas, TX 75204

(972) 616-1700 Fax (972) 616-1701

Attorney for Defendant

(K5)

CERTIFICATE OF SERVICE

I certify, as authorized agent for the attorney of record, David P. Stone, that a true and exact copy of foregoing Notice of Intention to Take Written Deposition upon Written Questions was served to all attorneys of record in the above-styled and numbered matter, said service being effected in the following manner:

CERTIFIED MAIL/RETURN RECEIPT REQUESTED _____

HAND DELIVERY _____

TELECOPY _____ ☒

OVERNIGHT/NEXT DAY DELIVERY VIA LONE STAR OR UPS _____

E-MAIL _____

DATED: 3/28/12

BY: 

SERVED TO ALL PARTIES LISTED BELOW:

Ollie Greene, et al vs. Toyota Motor Corporation, et al

ATTORNEYS OF RECORD

Patrick J. Fitzgerald
Howry Breen & Herman, L.L.P.
1900 Pearl Street
Austin, TX 78705 (512) 474-7300 Fax (512) 474-8557
Attorney for Defendant

John S. Kenefick
MacDonald Devin, P.C.
1201 Elm Street, Suite 3800
Dallas, TX 75270 (214) 744-3300 Fax (214) 747-0942
Attorney for Defendant

S. Todd Parks
Walters, Balido & Crain, L.L.P.
900 Jackson Street, Ste. 600
Dallas, TX 75202 (214) 749-4805 Fax (214) 760-1670
Attorney for Defendant

Aubrey Pittman
The Pittman Law Firm
100 Crescent Court, Suite 700
Dallas, TX 75201 (214) 459-3454 Fax (214) 853-5912
Attorney for Plaintiff

Michael P. Sharp
Fee, Smith, Sharp & Vitullo, L.L.P.
13155 Noel Road, Suite 1000
Dallas, TX 75240 (972) 934-9100 Fax (972) 934-9200
Attorney for Defendant

Daryl K. Washington
Law Office of Daryl K. Washington
325 St. Paul, Suite 1975
Dallas, TX 75201 (214) 880-4883 Fax (214) 751-6555
Attorney for Plaintiff

United States District Court

FOR THE NORTHERN DISTRICT OF TEXAS

DALLAS DIVISION

**OLLIE GREENE, Individually and as the
Surviving parent of WYNDELL GREENE, SR.,
WILLIAM GREENE, as the Administrator
Of the Estate of WYNDELL GREENE, SR., et al**
vs.
**TOYOTA MOTOR CORPORATION, TOYOTA
MOTOR MANUFACTURING NORTH AMERICA, et
al**

SUBPOENA IN A CIVIL CASE

Civil Action Number:¹ 3-11CV0207-N

TO: Custodian of Records for: **TEXAS DEPARTMENT OF PUBLIC SAFETY - TROOPER
CLINT BAUGHMAN
111 TEJAS DRIVE
TERRELL, TX 75160-6567 (972) 551-6010**



YOU ARE COMMANDED to appear in the United States District Court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY

COURTROOM

DATE AND TIME

☒ **YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.**

PLACE OF DEPOSITION

DATE AND TIME

The office of the custodian: **111 TEJAS DRIVE
TERRELL, TX 75160-6567**

**AT 10:00 A.M.
ON 04/17/2012**

☒ **YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects): ANY AND ALL RECORDS, INCLUDING BUT NOT LIMITED TO THE INVESTIGATION OF THE COMMERCIAL VEHICLES INVOLVED IN THE ACCIDENT, THE VIDEOTAPE OF THE SCENE, COLOR COPIES OF PHOTOGRAPHS, ALL OTHER TANGIBLE MATERIALS OF THE ACCIDENT, NOTES, PAPERS, FILES AND ALL OTHER TANGIBLE THINGS IN THE POSSESSION, CUSTODY OR CONTROL OF THE SAID WITNESS AND EVERY SUCH RECORDS TO WHICH THE WITNESS MAY ACCESS PERTAINING TO AN ACCIDENT WHICH OCCURRED ON 5/28/10 IN KAUFMAN COUNTY INVOLVING WYNDELL GREENE, SR., LAKEYSHA GREENE, WYNDELL GREENE, II AND WESLEIGH GREENE**

PLACE

DATE AND TIME

The office of the custodian: **111 TEJAS DRIVE
TERRELL, TX 75160-6567**

**AT 10:00 A.M.
ON 04/17/2012**

☐ **YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.**

PREMISES

DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b) (6).

ISSUING OFFICER SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)

DATE

David Stone

Attorney for Defendant

3/28/12

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER

**David P. Stone
Bowman & Brooke, LLP
2711 N. Haskell Avenue, Ste 650 , Dallas, TX 75204 (972) 616-1700**

PROOF OF SERVICE

SERVED	DATE	PLACE
SERVED ON (PRINT NAME)		MANNER OF SERVICE
SERVED BY (PRINT NAME)		TITLE

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on

DATE

SIGNATURE OF SERVER

ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d) and (e), as amended on December 1, 2006:

(c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection, copying, testing, or sampling of designated electronically stored information, books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d) (2) of this rule, a person commanded to produce and permit inspection, copying, testing, or sampling may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to producing any or all of the designated materials or inspection of the premises – or to produce electronically stored information in the form or forms requested. If objection is made, the party serving the subpoena shall not be entitled to inspect, copy, test or sample the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production, inspection, copying, testing, or sampling. Such an order to compel shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection, copying, testing, or sampling commanded.

(3) (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clauses (c) (3) (B) (iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held;

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies; or

(iv) subjects a person to undue burden.

(B) If a subpoena

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in

whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) DUTIES IN RESPONDING TO SUBPOENA.

(1) (A) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(B) If a subpoena does not specify the form or forms for producing electronically stored information, a person responding to a subpoena must produce the information in a form or forms in which the person ordinarily maintains it or in a form or forms that are reasonably usable.

(C) A person responding to a subpoena need not produce the same electronically stored information in more than one form.

(D) A person responding to a subpoena need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or to quash, the person from whom discovery is sought must show that the information sought is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.

(2)(A) When information subject to a subpoena is withheld on a claim that is privileged or subject to protection as trial-preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

(B) If information is produced in response to a subpoena that is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has and may not use or disclose the information until the claim is resolved. A receiving party may promptly present the information to the court under seal for a determination of the claim. If the receiving party disclosed the information before being notified, it must take reasonable steps to retrieve it. The person who produced the information must preserve the information until the claim is resolved.

(e) CONTEMPT. Failure of any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court from which the subpoena issued. An adequate cause for failure to obey exists when a subpoena purports to require a nonparty to attend or produce at a place not within the limits provided by clause (ii) of Subparagraph (c)(3)(A).

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

OLLIE GREENE, Individually and as the §
Surviving parent of WYNDELL GREENE, SR., §
WILLIAM GREENE, as the Administrator §
Of the Estate of WYNDELL GREENE, SR., et al §
vs. §
TOYOTA MOTOR CORPORATION, TOYOTA §
MOTOR MANUFACTURING NORTH AMERICA, et al §

CIVIL ACTION NO. 3-11CV0207-N

**DIRECT QUESTIONS TO BE PROPOUNDED TO
THE WITNESS, CUSTODIAN OF RECORDS FOR:
TEXAS DEPARTMENT OF PUBLIC SAFETY - TROOPER CLINT BAUGHMAN**

1. State your full name and occupation, address and telephone number.

ANSWER: (NAME) Clinton Stephen Baughman
(OCCUPATION) State Trooper - Texas Highway Patrol
(ADDRESS) 111 Tejas Dr., Terrell, TX 75160
(TELEPHONE #) 214 - 861- 2000

2. Have you received a Subpoena Duces Tecum for the production of ANY AND ALL RECORDS, INCLUDING BUT NOT LIMITED TO THE INVESTIGATION OF THE COMMERCIAL VEHICLES INVOLVED IN THE ACCIDENT, THE VIDEOTAPE OF THE SCENE, COLOR COPIES OF PHOTOGRAPHS, ALL OTHER TANGIBLE MATERIALS OF THE ACCIDENT, NOTES, PAPERS, FILES AND ALL OTHER TANGIBLE THINGS IN THE POSSESSION, CUSTODY OR CONTROL OF THE SAID WITNESS AND EVERY SUCH RECORDS TO WHICH THE WITNESS MAY ACCESS PERTAINING TO AN ACCIDENT WHICH OCCURRED ON 5/28/10 IN KAUFMAN COUNTY INVOLVING WYNDELL GREENE, SR., LAKEYSHA GREENE, WYNDELL GREENE, II AND WESLEIGH GREENE?

ANSWER: Yes

3. Are you able to identify these records and/or tangible items as the originals or true and correct copies of the originals?

ANSWER: Yes

4. Were these records and/or tangible items made and kept in the regular course of your business?

ANSWER: Yes

5. In the regular course of business of your practice, business, or institution, did the person who signed the records and/or tangible items either have personal knowledge of the entries shown on the records and/or tangible items, or obtain the information to make the entries from the sources who have such personal knowledge?

ANSWER: Yes

6. Were such memoranda or documents and/or tangible items then transmitted to your files and thereafter maintained under your care, supervision, direction, custody, control or access as custodian of this facility?

ANSWER: Yes

7. Were the memoranda or documents and/or tangible items that were transmitted to your files original entries on the part of the Custodian or other employee or member of the staff of this facility?

ANSWER: Yes

8. Were the records and/or tangible items prepared at or about the time of the events and conditions they record?

ANSWER: Yes

9. Were these records and/or tangible items kept as described in the previous questions?

ANSWER: Yes

10. Please examine copies of the original requested records and/or tangible items. Have you produced records for attachment to the Deposition?

ANSWER: Yes, the requested records have previously been sent to your office.

11. Has anything been removed from or altered in the original records and/or tangible items before making these copies?

ANSWER: No

12. If you have answered the previous question yes, please state fully and precisely what alterations were made in the original records and/or tangible items and attach copies of every document removed from the originals.

ANSWER: No alterations have been made.

13. In the event that no records and/or tangible items can be found, are there document archives (i.e. microfiche) or document retention policies which explain their absence? If so, please identify who has knowledge of those archives or policies of the above named facility.

ANSWER: N/A- the records and tangible items were found and submitted as requested.

I, Clinton Stephen Baughman (Custodian of Record/Witness), do swear or affirm that my answers to the above questions are the truth, the whole truth and nothing but the truth, so help me God.

Clinton Baughman
Custodian of Record/Witness

I, Shelly Kasper, A Notary Public, do hereby certify the above Custodian/Witness was duly sworn and the non-stenographic recording of this Written Deposition is a true record of the Custodian/Witness testimony.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS 9 DAY OF April, 2012.



[Signature]

SIGNATURE OF NOTARY PUBLIC IN AND FOR THE STATE OF TX



Shelly Kasper

NAME OF NOTARY PUBLIC TYPED OR PRINTED

My commission expires: 7-13-2012

TX10440EAQ01		TXDPS COMMERCIAL VEHICLE ENFORCEMENT		CP#: 0798253		LEVEL 1																					
<input type="checkbox"/> ARREST TKT <input type="checkbox"/> 9 - 15 PASS. FOR HIRE <input checked="" type="checkbox"/> COM. VEH. <input type="checkbox"/> 16 PASS. FOR HIRE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> 16 PASS. NOT FOR HIRE <input checked="" type="checkbox"/> CDL <input type="checkbox"/> SCHEDULE <input type="checkbox"/> CHARTER		SP PROG: <input checked="" type="checkbox"/> INTERSTATE <input type="checkbox"/> INTRASTATE CONSTRUCTION ZONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OCCUPIED SCALE HOUSE <input type="checkbox"/> FIXED <input checked="" type="checkbox"/> ROADSIDE		<input type="checkbox"/> ALCH <input type="checkbox"/> DS <input checked="" type="checkbox"/> SW <input type="checkbox"/> TE																							
DATE: [REDACTED] TIME: 7:00PM		COUNTY: KAUFMAN		HWY: (1) IH-0020 IN KAUFMAN CO. (487-513)		MP#: 509																					
Lessee/MC [REDACTED]		USDOT#: 1043597		ICC/MC#: 432866																							
Add/City/St/Zip [REDACTED]		TXDOT#: [REDACTED]		PHONE#: [REDACTED]																							
OWNER [REDACTED]		RACE/SEX: WM DOB: [REDACTED]		MED CARD: 10/15/10																							
ADD/CITY/ST/ZIP [REDACTED]		DL #: [REDACTED]		ST: AL		DL CLASS: A																					
Operator: [REDACTED]																											
VEH SEARCH: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		REASON FOR STOP: <input type="checkbox"/> WARN <input type="checkbox"/> CITATION <input type="checkbox"/> INSPECTION		CONTRABAND LOCATED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																							
TYPE OF SEARCH: <input type="checkbox"/> CONSENT <input type="checkbox"/> PC <input type="checkbox"/> INC. TO ARREST <input type="checkbox"/> INVENTORY		TYPE OF CONTRABAND: <input type="checkbox"/> DRUGS <input type="checkbox"/> WEAPONS <input type="checkbox"/> CURRENCY <input type="checkbox"/> OTHER																									
<table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th>Unit</th> <th>TYPE</th> <th>MAKE</th> <th>CO#</th> <th>Plate</th> <th>Stat</th> <th>VIN</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>TT</td> <td>FRHT</td> <td>26205</td> <td>A164904</td> <td>MS</td> <td>1FUJA6CV35</td> </tr> <tr> <td>2</td> <td>ST</td> <td>STRI</td> <td>33350</td> <td>T650872</td> <td>TN</td> <td>1S12E95324</td> </tr> </tbody> </table>							Unit	TYPE	MAKE	CO#	Plate	Stat	VIN	1	TT	FRHT	26205	A164904	MS	1FUJA6CV35	2	ST	STRI	33350	T650872	TN	1S12E95324
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1	TT	FRHT	26205	A164904	MS	1FUJA6CV35																					
2	ST	STRI	33350	T650872	TN	1S12E95324																					
SIGNATURE: _____																											
<input type="checkbox"/> I HEREBY PROMISE TO APPEAR AT THE TIME AND PLACE DESIGNATED IN THIS NOTICE. (THIS IS NOT A PLEA OF GUILTY)																											
X(8450) --OO(11250) --OO(10050)																											
<input checked="" type="checkbox"/> COPY RECEIVED BY		GROSS WEIGHT: 29,750		GROUP WEIGHT: 21,300																							
YOU ARE HEREBY NOTIFIED TO APPEAR JUDGE: _____ COURT: _____ PCT./PLACE: _____ PHONE: _____ ON/BEFORE _____ AT _____ ADDRESS: TX _____																											
SEAL #'S REMOVED:		DEPT. SEAL #; INSTALLED		CVSA DECAL-TT		CVSA DECAL-ST																					
SHIPPING #: NONE		CONSIGNOR:		CONSIGNEE:																							
COMMODITY: EMPTY		ORIGIN: OKLAHOMA CITY		OK DESTINATION: GULFPORT		MS																					
HM CATEGORY CODE		RQ?	HW?	PLACARDS REQ?	1 1/8 1 1/2 1 1/4 1 0 3/4 ALLEGED SPEED SPEED LIMIT RADAR CAL.																						
NA				SPEC. TANK																							
				AX 1 AX 2 AX 3 AX 4 AX 5 AX 6 AX 7 AX 8																							
				1 1/4 1 1/4 1 1/2 0 3/4 0 3/4																							
VIOLATIONS DISCOVERED																											
DRIVER: PLEASE COMPLY WITH DIRECTIONS ON BACK SIDE OF THIS FORM																											
TICKET	VIOL. CITE #	Unit No.	OOS Y/N	OOS DISP	POST ACC																						
	393.47 (A)	2				BRAKES NOT MAINTAINED IN GOOD WORKING ORDER (GENERAL) - axle 4 left drum worn - unable to measure																					
	393.45	1				BRAKES - AUDIBLE AIR LEAK (AT OTHER THAN CONNECTION) - relay valve between axles 2 & 3 small leak																					
	393.60 (C)	1				DAMAGED/DISCOLORED WINDSHIELD - large vert. crack passenger side																					
		1				NO VALID INSPECTION CERTIFICATE - EXPIRED (#) - faded - unable to read - no inspection report																					
		2				NO VALID INSPECTION CERTIFICATE - EXPIRED (#) - faded - unable to read																					

VEHICLE/DRIVER OUT OF SERVICE NOTICE			
<input type="checkbox"/> VEHICLE Pursuant to authority contained in TRC Chapter 644 I hereby declare "Out of Service" the vehicle/s with defects followed by "YES" in the Out of Service column of this report. 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, or proper operating authority has been obtained.		<input type="checkbox"/> DRIVER Pursuant to authority contained in TRC Chapter 644 I hereby notify and declare the driver named on this report Out of Service. No motor carrier shall permit or require driver to drive or operate any motor vehicle until	
SEE CONTINUATION SHEET <input checked="" type="checkbox"/> TROOPER COMMENTS:		OOS DISPOSITIONS	
2005, 2004 - Inspection result of fatality accident involving above vehicle. - Driver sent to TA truck stop in Terrell for repairs.		A. Repaired at Scene / Obtained Oper. Auth. B. Towed/Escorted to Repair Service C. Other U. Unknown N. Driver OOS	
		<input type="checkbox"/> Log Book Exemption	
INSPECTED BY: C BAUGHMAN		ID/REGION/DISTRICT/AREA: 09848 1 A 02	TIME COMPLETED: 11:19PM
CHARGES FILED BY:		REPORT PREPARED BY: C BAUGHMAN	
		REFERRAL ID: A Cummins	
		BRAKES INSPECTED BY: 06857 1 A 02	

CVE-3a (12/03)				INSPECTION #	CP #	DATE
		TXDPS COMMERCIAL VEHICLE ENFORCEMENT		TX10440EAQ01-0	0798253	5/28/2010 7:00:00PM
		MOTOR CARRIER				
CONTINUATION SHEET		OPERATOR [REDACTED] LAST NAME [REDACTED] FIRST NAME [REDACTED] MI [REDACTED]				
NOTE TO DRIVER: This report must be furnished to the motor carrier whose name appears on this report. NOTE TO MOTOR CARRIER: TRC Chapter 644 requires the Motor Carrier to execute the certification on the reverse side and return this report to Texas Department of Public Safety, Motor Carrier Safety Section, PO Box 4087, Austin, Texas 78773-0001 within fifteen (15) days.						
VIOLATIONS						
TICKET	VIOL. CITE #	Unit No.	OOS Y/N	OOS DISP	POST ACC	VIOLATIONS DISCOVERED
	393.75(a) (3)	2	Yes	D	Yes	TIRE-FLAT - axle 5 right inside flat
	393.9	2	Yes	D	Yes	DEFECTIVE TURN SIGNAL LAMP (#) - rear right - hanging
	393.205(a)	2	Yes	D	Yes	WHEEL/RIM CRACKED/BROKEN - axle 5 right inside - bent due to crash
	393.86	2			Yes	NO REAR END PROTECTION-BUMPERS - missing due to accident

VEHICLE/DRIVER OUT OF SERVICE NOTICE			
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SEE CONTINUATION SHEET <input checked="" type="checkbox"/> TROOPER COMMENTS: 2005, 2004 - Inspection result of fatality accident involving above vehicle. - Driver sent to TA truck stop in Terrell for repairs.	X COPY RECEIVED BY		OOS DISPOSITIONS A. Repaired at Scene / Obtained Oper. Auth. B. Towed/Escorted to Repair Service D. Other U. Unknown N. Driver OOS <input type="checkbox"/> Log Book Exemption
INSPECTED BY: C BAUGHMAN	ID/REGION/DISTRICT/AREA 09848 1 A 02	TIME COMPLETED 11:19PM	REPORT PREPARED BY: C BAUGHMAN REFERRAL ID A Cummins
CHARGES FILED BY:		BRAKES INSPECTED BY: 06857 1 A 02	

VEHICLE/DRIVER OUT OF SERVICE NOTICE					
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SEE CONTINUATION SHEET		<input checked="" type="checkbox"/> TROOPER COMMENTS:		OOS DISPOSITIONS A. Repaired at Scene / Obtained Oper. Auth. B. Towed/Escorted to Repair Service D. Other U. Unknown N. Driver OOS	
2008, 2008 - inspection due to fatality accident involving above vehicle...			<div style="text-align: center; font-size: 2em; font-weight: bold;">X</div>		<input type="checkbox"/> Log Book Exemption
INSPECTED BY:		ID/REGION/DISTRICT/AREA	TIME COMPLETED	REPORT PREPARED BY:	C BAUGHMAN
C BAUGHMAN		09848 1 A 02	2:30AM	REFERRAL ID	A Cummins
CHARGES FILED BY:				BRAKES INSPECTED BY:	06857 1 A 02

ISEAQ245534600001

CVE-3 (Rev. 12/03)

CVS-3a (12/03)

TXDPS COMMERCIAL
VEHICLE ENFORCEMENT

CONTINUATION SHEET

INSPECTION #	CP #	DATE
TX10450EAQ01-0	0217079	5/28/2010 11:25:00PM
MOTOR CARRIER		
FOREST PRODUCTS TRANSPORTS LLC		
OPERATOR		
LAST NAME	FIRST NAME	MI

NOTE TO DRIVER: This report must be furnished to the motor carrier whose name appears on this report. NOTE TO MOTOR CARRIER: TRC Chapter 644 requires the Motor Carrier to execute the certification on the reverse side and return this report to Texas Department of Public Safety, Motor Carrier Safety Section, PO Box 4087, Austin, Texas 78773-0001 within fifteen (15) days.

VIOLATIONS							VIOLATIONS DISCOVERED
TICKET	VIOL. CITE #	Unit No.	OOS Y/N	OOS DISP	POST ACC		
	393.24 (A)	1	Yes	B	Yes		DEFECTIVE HEAD LAMP (#) - left - missing
	393.48 (A)	1	Yes	B	Yes		DEFECTIVE BRAKE - axle 1 right - no air supply, air hoses ruptured
	393.48 (A)	1	Yes	B	Yes		DEFECTIVE BRAKE - axle 1 left - no air supply, air hoses ruptured
	393.48 (A)	1	Yes	B	Yes		DEFECTIVE BRAKE - axle 2 right - no air supply
	393.48 (A)	1	Yes	B	Yes		DEFECTIVE BRAKE - axle 2 left - no air supply
	393.48 (A)	1	Yes	B	Yes		DEFECTIVE BRAKE - axle 3 right - no air supply
	393.48 (A)	1	Yes	B	Yes		DEFECTIVE BRAKE - axle 3 left - no air supply
	393.207 (f)	1	Yes	B	Yes		AIR SUSPENSION PRESSURE LOSS - axle 1 left air bag ruptured
	393.207 (f)	1	Yes	B	Yes		AIR SUSPENSION PRESSURE LOSS - axle 1 right air bag deflated
	393.207 (f)	1	Yes	B	Yes		AIR SUSPENSION PRESSURE LOSS - axle 2 left air bag deflated
	393.207 (f)	1	Yes	B	Yes		AIR SUSPENSION PRESSURE LOSS - axle 2 right air bag deflated
	393.207 (f)	1	Yes	B	Yes		AIR SUSPENSION PRESSURE LOSS - axle 3 left air bag deflated
	393.207 (f)	1	Yes	B	Yes		AIR SUSPENSION PRESSURE LOSS - axle 3 right air bag deflated
	393.207 (a)	1	Yes	B	Yes		IMPROPER AXLE POSITION PART-BROKEN/LOOSE/MISSING - main leaf support spring @ All cracked @ u-bolt connection
	393.75 (a) (3)	1	Yes	B	Yes		TIRE-FLAT - axle 1 right flat
	393.207 (f)	2			Yes		AIR SUSPENSION PRESSURE LOSS - air line between axles 4,5 ruptured
		2			Yes		DEFECTIVE TIRE - axle 5 left inside - inside sidewall cut
	393.61 (a)	1			Yes		INADEQUATE/MISSING TRUCK SIDE WINDOWS - left window shattered out by crash
	393.203 (a)	1			Yes		CAB DOOR BROKEN/MISSING - left door bent - does not open
	393.114	1			Yes		NO/IMPROPER FRONT END STRUCTURE - missing
	393.60 (C)	1			Yes		DAMAGED/DISCOLORED WINDSHIELD - severely cracked, left side pushed out from cab
	393.9	1			Yes		DEFECTIVE TURN SIGNAL LAMP (#) - front right - missing
	393.9	1			Yes		DEFECTIVE TURN SIGNAL LAMP (#) - front left - missing

VEHICLE/DRIVER OUT OF SERVICE NOTICE

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OOS DISPOSITIONS
A. Repaired at Scene /
Obtained Oper. Auth.
B. Towed/Escorted to
Repair Service
C. Other
D. Unknown
N. Driver OOS

SEE CONTINUATION SHEET ☒ TROOPER COMMENTS:

2008, 2008 - inspection due to fatality accident involving above vehicle...

X

COPY RECEIVED BY

☐ Log Book Exemption

INSPECTED BY:

C BAUGHMAN

ID/REGION/DISTRICT/AREA

09848 1 A 02

TIME COMPLETED

2:30AM

REPORT PREPARED BY:

C BAUGHMAN

REFERRAL ID

A Cummins

BRAKES INSPECTED BY:

06857 1 A 02

CHARGES FILED BY:

ISEAQ245534600001

CVE-3 (Rev. 12/03)

CVE-3a (12/03)


**TXDPS COMMERCIAL
VEHICLE ENFORCEMENT**

CONTINUATION SHEET

INSPECTION #	CP #	DATE
TX10450EAQ01-0	0217079	5/28/2010 11:25:00PM
MOTOR CARRIER		
FOREST PRODUCTS TRANSPORTS LLC		
OPERATOR		
LAST NAME	FIRST NAME	MI

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VIOLATIONS

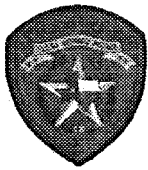
VIOLATIONS DISCOVERED

TICKET	VIOL. CITE #	Unit No.	OOS Y/N	OOS DISP	POST ACC	VIOLATIONS DISCOVERED
	393.11	1			Yes	DEFECTIVE ID LAMP (FRONT/REAR) - front right
	393.11	1			Yes	DEFECTIVE ID LAMP (FRONT/REAR) - front center
	393.11	1			Yes	DEFECTIVE ID LAMP (FRONT/REAR) - front left
	393.11	1			Yes	NO/DEFECTIVE CLEARANCE LAMP - front right
	393.11	1			Yes	NO/DEFECTIVE CLEARANCE LAMP - front left
	393.9	1			Yes	DEFECTIVE TURN SIGNAL LAMP (#) - rear right
	393.9	1			Yes	DEFECTIVE TURN SIGNAL LAMP (#) - rear left
	393.25(f)	1			Yes	DEFECTIVE STOP LAMP (#) - right
	393.25(f)	1			Yes	DEFECTIVE STOP LAMP (#) - left
	393.11	1			Yes	ANY TAIL LAMP VIOLATION-NOT MOTORCYCLE - right
	393.11	1			Yes	ANY TAIL LAMP VIOLATION-NOT MOTORCYCLE - left
	393.78	1			Yes	DEFECTIVE WINDSHIELD WIPER - left and right inoperable
	393.79	1			Yes	DEFECTIVE DEFROSTER - inoperable
	393.81	1			Yes	DEFECTIVE/IMPROPER HORN -

VEHICLE/DRIVER OUT OF SERVICE NOTICE

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SEE CONTINUATION SHEET <input checked="" type="checkbox"/> TROOPER COMMENTS: 2008, 2008 - inspection due to fatality accident involving above vehicle...		<input checked="" type="checkbox"/>		<input type="checkbox"/> Log Book Exemption
INSPECTED BY: C BAUGHMAN		ID/REGION/DISTRICT/AREA 09848 1 A 02		TIME COMPLETED 2:30AM
CHARGES FILED BY:		REPORT PREPARED BY: C BAUGHMAN		REFERRAL ID A Cummins
		BRAKES INSPECTED BY:		06857 1 A 02

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SEE CONTINUATION SHEET	<input checked="" type="checkbox"/>	TROOPER COMMENTS:			
2008, 2008 - inspection due to fatality accident involving above vehicle...		<div style="text-align: center; font-size: 2em;">X</div>		<input type="checkbox"/> Log Book Exemption	
INSPECTED BY:		ID/REGION/DISTRICT/AREA	TIME COMPLETED	REPORT PREPARED BY:	C BAUGHMAN
C BAUGHMAN		09848 1 A 02	2:30AM	REFERRAL ID	A Cummins
CHARGES FILED BY:				BRAKES INSPECTED BY:	06857 1 A 02



Texas Highway Patrol
Commercial Vehicle Enforcement
Division

CRASH INVESTIGATION REPORT
FOREST PRODUCTS TRANSPORTS LLC

DATE OF CRASH: 05/28/2010

INVESTIGATOR: CLINT BAUGHMAN

DATE OF COMPLETED
REPORT: 5/30/2010

DATE FORWARDED TO
SERGEANT: 5/31/2010

DATE RECEIVED BY
SERGEANT: _____

NOTES: _____
DATE FORWARDED TO
LIEUTENANT: _____
DATE RECEIVED BY
LIEUTENANT: _____

NOTES: _____
DATE FORWARDED TO
CAPTAIN: _____
DATE RECEIVED BY
CAPTAIN: _____

NOTES: _____

Crash Investigation Report

Date: 05/28/2010

Time: 6:25 PM

Location: IH-20 EB 509 MM KAUFMAN COUNTY

MOTOR CARRIER INFORMATION

Name of Motor Carrier: [REDACTED]

Street Address: [REDACTED]

City, State, Zip: COLUMBIA, MS [REDACTED]

State Carrier ID: [REDACTED]

US DOT#:

ICC Docket: 134824

Owner: [REDACTED]

Address: SAME AS ABOVE

Vehicle Operated Under Lease: NO

Type of carriage being performed: Common

Name of Motor Carrier Office: [REDACTED]

Title: OWNER

Phone: [REDACTED]

At scene: NOT PRESENT

INSURANCE INFORMATION

Company: GREAT WEST CASUALTY COMPANY

Local Agent: STEWART SNEED HEWES – A DIVISION OF BANCORPSOUTH INSURANCE SERVICES

Address: PO BOX 1976, HATTIESBURG, MS 39403-1976

Phone: 601-544-8703

Representative on Scene: NOT PRESENT

Policy #: [REDACTED]

Effective Date of Policy: 8/1/2009 TO 8/1/2010

LOAD

Cargo: MISC. BUILDING MATERIALS (BUCKETS OF CEMENT COMPOUND, PERMABOARD, AND BAGS OF SAND CONCRETE)

Weight: 36,263 LBS. PER MASTER BILL OF LADING

Shipper/Location: CBP – 1795 109TH ST, GRAND PRAIRIE, TX 75050

Destination: DEPENDABLE BAGGING – 264 HORD STREET, HARAHAN, LA 70123

Manifest #: 0400538660

Manifest Date: 5/28/2010

Hazardous Material? Yes No X

DRIVER

Name:

Address:

COLUMBIA, MS

Date of Birth:

Sex: M

Height: 6'08"

Weight: 365

Eye Color: BROWN

Business Phone:

Home Phone: UNKNOWN

Co-Driver - NONE

DRIVER'S LICENSE

DL Number:

State: MS

Class: A

Endorsements: NONE

Restrictions: NONE

Expiration Date: 02/14/2014

MEDICAL CERTIFICATE

Date of Examination: 11/30/2009

Date of Expiration: 11/30/2011

Lenses: NONE

Hearing Aid: NONE

Waiver: NONE

Medic Alert: NONE

Examining Doctor: NANCY EASTERLING CFNP

Clinic: NANCY EASTERLING CFNP

Address/Phone: UNKNOWN

SEAT BELT

Type:

Lap Belt

Lap Belt w/Shoulder Harness X

Driver wearing belt at time of accident? YES

PASSENGER

Name: - NONE

Authorized by Carrier? N/A

DRIVER'S HOURS OF SERVICE

Driver's Name _____

Date 5/28/2010

Vehicle # 434

DATE	TOTAL ON DUTY HOURS	DRIVING	ON DUTY (NOT DRIVING)	TOTAL MILES DRIVEN
5/21/2010	11.5	9	2.5	541
5/22/2010	1	1	0	61
5/23/2010	0	0	0	0
5/24/2010	7	5.75	1.25	312
5/25/2010	11.5	10	1.5	646
5/26/2010	5	4.5	.5	254
5/27/2010	11.75	10.75	1	706
5/28/2010	6.5	4.75	1.75	UNKNOWN
TOTAL	54.25	45.75	8.5	>2520

60/7 or 70/8 Hour Rule: NO VIOLATIONS

11 Hour Rule: NO VIOLATIONS

14 Hour Rule: NO VIOLATIONS

Last Entry: 5/28/2010, 5:45 PM, DRIVING – DALLAS, TX

Last Stop Arrived: 5/28/2010, 5:15 PM – DALLAS, TX

Last Stop Departed: 5/28/2010, 5:45 PM – DALLAS, TX

Purpose of Trip/Destination: DELIVER BUILDING MATERIALS FROM GRAND PRAIRIE, TX TO HARAHAN, LA.

Driver History: NO VIOLATIONS OR ACCIDENTS SHOWN ON DRIVING HISTORY

Familiar With Road: UNKNOWN

Years Driving Experience: UNKNOWN (Total): UNKNOWN (As CMV driver): UNKNOWN

Previous CMV Employers: UNKNOWN

Previous Accidents: UNKNOWN – NONE LISTED ON DRIVING HISTORY

NOTES: MOODY TRANSPORTED TO TERRELL RENAISSANCE HOSPITAL BY ETMC EMS FOR POSSIBLE INJURIES.

VEHICLE INFORMATION:

Power Unit

Company Unit #: 434

Year and Make: 2008 VOLVO

Type: TRUCK TRACTOR

Model: UNK

Body Style: TRUCK TRACTOR

VIN: 4V4NC9GH88N [REDACTED]

Color: WHITE

License Plate/State: [REDACTED]

Registered Gross Weight: 80,000

GVWR: UNK – LEFT DOOR JAMMED SHUT BY CRASH

Actual Gross Weight: 63,050 LBS.

MVI Certificate#/State/Date: 9623707, UNKNOWN STATE, 5/2010 – TAKEN FROM ANNUAL VEHICLE INSPECTION REPORT
IN PERMIT BOOK – NO INSPECTION CERTIFICATE FOUND ON TRUCK

Transmission: AUTOMATIC

Gear: UNKNOWN

Mileage: UNKNOWN, LAST ENDING MILEAGE RECORDED ON LOG BOOK: 5/27/2010 418,159

Number of Axles: Up __0__ Down __3__

Air Conditioning: PRESENT – SET AT AC, HIGH FAN, DEFROSTER VENTS

Windows: LEFT – SHATTERED OUT BY CRASH, RIGHT INTACT

Automatic On Board Recording Device: UNKNOWN

Sealed?: UNKNOWN

AM/FM/CD Player: PRESENT – UNKNOWN POSITION AT TIME OF CRASH

CB Radio: PRESENT – UNKNOWN IF POWERED ON AT TIME OF CRASH

Business Band Radio: NONE

Mobile Telephone: PRESENT - POWERED ON AT TIME OF CRASH

Radar Detector: NONE

Police Scanner: NONE

Trailer

Company Unit #: 723

Vehicle [REDACTED]

Address [REDACTED]

Year and Make: 2008 UTILITY

Type: FLAT-BED – SEMI-TRAILER, SPREAD-AXLE

Model: UNK

Body Style: FLAT-BED, SEMI-TRAILER

VIN: 1UYFS24848A [REDACTED]

Color: ALUMINUM DECK WITH BLACK BOTTOM SUPPORT FRAME

License Plate/State: [REDACTED]

MVI Certificate#/State/Date: [REDACTED] 2/24/2010

Number of Axles: Up __0__ Down __2__

Registered Gross Weight: N/A

GVWR: 80,000

Actual Gross Weight: 23,850 LBS. (AXLES 4 & 5 WHILE ATTACHED TO TRACTOR)

VEHICLE CONDITION

PAPERWORK

Daily Vehicle Inspection Report: UNABLE TO LOCATE

Registration/Trip Permit: PRESENT - CURRENT

Fuel License/Trip Permit: PRESENT - CURRENT

Name & Address Displayed: FOREST PRODUCTS TRANSPORTS, LLC 202 INDUSTRIAL PARK RD, COLUMBIA, MS, 39429

EQUIPMENT

Condition of Driver's Compartment: DISHEVELED BY CRASH

Glass: LEFT WINDOW SHATTERED OUT BY CRASH, WINDSHIELD SEVERELY CRACKED BY CRASH, RIGHT WINDOW OK

Windshield Wiper/Washer: PRESENT – UNABLE TO OPERATE AS A RESULT OF CRASH

Heater/Defroster: PRESENT – UNABLE TO OPERATE AS A RESULT OF CRASH

Rear Side View Mirrors: PRESENT – LEFT SIDE VIEW MIRROR PUSHED BACK AGAINST DOOR BY CRASH

Horn: PRESENT – UNABLE TO OPERATE AS A RESULT OF CRASH

Speedometer: PRESENT – UNABLE TO OPERATE AS A RESULT OF CRASH – NO SLAP MARKS, SHOWING 0 MPH

Wheels: FRONT LEFT PUSHED BACKWARDS BY CRASH

Lugs: NORMAL – 10 PER WHEEL - ALL PRESENT – ALL SECURE

STEERING

Power/Manual: POWER

Condition of Components: DAMAGED - PUSHED BACKWARDS BY CRASH

Condition of Joints: DAMAGED BY CRASH

Steering Wheel Diameter: 18"

Lash: UNABLE TO CHECK – FRONT LEFT WHEEL WITH STEERING COMPONENTS PUSHED BACKWARDS BY CRASH – POWER STEERING INOPERABLE

Front Bumper:

Ground Clearance: N/A - DETACHED BY CRASH - MISSING

Width: N/A

Height: N/A

Rear Bumper:

Ground Clearance: N/A

Width: N/A

Height: N/A

LIGHTING DEVICES

Power Unit

Headlamps: DESTROYED BY CRASH
Front Turn Signals: DESTROYED BY CRASH
Front Marker: INOPERABLE AS A RESULT OF CRASH
Front ID: INOPERABLE AS A RESULT OF CRASH
Front Clearance: INOPERABLE AS A RESULT OF CRASH
Rear turn Signals: INOPERABLE AS A RESULT OF CRASH
Stop Lamps: INOPERABLE AS A RESULT OF CRASH
Rear Marker: INOPERABLE AS A RESULT OF CRASH
Rear ID: N/A
Rear Clearance: N/A
Tail Lamps: INOPERABLE AS A RESULT OF CRASH
Four Way Flashers: INOPERABLE AS A RESULT OF CRASH
Reflectors: N/A
Back-up Lamp: UNKNOWN
Conspicuity Tape Installed: N/A

Towed Unit

Rear Turn Signals: GOOD
Stop Lamps: GOOD
Front Marker: GOOD
Side Marker: LEFT REAR SIDEMARKER LAMP INOPERABLE
Rear Marker: GOOD
Rear ID: GOOD
Rear Clearance: GOOD
Tail Lamps: GOOD
Four Way Flashers: GOOD
Reflectors: GOOD
License Plate Lamp: GOOD
Conspicuity Tape Installed: GOOD

Brake System

Who is responsible for brake adjustments? FOREST PRODUCTS TRANSPORTS LLC

When were the brakes last adjusted? N/A – AUTOMATIC SLACK ADJUSTERS WERE USED – TRUCK TYPICALLY SERVICED EVERY 18,000 TO 20,000 MILES PER JULIUS MILLER – COMPANY REPRESENTATIVE

Air Brake System

Type:

S-Cam X
Disc
Wedge

Air Loss on Brake Application: UNABLE TO CHECK - MOST AIR LINES / HOSES DETACHED BY CRASH

Low Air/Vacuum Warning Device: INOPERABLE

Engine Brake: UNKNOWN

Type: UNKNOWN

Operative: UNKNOWN

Parking Brake: DAMAGED BY CRASH

Tractor Protection Valve: UNABLE TO CHECK DUE TO DAMAGE FROM CRASH

Auto Trailer Brake Application: UNABLE TO CHECK DUE TO DAMAGE FROM CRASH

Air Tank Securement: APPEARED SECURE

Air Lines: DAMAGED BY CRASH

Glad Hands: CONNECTED, APPEARED NORMAL – UNABLE TO CHECK INTEGRITY WITHOUT AIR SOURCE

Hydraulic Brake System – N/A NOT PRESENT

Master Cylinder Fluid Level: N/A

Fluid Leaks:

Master Cylinder
Wheel Cylinders
Brake Lines

Brake Indicator Lamps:

AIR BRAKE SYSTEM MEASUREMENTS

Date 5/28/2010

Vehicle # 434 & 723

Axle # 1	Driver (L)	Passenger (R)			Driver (L)	Passenger (R)
Drum Diameter	Outer: UNK Inner: UNK	Outer: UNK Inner: UNK		Slacks – Auto/Man	AUTO	AUTO
Pad Thickness	Top: 1/2" Bottom: 1/2"	Top: 1/2" Bottom: 1/2"				
Travel	UNK – UNABLE TO SUPPLY AIR	UNK – UNABLE TO SUPPLY AIR				
Chamber Size/Type	20, CLAMP	20, CLAMP				

Axle # 2	Driver (L)	Passenger (R)			Driver (L)	Passenger (R)
Drum Diameter	Outer: UNK Inner: UNK	Outer: UNK Inner: UNK		Slacks – Auto/Man	AUTO	AUTO
Pad Thickness	Top: 5/8" Bottom: 5/8"	Top: 3/8" Bottom: 3/8"				
Travel	UNK – UNABLE TO SUPPLY AIR	UNK – UNABLE TO SUPPLY AIR				
Chamber Size/Type	30, CLAMP	30, CLAMP				

Axle # 3	Driver (L)	Passenger (R)			Driver (L)	Passenger (R)
Drum Diameter	Outer: UNK Inner: UNK	Outer: UNK Inner: UNK		Slacks – Auto/Man	AUTO	AUTO
Pad Thickness	Top: 5/8" Bottom: 5/8"	Top: 1/4" Bottom: 1/4"				
Travel	UNK – UNABLE TO SUPPLY AIR	UNK – UNABLE TO SUPPLY AIR				
Chamber Size/Type	30, CLAMP	30, CLAMP				

Axle # 4	Driver (L)	Passenger (R)			Driver (L)	Passenger (R)
Drum Diameter	Outer: UNK Inner: UNK	Outer: UNK Inner: UNK		Slacks – Auto/Man	AUTO	AUTO
Pad Thickness	Top: 1/2" Bottom: 1/2"	Top: 1/2" Bottom: 1/2"				
Travel	0 1/2"	1"				
Chamber Size/Type	30, CLAMP	30, CLAMP				

Axle # 5	<i>Driver (L)</i>	<i>Passenger (R)</i>			<i>Driver (L)</i>	<i>Passenger (R)</i>
Drum Diameter	Outer: UNK Inner: UNK	Outer: UNK Inner: UNK		Slacks – Auto/Man	AUTO	AUTO
Pad Thickness	Top: 1/2" Bottom: 1/2"	Top: 1/2" Bottom: 1/2"				
Travel	1 1/2"	0 1/2"				
Chamber Size/Type	30, CLAMP	30, CLAMP				

TIRE INFORMATION

Date 5/28/2010

Vehicle # 434 & 723

Axle # 1	<u>Driver (L)</u>			<u>Passenger (R)</u>
Size	295/75R 22.5			295/75R 22.5
Make	YOKOHAMA			YOKOHAMA
Design	103ZR			103ZR
Pressure	114			0 - FLAT
Tread Depth	Max 19/32" Min 18/32"			Max 19/32" Min 18/32"
Weight Rating	SINGLE 6175			SINGLE 6175

Driver (L)

Passenger (R)

Axle # 2	<u>Outside</u>	<u>Inside</u>	<u>Inside</u>	<u>Outside</u>
Size	295/75R 22.5	295/75R 22.5	295/75R 22.5	295/75R 22.5
Make	YOKOHAMA	YOKOHAMA	YOKOHAMA	YOKOHAMA
Design	703ZL	703ZL	703ZL	703ZL
Pressure	110	110	110	101
Tread Depth	Max 29/32" Min 26/32"	Max 30/32" Min 28/32"	Max 27/32" Min 25/32"	Max 29/32" Min 27/32"
Weight Rating	DUAL 5675	DUAL 5675	DUAL 5675	DUAL 5675

Axle # 3	<u>Outside</u>	<u>Inside</u>	<u>Inside</u>	<u>Outside</u>
Size	295/75R 22.5	295/75R 22.5	295/75R 22.5	295/75R 22.5
Make	YOKOHAMA	YOKOHAMA	YOKOHAMA	YOKOHAMA
Design	703ZL	703ZL	703ZL	703ZL
Pressure	85	110	111	105
Tread Depth	Max 28/32" Min 26/32"	Max 27/32" Min 27/32"	Max 27/32" Min 25/32"	Max 27/32" Min 26/32"
Weight Rating	DUAL 5675	DUAL 5675	DUAL 5675	DUAL 5675

Axle # 4	<u>Outside</u>	<u>Inside</u>	<u>Inside</u>	<u>Outside</u>
Size	295/75R 22.5	275/80R 22.5	295/75R 22.5	295/75R 22.5
Make	GENERAL	CONTINENTAL	GENERAL	GT
Design	ST250	HSL ECO PLUS	S371	GT669
Pressure	AUTO INFLATORS	AUTO INFLATORS	AUTO INFLATORS	AUTO INFLATORS
Tread Depth	<u>Max 14/32"</u> <u>Min 13/32"</u>	<u>Max 15/32"</u> <u>Min 15/32"</u>	<u>Max 15/32"</u> <u>Min 14/32"</u>	<u>Max 15/32"</u> <u>Min 14/32"</u>
Weight Rating	DUAL 5675	DUAL 6175	DUAL 6175	DUAL 5675

Axle # 5	<u>Outside</u>	<u>Inside</u>	<u>Inside</u>	<u>Outside</u>
Size	295/75R 22.5	295/75R 22.5	295/75R 22.5	295/75R 22.5
Make	STEELMARK	BRIDGESTONE	DAYTON	GENERAL
Design	AHS	R260	RIB RADIAL ALL POSITION	D460
Pressure	AUTO INFLATORS	AUTO INFLATORS	AUTO INFLATORS	AUTO INFLATORS
Tread Depth	<u>Max 18/32"</u> <u>Min 17/32"</u>	<u>Max 13/32"</u> <u>Min 12/32"</u>	<u>Max 18/32"</u> <u>Min 18/32"</u>	<u>Max 18/32"</u> <u>Min 11/32"</u>
Weight Rating	DUAL 5675	DUAL 5675	DUAL 5675	DUAL 5675

Loading and Securement of Cargo

Number of Tie Downs: 10

Type and Size of Tie Downs: 4" SYNTHETIC WEB

Load Cover: GREEN VINYL TARP

Other Equipment/Components

Wheel Flaps: LEFT ON TRAILER – BURNED, ALL OTHERS OK

Battery Installation: GOOD

Exhaust System: APPEARED INTACT

Fuel Tanks: FUEL TANKS OK – FUEL LINES DAMAGED CAUSING ALL FUEL TO DRAIN OUT

Header Board: NONE

Power Unit Suspension/Frame: FRAME OK, ALL AIR BAGS DEFLATED, FRONT LEFT AIR BAG RUPTURED, FRONT LEFT MAIN SUPPORT SPRING CRACKED AT U-BOLT SECUREMENT TO AXLE FRAME

Trailer Suspension/Frame: OK

Wiring: WIRING HOOD DAMAGED

Fire Extinguisher: NONE FOUND IN TRUCK – POSSIBLY USED AT CRASH SCENE – SEVERAL EMPTY FIRE EXTINGUISHERS FOUND AT CRASH SCENE

Triangular Warning Devices: PRESENT

Hood: DAMAGED / GONE

Coupling Device

Type: FIFTH WHEEL

Secured to Vehicle: YES

Safety Devices Intact: N/A

How Many: N/A

Dimensions

Truck-tractor: 28'L X 8"W

Semi-trailer: 48'L X 8'5"W

Combination: 68'L X 8'5"W

Bridges: (1-5): 59'6" (1-3): 20' (2-5): 44'4" (4-5): 10'

Weight

Truck tractor:	1L: 4900	2L: 7675	3L: 6700
	1R: 4300	2R: 8825	3R: 6800

Semi-trailer:	4L: 5500	5L: 5500
	4R: 6450	5R: 6400

Gross: 63,050 LBS.

REMARKS/NOTES: 38 PAILS OF CEMENT PRODUCT WEIGHING APPROX 25 LBS. EACH FELL FROM FRONT OF TRAILER DURING CRASH. 38 PAILS WEIGHED 950 LBS. AND WERE ADDED TO AXLE 2'S WEIGHT (475 LBS. FOR EACH SIDE).

Accident investigated by: TROOPER DEXTER BARKLEY
ID number/Service ID# 11097 / THP TERRELL
2nd TRAILER

Converter Dolly

Trailer # 2

Company Unit #: N/A – NO SECOND TRAILER

Vehicle Owner:

Address:

Year and Make:

Type:

Model:

Body Style:

VIN:

Color:

License Plate/State:

Tab #:

MVI Certificate#/State/Date:

Number of Axles: Up _____ Down _____

Registered Gross Weight:

GVWR:

Actual Gross Weight:

Hazardous Materials Information Sheet

Shipping Paper Information:

SHIPPER

Name: N/A – NO HAZARDOUS MATERIAL CARGO PRESENT

Address:

Phone:

RECEIVER (Destination)

Name:

Address:

Phone:

Hazardous Material as listed on shipping paper: (Full Description of each product)

>
>
>
>
>

Name of party signing shipping paper, if signed:

Certification Plate Information:

Tank Manufacturer:

Serial Number:

Tank Specification:

Date of Manufacture:

Design Pressure/MAWP:

Number of Compartments:

Tank Capacity (per compartment): 1>

Head Material:

Shell Material:

Weld Material:

Max. Design Density:

Max. Product Load:

2>

3>

4>

5>

6>

400 SERIES TANKS

Shell Mfg. Thickness:

Shell Min. Thickness:

Head Mfg. Thickness:

Head Min. Thickness:

Test Date Markings:**Month****Year****Type of Test:**

"V"	External Visual
"I"	Internal Visual
"K"	Leakage Test
"P"	Pressure Test
"T"	Thickness Test
"L"	Lining Test

Characteristics

Type of Circumferential Reinforcement: ____ Bulk Head ____ Baffle ____ Ring Stiffeners ____ N/A

% or Volume Loaded per Compartment:

Comp. 1 ____ Comp. 2 ____ Comp. 3 ____ Comp. 4 ____

Tank Dimensions: Height ____ Width ____ Length ____

Distance from center of tank to road surface:

Tracking distance between trailer wheels: _____ (measured from outer edge of wheels)

Labeling Information

(Number on bottom of label)

Product 1> ____

Product 2> ____

Product 3> ____

Product 4> ____

Product 5> ____

Product 6> ____

Label type without number on bottom:

Placarding Information

Type of placard:

(Number on bottom of placard)

Product 1> _____ Product 2> _____ Product 3> _____
 Product 4> _____ Product 5> _____ Product 6> _____

Location of Placard:
 (Ck. If placard is displayed)

	<u>Front</u>	<u>Driver Side</u>	<u>Passenger Side</u>	<u>Rear</u>
Product 1>	_____	_____	_____	_____
Product 2>	_____	_____	_____	_____
Product 3>	_____	_____	_____	_____
Product 4>	_____	_____	_____	_____

Placard type without number on bottom:

Marking Information

ID Number(s):

Product 1> _____ Product 2> _____ Product 3> _____
 Product 4> _____ Product 5> _____ Product 6> _____

Product Name(s):

Product Characteristics: _____Poison _____Inhalation Hazard _____Non-flammable _____Hot
 _____Marine Pollutant Other: _____

Cargo Tank Damage

Location of Leaking:

_____ Front Head	_____ None	
_____ Front Head Weld	_____ Rear Head	_____ Valve Top
_____ Shell Left Front	_____ Rear Head Weld	_____ Valve Bottom
_____ Shell Left Rear	_____ Shell Right Front	_____ Vent Top
_____ Shell Weld	_____ Shell Right Rear	_____ Manway Assembly
_____ Baffle Weld	_____ Bulkhead Weld	_____ Piping
_____ 5 th Wheel Connection	_____ Attachment Weld	_____ Suspension Assembly
	_____ Other (explain)	

Damage Protection:

	<u>Failed to Protect</u>	<u>Damaged, but did not fail to protect</u>	<u>Not Damaged</u>
Overturn Protection	_____	_____	_____
Rear-end Protection	_____	_____	_____
Bottom Damage Protection	_____	_____	_____

NON-BULK PACKAGES

Blocking and Bracing

_____ No Failure
_____ Securement failed

Type of Securement:

Separation & Segregation

_____ Improper loading--Hazardous reaction
_____ Improper loading--No hazardous reaction

Package Failure

Type of Package	Failed?	Cause of Damage
_____	Y/N	_____
_____	Y/N	_____
_____	Y/N	_____
_____	Y/N	_____



**Texas Highway Patrol
Commercial Vehicle Enforcement
Division**

**CRASH INVESTIGATION REPORT
JOHN FAYARD MOVING & WAREHOUSING LLC**

DATE OF CRASH: 05/28/2010

INVESTIGATOR: CLINT BAUGHMAN

**DATE OF COMPLETED
REPORT:** 05/30/2010

**DATE FORWARDED TO
SERGEANT:** 05/31/2010

**DATE RECEIVED BY
SERGEANT:**

NOTES:
**DATE FORWARDED TO
LIEUTENANT:**
**DATE RECEIVED BY
LIEUTENANT:**

NOTES:
**DATE FORWARDED TO
CAPTAIN:**
**DATE RECEIVED BY
CAPTAIN:**

NOTES:

Crash Investigation Report

Date: 05/28/10

Time: 6:25 PM

Location: IH-20 EB 509 MM KAUFMAN CO.

MOTOR CARRIER INFORMATION

Name of Motor Carrier: [REDACTED]

Street Address: [REDACTED]

City, State, Zip: GULFPORT, MS [REDACTED]

State Carrier ID:

US DOT#: 1043597

MC#: 432866

Owner: [REDACTED]

Address: SAME AS ABOVE

Vehicle Operated Under Lease: N/A

Type of carriage being performed:
Common

Name of Motor Carrier Officer:

Title: NOT PRESENT

Phone: [REDACTED]

At scene: NO

INSURANCE INFORMATION

Company: MISSISSIPPI INSURANCE COMPANY

Local Agent: STEWART SNEED HEWES

Address: PO BOX 250, GULFPORT MS 39502

Phone: 228-863-5362

Representative on Scene: N/A

Policy #: [REDACTED]

Effective Date of Policy: 12/7/2009

LOAD

Cargo: N/A - EMPTY

Weight: N/A

Shipper/Location: N/A

Destination: N/A

Manifest #: N/A

Manifest Date: N/A

Hazardous Material? Yes No X

DRIVER

Name:

Address:

E, Al

Date of Birth:

Sex: M

Height: 5-05

Weight: 155

Eye Color: BROWN

Business Phone:

Home Phone:

DRIVER'S LICENSE

DL Number:

State: AL

Class: A

Endorsements: NT

Restrictions: NONE

Expiration Date: 07/03/2011

MEDICAL CERTIFICATE

Date of Examination: 10/15/08

Date of Expiration: 10/15/10

Lenses: N/A

Hearing Aid: N/A

Waiver: N/A

Medic Alert: N/A

Examining Doctor: T. ASHTON BLASSEX

Clinic: SPRINGHILL MEDICAL CENTER CLINIC

Address/Phone: 210 GOVERNMENT ST., MOBILE, AL 36602

Co-Driver

SEAT BELT

Type:

Lap Belt

Lap Belt w/Shoulder Harness X

Driver wearing belt at time of accident? YES

PASSENGER

Name: N/A - NONE

Authorized by Carrier?

DRIVER'S HOURS OF SERVICE

Driver's Name [REDACTED]

Date 05/28/2010

Vehicle # 26205

DATE	TOTAL ON DUTY HOURS	DRIVING	ON DUTY (NOT DRIVING)	TOTAL MILES DRIVEN
05/21/2010	2.5	2	.5	100
05/22/2010	0	0	0	0
5/23/2010	0	0	0	0
5/24/2010	0	0	0	0
5/25/2010	0	0	0	0
5/26/2010	11.5	10.5	1	638
5/27/2010	7	5	2	250
5/28/2010	7.5	7	.5	APPROX. 242
TOTAL	28.5	24.5	4	APPROX 1230

60/7 or 70/8 Hour Rule: NO VIOLATIONS

11 Hour Rule: NO VIOLATIONS

14 Hour Rule: NO VIOLATIONS

Last Entry: 5/28/2010 11:30 AM, DRIVING, OKLAHOMA CITY, OK

Last Stop Arrived: 05/27/10 3:00 PM, OKLAHOMA CITY, OK

Last Stop Departed: 05/28/2010 11:30 AM, OKLAHOMA CITY, OK

Purpose of Trip/Destination: TRAVELING TO HIS TRUCKING COMPANY'S YARD FROM LAST DROP IN OKLAHOMA CITY, OK.

Driver History: NO VIOLATIONS OR ACCIDENTS LISTED ON DRIVING RECORD

Familiar With Road: ONLY TWICE ON THIS SECTION OF HIGHWAY WITHIN PAST 2 MONTHS. HAS NOT BEEN ON THIS SECTION OF HIGHWAY SINCE THEN FOR THE PAST TEN YEARS.

Years Driving Experience: (Total): 30 (As CMV driver): 22

Previous CMV Employers: CURRENT COMPANY 3 YEARS – SELF EMPLOYED ALL PREVIOUS YEARS

Previous Accidents: NONE

NOTES:

VEHICLE INFORMATION:

Power Unit

Company Unit #: 26205

Year and Make: 2005 FREIGHTLINER

Type: TT – DAY CAB

Model: COLUMBIA

Body Style: TT

VIN: 1FUJA6CV35D [REDACTED]

Color: WHITE

License Plate/State: MS [REDACTED]

Registered Gross Weight: 80,000

GVWR: 52,000

Actual Gross Weight: 19,700

MVI Certificate#/State/Date: UNREADABLE

Transmission: STANDARD

Gear: NONE - STOPPED

Mileage: 202,131

Number of Axles: Up __0__ Down __3__

Air Conditioning: YES - ON

Windows: UP

Automatic On Board Recording Device: UNKNOWN

Sealed?: UNKNOWN

AM/FM/Tape Player: PRESENT – NOT ON

CB Radio: PRESENT – NOT ON

Business Band Radio: - PRESENT - ON

Mobile Telephone: PRESENT – NOT IN USE

Radar Detector: NONE

Police Scanner: NONE

Trailer

Company Unit #: 33350

Vehicle [REDACTED]

Address [REDACTED]

TN [REDACTED]

Year and Make: 2004

Type: SEMI

Model: 1S1

Body Style: SEMI

VIN: 1S12E95324E [REDACTED]

Color: WHITE

License Plate/State: TN [REDACTED]

MVI Certificate#/State/Date: UNKNOWN – NOT READABLE

Number of Axles: Up __0__ Down __2__

Registered Gross Weight: N/A

GVWR: 65,000

Actual Gross Weight: 10,050 (AXLES 4 & 5 WHILE ATTACHED TO TRACTOR)

VEHICLE CONDITION

PAPERWORK

Daily Vehicle Inspection Report: PRESENT - NO DEFECTS NOTED

Registration/Trip Permit: PRESENT - CURRENT

Fuel License/Trip Permit: PRESENT - CURRENT

Name & Address Displayed: [REDACTED]

GULFPORT, MS [REDACTED]

EQUIPMENT

Condition of Driver's Compartment: - GOOD

Glass: LARGE VERTICAL CRACK THROUGHOUT PASSENGER SIDE WINDSHIELD

Windshield Wiper/Washer: - GOOD

Heater/Defroster: - GOOD

Rear Vision Mirrors: - GOOD

Horn: - GOOD

Speedometer: - GOOD

Wheels: - GOOD

Lugs: - GOOD

STEERING

Power/Manual: - POWER

Condition of Components: - GOOD

Condition of Joints: - GOOD

Steering Wheel Diameter: - UNKNOWN

Lash: - GOOD

Front Bumper:

Ground Clearance: 15.5"

Width: 7.5'

Height: 19"

Rear Bumper:

Ground Clearance: N/A

Width: N/A

Height: N/A

LIGHTING DEVICES

Power Unit

Headlamps: - GOOD

Front Turn Signals: - GOOD

Front Marker: - GOOD

Front ID: - GOOD

Front Clearance: - GOOD

Rear turn Signals: - GOOD

Stop Lamps: - GOOD

Rear Marker: - GOOD

Rear ID: - GOOD

Rear Clearance: - GOOD

Tail Lamps: - GOOD

Four Way Flashers: - GOOD

Reflectors: - GOOD

Back-up Lamp: - UNKNOWN

Conspicuity Tape Installed: - N/A

Towed Unit

Rear Turn Signals: REAR RIGHT - DANGLING

Stop Lamps: - GOOD

Front Marker: - GOOD

Side Marker: - GOOD

Rear Marker: - GOOD

Rear ID: - GOOD

Rear Clearance: - GOOD

Tail Lamps: - GOOD

Four Way Flashers: - GOOD

Reflectors: - GOOD

License Plate Lamp: - GONE – POST ACCIDENT

Conspicuity Tape Installed: - GOOD

Brake System

Who is responsible for brake adjustments? COMPANY MAINTAINANCE

When were the brakes last adjusted? BRAKES SERVICED 3 WEEKS PRIOR

Air Brake System

Type:

S-Cam X
Disc
Wedge

Air Loss on Brake Application: NORMAL

Low Air/Vacuum Warning Device: GOOD

Engine Brake: UNKNOWN

Type: UNKNOWN

Operative: UNKNOWN

Parking Brake: - GOOD

Tractor Protection Valve: - GOOD

Auto Trailer Brake Application: - GOOD

Air Tank Securement: - GOOD

Air Lines: - GOOD

Glad Hands: - GOOD

Hydraulic Brake System – N/A

Master Cylinder Fluid Level: N/A

Fluid Leaks:

Master Cylinder
Wheel Cylinders
Brake Lines

Brake Indicator Lamps:

AIR BRAKE SYSTEM MEASUREMENTS

Date 5/28/10

Vehicle # 26205_ & 33350_

Axle # 1	Driver (L)	Passenger (R)			Driver (L)	Passenger (R)
Drum Diameter	Outer: UNK Inner: UNK	Outer: UNK Inner: UNK		Slacks – Auto/Man	AUTO	AUTO
Pad Thickness	Top: 3/4 Bottom: 3/4	Top: 5/8 Bottom: 5/8				
Travel	1 1/4"	1 1/8"				
Chamber Size/Type	20 / CLAMP	20 / CLAMP				

Axle # 2	Driver (L)	Passenger (R)			Driver (L)	Passenger (R)
Drum Diameter	Outer: UNK Inner: UNK	Outer: UNK Inner: UNK		Slacks – Auto/Man	AUTO	AUTO
Pad Thickness	Top: 1/2 Bottom: 1/2	Top: 1/2 Bottom: 1/2				
Travel	1 1/4"	1 1/2"				
Chamber Size/Type	30 / CLAMP	30 / CLAMP				

Axle # 3	Driver (L)	Passenger (R)			Driver (L)	Passenger (R)
Drum Diameter	Outer: UNK Inner: UNK	Outer: UNK Inner: UNK		Slacks – Auto/Man	AUTO	AUTO
Pad Thickness	Top: 1/4 Bottom: 1/4	Top: 1/4 Bottom: 1/4				
Travel	1 1/4"	1 1/4"				
Chamber Size/Type	30 / CLAMP	30 / CLAMP				

Axle # 4	Driver (L)	Passenger (R)			Driver (L)	Passenger (R)
Drum Diameter	Outer: UNK Inner: UNK	Outer: UNK Inner: UNK		Slacks – Auto/Man	AUTO	AUTO
Pad Thickness	Top: 1/2 Bottom: 1/2	Top: 1/2 Bottom: 1/2				
Travel	0 3/4"	1"				
Chamber Size/Type	30 / CLAMP	30 / CLAMP				

Axle # 5	<i>Driver (L)</i>	<i>Passenger (R)</i>			<i>Driver (L)</i>	<i>Passenger (R)</i>
Drum Diameter	Outer: UNK Inner: UNK	Outer: UNK Inner: UNK		Slacks – Auto/Man	AUTO	AUTO
Pad Thickness	Top: 3/4 Bottom: 3/4	Top: 3/4 Bottom: 3/4				
Travel	0 3/4"	0 3/4"				
Chamber Size/Type	30 / CLAMP	30 / CLAMP				

TIRE INFORMATION

Date 5/28/10

Vehicle # 26205_ & 33350

Axle # 1	<u>Driver (L)</u>			<u>Passenger (R)</u>
Size	295/75R 22.5			295/75R 22.5
Make	FIRESTONE			FIRESTONE
Design	FS590 PLUS RADIAL			FS590 PLUS RADIAL
Pressure	101			98
Tread Depth	Max 15/32" Min 13/32"			Max 15/32" Min 13/32"
Weight Rating	SINGLE 6175			SINGLE 6175

Driver (L)

Passenger (R)

Axle # 2	<u>Outside</u>	<u>Inside</u>	<u>Inside</u>	<u>Outside</u>
Size	275/80R 22.5	295/75R/22.5	295/75R/22.5	295/75R/22.5
Make	MICHELIN	BRIDGESTONE	HANKOOK	BRIDGESTONE
Design	UNKNOWN	R287	RADIAL F80	R250
Pressure	97	UNKNOWN	UNKNOWN	90
Tread Depth	Max 8/32" Min 8/32"	Max 5/32" Min 4/32"	Max 6/32" Min 5/32"	Max 7/32" Min 5/32"
Weight Rating	DUAL 5675	DUAL 5675	DUAL 5675	DUAL 5675

Axle # 3	<u>Outside</u>	<u>Inside</u>	<u>Inside</u>	<u>Outside</u>
Size	295/75R 22.5	295/75R 22.5	295/75R 22.5	295/75R 22.5
Make	BRIDGESTONE	BRIDGESTONE	GENERAL	FIRESTONE
Design	R250	R250	S580	FS590
Pressure	94	UNKNOWN	UNKNOWN	90
Tread Depth	Max 8/32" Min 7/32"	Max 7/32" Min 5/32"	Max 7/32" Min 6/32"	Max 6/32" Min 3/32"
Weight Rating	DUAL 5675	DUAL 5675	DUAL 5675	DUAL 5675

Axle # 4	<u>Outside</u>	<u>Inside</u>	<u>Inside</u>	<u>Outside</u>
Size	295/75R 22.5	295/75R 22.5	295/75R 22.5	295/75R 22.5
Make	KELLY	YOKOHAMA	DUNLOP	KELLY
Design	ARMORSTEEL	RY587	SP384	ARMORSTEEL
Pressure	AUTO INFLATORS	AUTO INFLATORS	AUTO INFLATORS	AUTO INFLATORS
Tread Depth	<u>Max</u> 9/32" <u>Min</u> 8/32"	<u>Max</u> 10/32" <u>Min</u> 9/32"	<u>Max</u> 12/32" <u>Min</u> 9/32"	<u>Max</u> 11/32" <u>Min</u> 9/32"
Weight Rating	DUAL 5675	DUAL 5675	DUAL 5675	DUAL 5675

Axle # 5	<u>Outside</u>	<u>Inside</u>	<u>Inside</u>	<u>Outside</u>
Size	295/75R 22.5	295/75R 22.5	295/75R 22.5	295/75R 22.5
Make	KELLY	KELLY	BRIDGESTONE	DUNLOP
Design	ARMORSTEEL	ARMORSTEEL	V STEEL RIB	SP384
Pressure	AUTO INFLATORS	AUTO INFLATORS	FLAT – RIM BENT	AUTO INFLATORS
Tread Depth	<u>Max</u> 14/32" <u>Min</u> 13/32"	<u>Max</u> 15/32" <u>Min</u> 13/32"	<u>Max</u> 10/32" <u>Min</u> 9/32"	<u>Max</u> 8/32" <u>Min</u> 6/32"
Weight Rating	DUAL 5675	DUAL 5675	DUAL 5675	DUAL 5675

Loading and Securement of Cargo

Number of Tie Downs: N/A – NO CARGO

Type and Size of Tie Downs: N/A

Load Cover: N/A

Other Equipment/Components

Wheel Flaps: GOOD

Battery Installation: GOOD

Exhaust System: GOOD

Fuel Tanks: GOOD

Header Board: NONE

Power Unit Suspension/Frame: GOOD

Trailer Suspension/Frame: GOOD

Wiring: GOOD

Fire Extinguisher: USED DURING ACCIDENT - EMPTY

Triangular Warning Devices: GOOD

Hood: GOOD

Coupling Device

Type: 5TH WHEEL

Secured to Vehicle: YES

Safety Devices Intact: N/A

How Many: N/A

Dimensions

Truck-tractor: 22' 1"L X 7' 6"W

Semi-trailer: 52' 8"L X 8' 6"W

Combination: 67"L X 8' 6"W

Bridges: (1-5): 55" (1-3): 16'6" (2-5): 42' 11" (4-5): 4' 2"

Weight

Truck tractor:	1L: 4350	2L: 3100	3L: 2900
	1R: 4100	2R: 2500	3R: 2750

Semi-trailer:	4L: 2500	5L: 2300
	4R: 2700	5R: 2550

Gross: 29,750

REMARKS/NOTES:

Accident investigated by: TROOPER DEXTER BARKLEY
ID number/Service #11097 THP

2nd TRAILER

Converter Dolly

Trailer # 2

Company Unit #: N/A – NO SECOND TRAILER

Vehicle Owner:

Address:

Year and Make:

Type:

Model:

Body Style:

VIN:

Color:

License Plate/State:

Tab #:

MVI Certificate#/State/Date:

Number of Axles: Up _____ Down _____

Registered Gross Weight:

GVWR:

Actual Gross Weight:

Hazardous Materials Information Sheet

Shipping Paper Information: N/A – NO HAZARDOUS MATERIAL CARGO

SHIPPER

Name:

Address:

Phone:

RECEIVER (Destination)

Name:

Address:

Phone:

Hazardous Material as listed on shipping paper: (Full Description of each product)

>

>

>

>

>

Name of party signing shipping paper, if signed:

Certification Plate Information:

Tank Manufacturer:

Serial Number:

Tank Specification:

Date of Manufacture:

Design Pressure/MAWP:

Number of Compartments:

Tank Capacity (per compartment): 1>

4>

2>

5>

Head Material:

Shell Material:

Weld Material:

Max. Design Density:

Max. Product Load:

3>

6>

400 SERIES TANKS

Shell Mfg. Thickness:

Shell Min. Thickness:

Head Mfg. Thickness:

Head Min. Thickness:

Test Date Markings:

Month

Year

Type of Test:

"V" External Visual
"I" Internal Visual
"K" Leakage Test
"P" Pressure Test
"T" Thickness Test
"L" Lining Test

Characteristics

Type of Circumferential Reinforcement: ____ Bulk Head ____ Baffle ____ Ring Stiffeners ____ N/A

% or Volume Loaded per Compartment:

Comp. 1 ____ Comp. 2 ____ Comp. 3 ____ Comp. 4 ____

Tank Dimensions: Height ____ Width ____ Length ____

Distance from center of tank to road surface:

Tracking distance between trailer wheels: _____ (measured from outer edge of wheels)

Labeling Information

(Number on bottom of label)

Product 1> ____ Product 2> ____ Product 3> ____

Product 4> ____ Product 5> ____ Product 6> ____

Label type without number on bottom:

Placarding Information

Type of placard:

(Number on bottom of placard)

Product 1> ____ Product 2> ____ Product 3> ____

Product 4> ____ Product 5> ____ Product 6> ____

Location of Placard:
(Ck. if placard is displayed)

	<u>Front</u>	<u>Driver Side</u>	<u>Passenger Side</u>	<u>Rear</u>
Product 1>	_____	_____	_____	_____
Product 2>	_____	_____	_____	_____
Product 3>	_____	_____	_____	_____
Product 4>	_____	_____	_____	_____

Placard type without number on bottom:

Marking Information

ID Number(s):

Product 1> _____	Product 2> _____	Product 3> _____
Product 4> _____	Product 5> _____	Product 6> _____

Product Name(s):

Product Characteristics: ☐ Poison ☐ Inhalation Hazard ☐ Non-flammable ☐ Hot
 ☐ Marine Pollutant Other: _____

Cargo Tank Damage

Location of Leaking:

☐ **None**

<input type="checkbox"/> Front Head	<input type="checkbox"/> Rear Head	<input type="checkbox"/> Valve Top
<input type="checkbox"/> Front Head Weld	<input type="checkbox"/> Rear Head Weld	<input type="checkbox"/> Valve Bottom
<input type="checkbox"/> Shell Left Front	<input type="checkbox"/> Shell Right Front	<input type="checkbox"/> Vent Top
<input type="checkbox"/> Shell Left Rear	<input type="checkbox"/> Shell Right Rear	<input type="checkbox"/> Manway Assembly
<input type="checkbox"/> Shell Weld	<input type="checkbox"/> Bulkhead Weld	<input type="checkbox"/> Piping
<input type="checkbox"/> Baffle Weld	<input type="checkbox"/> Attachment Weld	<input type="checkbox"/> Suspension Assembly
<input type="checkbox"/> 5 th Wheel Connection	<input type="checkbox"/> Other (explain)	

Damage Protection:

	<u>Failed to Protect</u>	<u>Damaged, but did not fail to protect</u>	<u>Not Damaged</u>
Overtum Protection	_____	_____	_____
Rear-end Protection	_____	_____	_____
Bottom Damage Protection	_____	_____	_____

NON-BULK PACKAGES

Blocking and Bracing

_____ No Failure
_____ Securement failed

Type of Securement:

Separation & Segregation

_____ Improper loading--Hazardous reaction
_____ Improper loading--No hazardous reaction

Package Failure

Type of Package	Failed?	Cause of Damage
_____	Y/N	_____
_____	Y/N	_____
_____	Y/N	_____
_____	Y/N	_____

EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

Police Reports

DPS Photos by Baughman,
Clint (Trooper) 5-28-10









723























33350

HDL
LINE



STRICK

STRICK















































































DRIVER'S DAILY LOG

(24 HOURS)

5 / 20 / 2010
(Month) (Day) (Year)

Original - File at home terminal
Duplicate - Driver retains in his/her possession for eight days

Total Miles Driving Today

Total Mileage Today

I certify that

Home Terminal Address

Truck/Tractor and Trailer Numbers or
License Plate(s) / State (show each unit)

Co-Driver's Name

MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
-----------	---	---	---	---	---	---	---	---	---	----	----	------	---	---	---	---	---	---	---	---	---	----	----	-------------

1. OFF DUTY

2. SLEEPER BERTH

3. DRIVING

4. ON DUTY (NOT DRIVING)

MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11
-----------	---	---	---	---	---	---	---	---	---	----	----	------	---	---	---	---	---	---	---	---	---	----	----

REMARKS

SHIPPING DOCUMENTS:

B/L or Manifest No.
or

Shipper & Commodity

From:

Enter name of place you reported and where released from work and when and where each change of duty occurred.

USE TIME STANDARD AT HOME TERMINAL

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621-LD

RECA
Complete
end of work

Eligible
Today

Minus
Today

Subt

Hrs. g
from 1
of 7
day p

Eligib
Tome

*If you
34 con
hours
you h
hours
again.

DRIVER'S DAILY LOG

(24 HOURS)

5 / 21 / 2010
(Month) (Day) (Year)

Original - File at home terminal
Duplicate - Driver retains in his/her possession for eight days

100

100

Total Miles Driving Today

Total Mileage Today

[Redacted]

[Redacted]

Truck/Tractor and Trailer Numbers or License Plate(s) / State (show each unit)

	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
OFF DUTY																									21 1/2
SLEEPER																									
ERTH																									
IVING																									2 1/2
N DUTY																									1 1/2
OT DRIVING)																									
MARKS																									24

ENTERED BY 4
PTI
WLF FOR I WAS

IPPING
OCUMENTS:

/L or Manifest No.

hipper & Commodity
From: [Redacted] To: [Redacted]

Enter name of place you reported and where released from work and when and where each change of duty occurred.

621-LD



REC
Example
out of

Eligible
Today

Minutes
Today

Sub

Time
from
of
day

Eligible
Today

Time
from
of
day

Eligible
Today

Time
from
of
day



DRIVER'S DAILY LOG

(24 HOURS)

5 / 22 / 2010
(Month) (Day) (Year)

Original - File at home terminal
Duplicate - Driver retains in his/her possession for eight days

Total Miles Driving Today

Total Mileage Today

I certify that the information furnished on this log is true and correct. I am aware that this log will be subject to audit by the Federal Motor Carrier Safety Administration.

License Plate(s) / State (show each unit)

Numbers or

License Plate(s) / State (show each unit)

Driver's Full Signature

Co-Driver's Name

MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
-----------	---	---	---	---	---	---	---	---	---	----	----	------	---	---	---	---	---	---	---	---	---	----	----	-------------

OFF DUTY

SLEEPER BERTH

DRIVING

ON DUTY (NOT DRIVING)

MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
-----------	---	---	---	---	---	---	---	---	---	----	----	------	---	---	---	---	---	---	---	---	---	----	----	-------------

REMARKS

5-22-23-24-25-2010

SHIPPING DOCUMENTS:

B/L or Manifest No. or

Shipper & Commodity

From:

To:

Enter name of place you reported and where released from work and when and where each change of duty occurred.

USE TIME STANDARD AT HOME TERMINAL

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621-LD



DRIVER'S DAILY LOG

(24 HOURS)

5 / 26 / 2016
(Month) (Day) (Year)

Original - File at home terminal
Duplicate - Driver retains in his/her possession for eight days

Total Miles Driving Today

Total Mileage Today

Driver's Name

Driver's Full Signature

MID-NIGHT

1 2 3 4 5 6 7 8 9 10 11 NOON 1 2 3 4 5 6 7 8 9 10 11

TOTAL HOURS

1. OFF DUTY

2. SLEEPER BERTH

3. DRIVING

4. ON DUTY (NOT DRIVING)

MID-NIGHT

1 2 3 4 5 6 7 8 9 10 11 NOON 1 2 3 4 5 6 7 8 9 10 11

REMARKS

SHIPPING DOCUMENTS:

B/L or Manifest No.
or

Shipper & Commodity

Enter name of place you reported and where released from work and when and where each change of duty occurred.

621-LD





DRIVER'S DAILY LOG

(24 HOURS)

5 / 27 / 2010
(Month) (Day) (Year)

Original - File at home terminal
Duplicate - Driver retains in his/her possession for eight days

250
Total Miles Driving Today

250
Total Mileage Today

I certify

Truck/Tractor and Trailer Number(s)
License Plate(s) / State (show each unit)

Driver's Full Signature

Co-Driver's Name

	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
1. OFF DUTY																									17
2. SLEEPER BERTH																									5
3. DRIVING																									2
4. ON DUTY (NOT DRIVING)																									24

REMARKS

Dallas TX
Norman OK
Moore OK
Okla Horse

SHIPPING DOCUMENTS:

B/L or Manifest No.
or

Shipper & Commodity

Enter name of place you reported and where released from work and when and where each change of duty occurred.

621-LD



DRIVER'S DAILY LOG

(24 HOURS)

5 / 28 / 2010
(Month) (Day) (Year)

Original - File at home terminal
Duplicate - Driver retains in his/her possession for eight days

Total Miles Driving Today

Total Mileage Today

I ce

License Plate(s) / State (show each unit)

Driver's Full Signature

Co Driver's Name

MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
-----------	---	---	---	---	---	---	---	---	---	----	----	------	---	---	---	---	---	---	---	---	---	----	----	-------------

1. OFF DUTY

2. SLEEPER BERTH

3. DRIVING

4. ON DUTY (NOT DRIVING)

MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11
-----------	---	---	---	---	---	---	---	---	---	----	----	------	---	---	---	---	---	---	---	---	---	----	----

REMARKS

OKlahoma City
PTT

SHIPPING DOCUMENTS:

B/L or Manifest No.
or

Shipper & Commodity

From:

To:

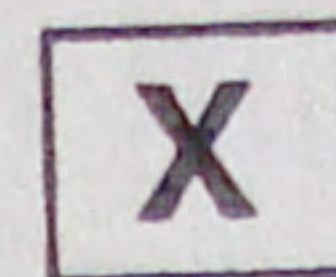
621-LD



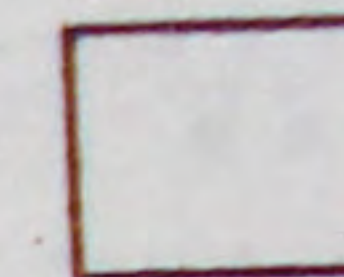
MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
21172

COMPANY
Vanliner Insurance Company



COMMERCIAL



PERSONAL

POLICY NUMBER

EFFECTIVE DATE
12/7/2009

EXPIRATION DATE
12/7/2010

YEAR
2005

MAKE/MODEL
Freightliner Tractor

VEHICLE IDENTIFICATION NUMBER
1FUJA6CV35D

AGENCY/COMPANY ISSUING CARD AND LOCAL OR CUSTOMER SERVICE PHONE NUMBER
Stewart Sneed Hewes
A Division of BancorpSouth Insurance Services
P.O. Box 250
Gulfport MS 39502
(228) 863-5362

INSURED

Gulfport, MS

SEE IMPORTANT NOTICE ON REVERSE SIDE

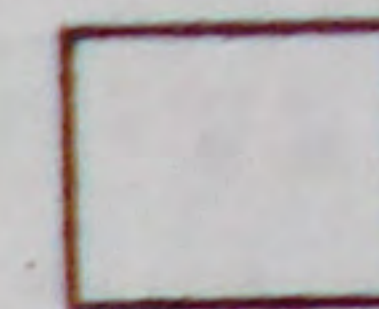
MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
21172

COMPANY
Vanliner Insurance Company



COMMERCIAL



PERSONAL

POLICY NUMBER

EFFECTIVE DATE
12/7/2009

EXPIRATION DATE
12/7/2010

YEAR
2005

MAKE/MODEL
Freightliner Tractor

VEHICLE IDENTIFICATION NUMBER
1FUJA6CV35D

AGENCY/COMPANY ISSUING CARD AND LOCAL OR CUSTOMER SERVICE PHONE NUMBER
Stewart Sneed Hewes

A Division of BancorpSouth Insurance Services

P.O. Box 250

Gulfport MS 39502

(228) 863-5362

INSURED

Gulfport, MS

SEE IMPORTANT NOTICE ON REVERSE SIDE

MISS

REGISTRANT

ACCOUNT NO.

FLEET

REGISTRANT/OPERATOR (LE

OWNER (LESSOR)

UNIT NO.

26205

VEHICLE IDENTIFICATION N

1FUJA6CV351

The vehicle described herein is
below. The weight is shown in
kilograms.

MEDICAL EXAMINER'S CERTIFICATE

PART 1 OF 2

I certify that I have examined [REDACTED] in accordance with
the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with know-
ledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- ☐ wearing corrective lenses
- ☐ wearing hearing aid
- ☐ accompanied by a _____ waiver/exemption
- ☐ driving within an exempt intracity zone (49 CFR 391.62)
- ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)
- ☐ Qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete
examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

DATE

10/15/08



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www.LnLtransportation.com QFC-1

MEDICAL EXAMINER'S CERTIFICATE
PART 2 OF 2

- ☒ MD ☐ DO ☐ Chiropractor
- ☐ Physician Assistant ☐ Advanced Practice Nurse

ADDRESS OF MEDICAL EXAMINER

Springhill Medical Center Clinic
210 Government St.
Mobile, AL 36602

MED. LICENSE OR CERT. NO. / ISSUING STATE

ADDRESS OF DRIVER 10705 Pioneer

DRIVER'S LICENSE NO. & STATE

MEDICAL EXAMINER'S TELEPHONE
(251) 433-8448

MEDICAL CERTIFICATE EXPIRATION DATE

10/15/2010



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www.LnLtransportation.com











STRICK

STRICK

Date: 7/31/2009 01:40 PM

Sender's Fax ID:

DOT 087 423

INSURANCE IDENTIFICATION CARD

(STATE) **MS**
COMPANY NUMBER **11371** COMPANY **Great West Casualty Company**
POLICY NUMBER **[REDACTED]** EFFECTIVE DATE **8/1/2009** EXPIRATION DATE **8/1/2010**
YEAR **0** MAKE/MODEL **FLEET <Unknown>** VEHICLE IDENTIFICATION NUMBER **0000**

AGENCY/COMPANY ISSUING CARD
Stewart Sneed Hewes - Hattiesburg
A Division of BancorpSouth Insurance Services
P. O. Box 1976
Hattiesburg, MS 39403-1976
(601) 544-8703

INSURED

[REDACTED]

Columbia, MS

SEE IMPORTANT NOTICE ON REVERSE SIDE

GVWR 36,300

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

MS 834 387

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.



MISSISSIPPI APPORTIONED REGISTRATION CAB CARD

REGISTRANT

[REDACTED]					REGISTRATION YEAR
					2010
UNIT NO.	FLEET NO.	SUPP NO.	GROSS WT	DECAL NO.	PLATE NO.
40915	002	000	80000	19001614	[REDACTED]

REGISTRANT/OPERATOR (LESSEE)

[REDACTED]	USDOT OF CARRIER RESPONSIBLE FOR SAFETY
[REDACTED]	[REDACTED]

OWNER (LESSOR)

[REDACTED]							
UNIT NO.	YEAR	MAKE	TYPE	CARRIER TYPE	FUEL	SEATS/BUS	DATE REGISTERED
434	2008	VOLV	TR	HH	D	0	5/12/2008
VEHICLE IDENTIFICATION NO.		TITLE NO.		UNLADEN WT	ADM FEE	EXP DATE	GRACE EXP DATE
4V4NC9GH881 [REDACTED]		E457104		16600	17.75	4/30/2011	5/15/2011

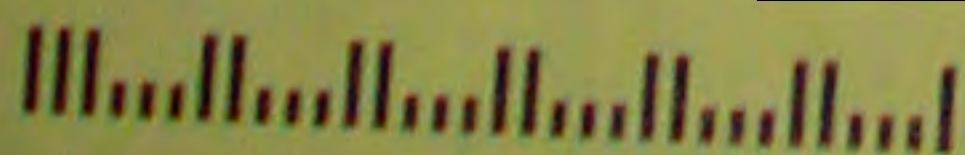
The vehicle described herein has been proportionally registered between the State of MISSISSIPPI and other JURISDICTIONS as shown below. The weight is shown in pounds for States and kilograms for Provinces. Quebec is listed on the cab card with number of axles in lieu of kilograms.

AL080000 AR080000 AZ080000 CA080000 CO080000 CT080000 DC080000 DE080000
 FL080000 GA080000 IA080000 ID080000 IL080000 IN080000 KS080000 KY080000
 LA080000 MA080000 MD080000 ME080000 MI080000 MN080000 MO080000 MS080000
 MT080000 NC080000 ND080000 NE080000 NH080000 NJ080000 NM080000 NV080000
 NY080000 OH080000 OK080000 OR080000 PA080000 RI080000 SC080000 SD080000
 TN080000 TX080000 UT080000 VA080000 VT080000 WA080000 WI080000 WV080000
 WY080000 *****

STATE OF MISSISSIPPI - THE BUREAU OF MOTOR VEHICLES

THIS REGISTRATION CARD MUST BE CARRIED IN THE VEHICLE AT ALL TIMES.

NO JURISDICTIONS ARE TO BE LISTED AFTER THE ROW OF ASTERISKS OR CAB CARD IS INVALID. IF THIS VEHICLE IS SOLD OR OTHERWISE DELETED FROM YOUR APPORTIONED ACCOUNT, THIS CAB CARD AND THE CORRESPONDING APPORTIONED PLATE MUST BE SURRENDERED TO THE STATE OF MISSISSIPPI BUREAU OF MOTOR VEHICLES, MOTOR CARRIER SERVICES OFFICE. IF THE CAB CARD APPEARS ALTERED, CONTACT THE MISSISSIPPI BUREAU OF MOTOR VEHICLES, MOTOR CARRIER SERVICES OFFICE FOR VERIFICATION AT 1-601-923-7142.





DRIVER'S DAILY LOG

(24 HOURS)

531

Total Miles Driving Today

415639

Total Mileage Today

5 / 20 / 16

Original - File at home terminal

Duplicate - Driver retains in his/her possession for eight days

RECAP

Complete at end of workday.

On-duty hours today. (Total lines 3 & 4)

70 Hour/8 Day Drivers

A. Total hours on duty last 7 days, including today.

B. Total hours available tomorrow. 70 hr. minus A.*

C. Total hours on duty last 8 days, including today.

60 Hour/7 Day Drivers

A. Total hours on duty last 6 days, including today.

B. Total hours available tomorrow. 60 hr. minus A.*

C. Total hours on duty last 7 days, including today.

*If you took 34 consecutive hours off duty, you have 60/70 hours available again.

[Redacted Main Office Address]

Main Office Address

[Redacted Truck/Tractor and Trailer Numbers or License Plate(s) / State (show each unit)]

Truck/Tractor and Trailer Numbers or License Plate(s) / State (show each unit)

[Redacted Terminal Address]

Terminal Address

Co-Driver's Name

MID-NIGHT 1 2 3 4 5 6 7 8 9 10 11 NOON 1 2 3 4 5 6 7 8 9 10 11 TOTAL HOURS

1. OFF DUTY

2. SLEEPER BERTH

3. DRIVING

4. ON DUTY (NOT DRIVING)

MID-NIGHT 1 2 3 4 5 6 7 8 9 10 11 NOON 1 2 3 4 5 6 7 8 9 10 11

REMARKS

SHIPPING DOCUMENTS:

B/L or Manifest No. or

Shipper & Commodity

Enter name of place you reported and where released from work and when and where each change of duty occurred.

From:

To:

USE TIME STANDARD AT HOME TERMINAL

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DRIVER'S VEHICLE INSPECTION REPORT



DRIVER'S DAILY LOG

(24 HOURS)

541
Total Miles Driving Today

476780
Total Mileage Today

Original - File at home terminal

RECAP

RECAP
Complete at
end of workday.

On-duty hours
today. (Total
lines 3 & 4)

70 Hour/
8 Day
Drivers

A.
Total hours on
duty last 7 days,
including today.

B.
Total hours
available
tomorrow.
70 hr. minus A.*

C.
Total hours on
duty last 8 days,
including today.

60 Hour/
7 Day
Drivers

A.
Total hours on
duty last 6 days,
including today.

B.
Total hours
available
tomorrow.
60 hr. minus A.*

C.
Total hours on
duty last 7 days,
including today.

*If you took
34 consecutive
hours off duty,
you have 60/70
hours available
again.

I certify that

Address

License Plate(s) / State (show each unit)

Co-Driver's Name

	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
1. OFF DUTY																									
2. SLEEPER BERTH																									12 1/2
3. DRIVING																									9
4. ON DUTY (NOT DRIVING)																									2 1/2
REMARKS	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	24

SHIPPING
DOCUMENTS:

B/L or Manifest No.

or Forest Prods

Shipper & Commodity

From:

Enter name of place you reported and where released from work and when and where each change of duty occurred.

To:

USE TIME STANDARD AT HOME TERMINAL

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DRIVER'S VEHICLE INSPECTION REPORT

CARRIER'S NAME: FOREST PRODUCTS TRANSPORTS LLC.



DRIVER'S DAILY LOG

(24 HOURS)

5 / 22 / 10
(Month) (Day) (Year)

Original - File at home terminal
Duplicate - Driver retains in his/her possession for eight days

61
Total Miles Driving Today

416241
Total Mileage Today

RECAP
Complete at
end of workday.

On-duty hours
today. (Total
lines 3 & 4)

**70 Hour/
8 Day
Drivers**

A.
Total hours on
duty last 7 days,
including today.

B.
Total hours
available
tomorrow.
70 hr. minus A.*

C.
Total hours on
duty last 8 days,
including today.

**60 Hour/
7 Day
Drivers**

A.
Total hours on
duty last 6 days,
including today.

B.
Total hours
available
tomorrow.
60 hr. minus A.*

C.
Total hours on
duty last 7 days,
including today.

*If you took
34 consecutive
hours off duty,
you have 60/70
hours available
again.



	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
1. OFF DUTY																									23
2. SLEEPER BERTH																									
3. DRIVING																									
4. ON DUTY (NOT DRIVING)																									1

REMARKS

24

SHIPPING
DOCUMENTS:

B/L or Manifest No.

or
Forest Prod.

Shipper & Commodity

From:

To:

USE TIME STANDARD AT HOME TERMINAL

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DRIVER'S VEHICLE INSPECTION REPORT



DRIVER'S DAILY LOG

(24 HOURS)

5 / 23 / 10
(Month) (Day) (Year)

Original - File at home terminal

Total Miles Driving Today

Total Mileage Today

Truck/Tractor and Trailer Numbers or
License Plate(s) / State (show each unit)

Home Terminal Address
I certify these entries are true and correct:

Driver's Full Signature

Co-Driver's Name

	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
1. OFF DUTY																									24
2. SLEEPER BERTH																									
3. DRIVING																									
4. ON DUTY (NOT DRIVING)																									
REMARKS																									24

SHIPPING DOCUMENTS:

B/L or Manifest No.

or

Forest Prod
Shipper & Commodity

Enter name of place you reported and where released from work and when and where each change of duty occurred.

From:

To:

USE TIME STANDARD AT HOME TERMINAL

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RECAP
Complete at
end of workday.

On-duty hours
today. (Total
lines 3 & 4)

70 Hour/
8 Day
Drivers

A.
Total hours on
duty last 7 days,
including today.

B.
Total hours
available
tomorrow.
70 hr. minus A.*

C.
Total hours on
duty last 8 days,
including today.

60 Hour/
7 Day
Drivers

A.
Total hours on
duty last 6 days,
including today.

B.
Total hours
available
tomorrow.
60 hr. minus A.*

C.
Total hours on
duty last 7 days,
including today.

*If you took
34 consecutive
hours off duty,
you have 60/70
hours available
again.

DRIVER'S VEHICLE INSPECTION REPORT

FOREST PRODUCTS TRANSPORTS LLC



DRIVER'S DAILY LOG

(24 HOURS)

5 / 24 / 10
(Month) (Day) (Year)

Original - File at home terminal
Duplicate - Driver retains for eight days

312
Total Miles Driving Today

416553
Total Mileage Today

[Redacted]
Main Office Address

RECAP
Complete at
end of workday.

On-duty hours
today. (Total
lines 3 & 4)

**70 Hour/
8 Day
Drivers**

A.
Total hours on
duty last 7 days,
including today.

B.
Total hours
available
tomorrow.
70 hr. minus A.*

C.
Total hours on
duty last 8 days,
including today.

**60 Hour/
7 Day
Drivers**

A.
Total hours on
duty last 6 days,
including today.

B.
Total hours
available
tomorrow.
60 hr. minus A.*

C.
Total hours on
duty last 7 days,
including today.

*If you took
34 consecutive
hours off duty,
you have 60/70
hours available
again.

[Redacted]
License Plate(s) / State (show each unit)

I certify [Redacted]
Address

Co-Driver's Name

	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
1. OFF DUTY																									17
2. SLEEPER BERTH																									
3. DRIVING																									5 3/4
4. ON DUTY (NOT DRIVING)																									1 1/4

REMARKS	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	24

Columbia, MS
P.T.I.
Burrhead, LA
New Orleans, LA
Columbia, MS

SHIPPING
DOCUMENTS:

B/L or Manifest No.

or Forest Prod.

Shipper & Commodity

Enter name of place you reported and where released from work and when and where each change of duty occurred.

From:

To:

USE TIME STANDARD AT HOME TERMINAL

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DRIVER'S DAILY LOG

(24 HOURS)

5 / 25 / 10

Original - File at home terminal

646

Total Miles Driving Today

417 199

Total Mileage Today

I certify

al Address

RECAP
Complete at
end of workday.

On-duty hours
today. (Total
lines 3 & 4)

**70 Hour/
8 Day
Drivers**

A.
Total hours on
duty last 7 days,
including today.

B.
Total hours
available
tomorrow.
70 hr. minus A.*

C.
Total hours on
duty last 8 days,
including today.

**60 Hour/
7 Day
Drivers**

A.
Total hours on
duty last 6 days,
including today.

B.
Total hours
available
tomorrow.
60 hr. minus A.*

C.
Total hours on
duty last 7 days,
including today.

*If you took
34 consecutive
hours off duty,
you have 60/70
hours available
again.

MID-
NIGHT

1

2

3

4

5

6

7

8

9

10

11

NOON

1

2

3

4

5

6

7

8

9

10

11

**TOTAL
HOURS**

1. OFF DUTY

2. SLEEPER
BERTH

3. DRIVING

4. ON DUTY
(NOT DRIVING)

MID-
NIGHT

1

2

3

4

5

6

7

8

9

10

11

NOON

1

2

3

4

5

6

7

8

9

10

11

24

REMARKS

SHIPPING
DOCUMENTS:

B/L or Manifest No.

or

Forest Prod.

Shipper & Commodity

From:

To:

USE TIME STANDARD AT HOME TERMINAL

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DRIVER'S VEHICLE INSPECTION REPORT

FOREST PRODUCTS TRANSPORTS LLC



DRIVER'S DAILY LOG

(24 HOURS)

5 / 26 / 10

Original - File at home terminal

254

Total Miles Driving Today

417453

Total Mileage Today



License Plate(s) / State (show each unit)



Home Terminal Address

I certify these entries are true and correct:

Driver's Full Signature

Co-Driver's Name

RECAP
Complete at
end of workday.

On-duty hours
today. (Total
lines 3 & 4)

**70 Hour/
8 Day
Drivers**

A.
Total hours on
duty last 7 days,
including today.

B.
Total hours
available
tomorrow.
70 hr. minus A.*

C.
Total hours on
duty last 8 days,
including today.

**60 Hour/
7 Day
Drivers**

A.
Total hours on
duty last 6 days,
including today.

B.
Total hours
available
tomorrow.
60 hr. minus A.*

C.
Total hours on
duty last 7 days,
including today.

*If you took
34 consecutive
hours off duty,
you have 60/70
hours available
again.

1. OFF DUTY

2. SLEEPER
BERTH

3. DRIVING

4. ON DUTY
(NOT DRIVING)

TOTAL
HOURS

19

4 1/2

1/2

24

REMARKS

Franklin, Ky

SHIPPING
DOCUMENTS:

B/L or Manifest No.
or

Shipper & Commodity

Enter name of place you reported and where released from work and when and where each change of duty occurred.

From:

To:

USE TIME STANDARD AT HOME TERMINAL

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DRIVER'S DAILY LOG

(24 HOURS)

5 / 27 / 18
(Month) (Day) (Year)

Original - File at home terminal

706
Total Miles Driving Today

418159
Total Mileage Today



[Redacted]

I certify these entries are true and correct: Home Terminal Address

Truck/Tractor and Trailer Numbers or License Plate(s) / State (show each unit)

Driver's Full Signature

Co-Driver's Name

	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
1. OFF DUTY																									
2. SLEEPER BERTH																									
3. DRIVING																									
4. ON DUTY (NOT DRIVING)																									
REMARKS																									

SHIPPING DOCUMENTS:

B/L or Manifest No.
or Forest Prod.
Shipper & Commodity

From:

To:

Enter name of place you reported and where released from work and when and where each change of duty occurred.

USE TIME STANDARD AT HOME TERMINAL

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RECAP
Complete at
end of workday.

On-duty hours
today. (Total
lines 3 & 4)

70 Hour/
8 Day
Drivers

A.
Total hours on
duty last 7 days,
including today.

B.
Total hours
available
tomorrow.
70 hr. minus A.*

C.
Total hours on
duty last 8 days,
including today.

60 Hour/
7 Day
Drivers

A.
Total hours on
duty last 6 days,
including today.

B.
Total hours
available
tomorrow.
60 hr. minus A.*

C.
Total hours on
duty last 7 days,
including today.

*If you took
34 consecutive
hours off duty,
you have 60/70
hours available
again.

DRIVER'S VEHICLE INSPECTION REPORT



DRIVER'S DAILY LOG

(24 HOURS)

5 / 28 / 10
(Month) (Day) (Year)

Original - File at home terminal
Duplicate - Driver retains in his/her possession for eight days

Total Miles Driving Today

Total Mileage Today

Main Office Address

Truck/Tractor and Trailer Numbers or License Plate(s) / State (show each unit)

Home Terminal Address

I certify these entries are true and correct:

Driver's Full Signature

Co-Driver's Name

	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
1. OFF DUTY																									
2. SLEEPER BERTH																									
3. DRIVING																									
4. ON DUTY (NOT DRIVING)																									
REMARKS																									

SHIPPING DOCUMENTS:

B/L or Manifest No.

OR

Forest Prod.

Shipper & Commodity

Enter name of place you reported and where released from work and when and where each change of duty occurred.

From:

To:

USE TIME STANDARD AT HOME TERMINAL

© Copyright 2005 & Published by J. J. KELLER & ASSOCIATES, INC.



RECALL
Complete
end of week

On-duty hours
today. (Total
lines 3 & 4)

70 Hour
8 Day
Driver

A.
Total hours
duty last 7
including

B.
Total hours
available
tomorrow
70 hr. max

C.
Total hours
duty last 7
including

60 Hour
7 Day
Driver

A.
Total hours
duty last 7
including

B.
Total hours
available
tomorrow
60 hr. max

C.
Total hours
duty last 7
including

*If you
34 com
hours
you have
hours
again.







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For Replacement
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VOLVO

ONTARIO 75 MAY 1995



DO NOT OIL STEERING GEAR
DUE TO IT. CONTAMINANTS MAY
DAMAGE SEALS DAMAGING INTERNAL









PULL TO APPLY
**PARKING
BRAKE**
Push TO
RELEASE

PULL TO EXHAUST
**TRAILER
AIR SUPPLY**
NOT FOR PARKING
Morrison WABCO
PUSH TO SUPPLY

AUX

AUDIO

33





9 10 11 12 13 14 15
16 17 18 19 20 21 22
23/30 24/31 25 26 27 28 29

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GVW 85, 500

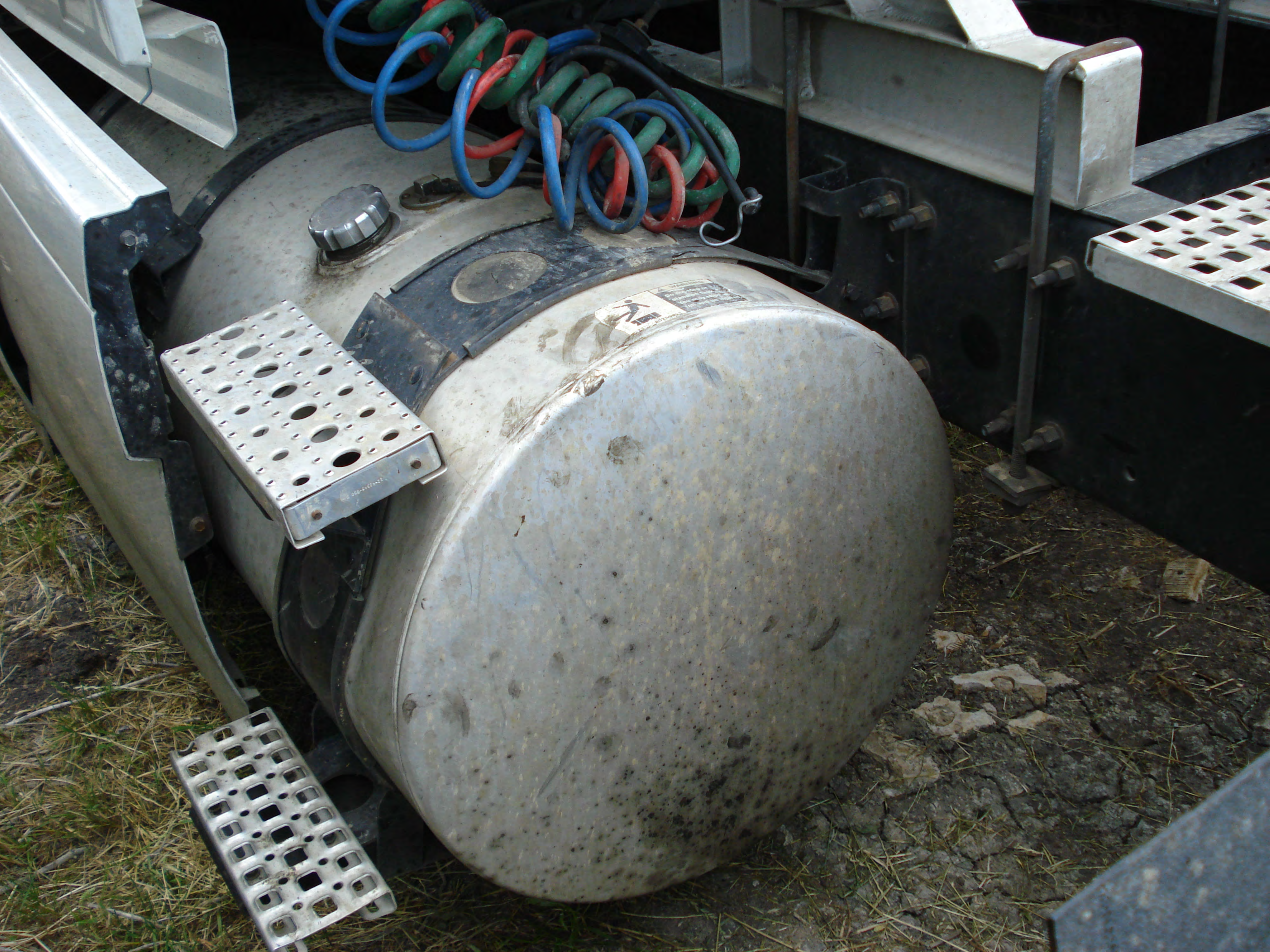






9347BR22.5

703
REPROOF-11









CAUTION
REFRIGERANT UNDER PRESSURE
AIR CONDITIONING
SYSTEM

Improper service methods may cause personal injury. System to be serviced by qualified personnel only. Repair practices to be made according to the Volvo service manual.

R134A REFRIGERANT CHARGES

All Day Cabs	1.40kg = 3.07 lbs
VN430, 630	1.60kg = 3.53 lbs
VN 670, 720	1.70kg = 3.75 lbs
VTG4T830, 880	1.70kg = 3.75 lbs
VNL64T730	1.70kg = 3.75 lbs

SYSTEM LUBRICANT
Sandoz SF-15 PAG 300cc = 10.1 fl.oz.
VOLVO 2030752

CAUTION
VEHICLE
SRS
VEHICLE

VOLVO 2191946



723













PSURTS



723





MFG. UTILITY TRAILER MFG CO
DATE OF MANUFACTURE 08/2007 GVWR 35,300 KG 80,000 LB
GAWR ALL AXLES OF 7,500 KG (16,500 LB) WITH
11-22.5 (P) TIRES, 24.5x8.25 RIMS, AT 860 KPA (125 PSI) COLD DUAL
11R-22.5 (O) TIRES, 24.5x8.25 RIMS, AT 860 KPA (125 PSI) COLD DUAL
275-60R-24.5 (O) TIRES, 24.5x8.25 RIMS, AT 860 KPA (125 PSI) COLD DUAL
275-70R-24.5 (O) TIRES, 24.5x8.25 RIMS, AT 860 KPA (125 PSI) COLD DUAL
285-75R-24.5 (O) TIRES, 24.5x8.25 RIMS, AT 860 KPA (125 PSI) COLD DUAL
285-75R-24.5 (O) TIRES, 22.5x8.25 RIMS, AT 860 KPA (125 PSI) COLD DUAL
THIS VEHICLE CONFORMS TO ALL APPLICABLE FEDERAL MOTOR VEHICLE
SAFETY STANDARDS IN EFFECT ON DATE OF MANUFACTURE SHOWN ABOVE
VIN TYPE 10V SEMI TRAILER

MERITOR The mALERT™
Equipped with The mALERT™ when the next sensor
for sensors, refer to the mALERT™ Manual for the
Manufacturer's & Customer Service Center for
the full details for maintenance.





MFD. Y UTILITY TRAILER MFG CO.

DATE OF MANUFACTURE 08/2007 GVWR 36,300 KG(80,000 LB)

GAWR ALL AXLES OF 19000 KG (19000 LB) WITH							
11-22.5	(F) TIRES,	22.5x8.25	RIMS, AT	520 KPA	(75 PSI)	COLD DUAL	
GAWR ALL AXLES OF 20000 KG (20000 LB) WITH							
11-24.5	(F) TIRES,	24.5x8.25	RIMS, AT	520 KPA	(75 PSI)	COLD DUAL	
11R-22.5	(G) TIRES,	22.5x8.25	RIMS, AT	660 KPA	(95 PSI)	COLD DUAL	
11R-24.5	(G) TIRES,	24.5x8.25	RIMS, AT	660 KPA	(95 PSI)	COLD DUAL	
275/80R-22.5	(G) TIRES,	22.5x8.25	RIMS, AT	660 KPA	(95 PSI)	COLD DUAL	
275/80R-24.5	(G) TIRES,	24.5x8.25	RIMS, AT	660 KPA	(95 PSI)	COLD DUAL	
285/75R-24.5	(G) TIRES,	24.5x8.25	RIMS, AT	690 KPA	(100 PSI)	COLD DUAL	
295/75R-22.5	(G) TIRES,	22.5x8.25	RIMS, AT	690 KPA	(100 PSI)	COLD DUAL	

THIS VEHICLE CONFORMS TO ALL APPLICABLE FEDERAL MOTOR VEHICLE SAFETY STANDARDS IN EFFECT ON DATE OF MANUFACTURE SHOWN ABOVE

VIN 1UY FS2484 8 [REDACTED] FS2GHA
TYPE SEMI TRAILER

MERITOR
AN MTIS BY PSI
Equipped with ThermalAlert
For service refer to maintenance
ArvinMeritor's Customer Service
800-535-5560 for assistance









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23

CAUTION

DO NOT USE ALUMINUM RUB RAIL OR ALUMINUM POCKETS AS ANCHOR POINTS FOR CHAIN BINDERS. WHEN USING PIPE SPOOLS AS ANCHOR POINTS THE FOLLOWING REQUIREMENTS MUST BE OBSERVED:

- MAXIMUM CHAIN SIZE: 3/8" HIGH TEST OR 5/16" GRADE 70 ALLOY.
- MAXIMUM WEAR DEPTH IN ALUMINUM SPOOL IS 3/16". SPOOLS WORN 3/16" OR MORE MUST BE REPLACED BEFORE USED AS ANCHOR POINTS.

UTILITY TRAILER MFG. CO. PART NO. 3-2840-103

NOTICE

DO NOT INSTALL A STEEL BULKHEAD ON THIS ALUMINUM FRONT RAIL

UTILITY TRAILER MFG. CO. PART NO. 3-2840-104

CAUTION BEFORE TOWING THIS TRAILER CAUTION

1. MAKE A VISUAL CHECK TO ASSURE THAT THE FIFTH WHEEL LOCKING LEVER IS IN THE LOCKED POSITION.
2. MAKE SURE YOU ARE COUPLED BY FIRST LOCKING THE TRAILER BRAKES AND THEN BY PULLING FORWARD ON THE KING PIN HARD ENOUGH TO OVERCOME THE FRICTION BETWEEN THE FIFTH WHEEL AND THE KING PIN.
3. MAKE SURE LEGS ARE CRANKED UP.

UTILITY TRAILER MFG. CO. PART NO. 3-2840-105

CAUTION

STRAP FLAT HOOKS SHOULD HOOK TO THE BOTTOM FLANGE OF THE ALUM. SIDE RAIL OR TO THE BINDER HOOKS WELDED TO C-BARS.

UTILITY TRAILER MFG. CO. PART NO. 3-2840-106

