EA12-005
TOYOTA
2/15/2013

Attachment-Response 4

d. Expert Deposition
Transcripts

Trooper Baughman

1734199-WE - 1 - Exhibit 001

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Sen of Losly		TXDPS COMMERCIAL			_	MOTOR CARRIER							
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E A					OPERATOR								
LA BOOK					i								
SH. DAN. R	co	NTINU.	ATION	SHE	ET	LAST NAME	F	IRST NAME	MI				
									TOR CARRIER: TRC Chapte				
							irn this report to Texa	as Department of	Public Safety, Motor Carrier				
Safety Section, PO	Box 408	37, Au	stin, T	exas	78773-0001 with	in fifteen (15) days.							
		-				VIOLATIONS				_			
TICKET VIOL. CITE	# Unit	OOS	OOS	POST	T		VIOLATIONS DISC	OVERED		_			
	No.	Y/H	DISP	ACC									
393.75(a) (3) 2	Yes	D	Yes	TIRE-FLAT - ax	le 5 right inside	Flat						
	L. I								_				
393.9	2	Yes	D	Yes	DEFECTIVE TURN	SIGNAL LAMP (#) -	rear right - hang	jing					
			ļ										
393.205 (a)	2	Yes	Þ	Yes	WHEEL/RIM CRACE	ŒD/BROKEN - axle	5 right inside - b	ent due to cras	sh				
				<u> </u>									
393.86	2			Yes	NO REAR END PRO	OTECTION-BUMPERS -	missing due to ac	ccident					
				.L									

	VEHICLE/DRIVE	ER OUT OF SE	RVICE NOTICE	A TOP OF	
VEHICLE Pursuant to authority contains of Service" the vehicle's with defect column of this report. No person shall applied to these vehicles or operate a defects have been repaired and the vehicles condition, or proper operating authorities CONTINUATION SHEET X TROOPER 2005, 2004 - Inspection result of favehicle Driver sent to TA truck a	followed by "YES" in the Ou. I remove the out of service uch vehicles until the out o cloles have been restored to ty has been obtained. COMMENTS: ttality accident involvin	t of Service stickers f service safe operating g above	DRIVER Pursuant to author The Chapter 644 i hereby declare the driver name out of Service. No motor permit or require driver operate any motor vehicle	y notify and d on this report carrier shall to drive or	OGS DISPOSITIONS A. Repaired at Scene / Obtained Oper. Auth. B. Towed/Escorted to Repair Service D. Other U. Unknowd N. Driver OOS
					Log Rook Exemption
			COPY RECEIVED BY		
INSPECTED BY:	ID/REGION/DISTRICT/AREA	TIME COMPLETE	D REPORT PREPARED BY:	C BAUGHMAN	
C BAUGHMAN	09848 1 A 02	11:19PM	REFERRAL ID	A Cummins	
CHARGES FILED BY:		*	BRAKES INSPECTED BY:	06857 1 A 02	

ISEAQ245534600001 CVE-3 (Rev. 12/03)

TX10450EAQ01	TXDPS COMMERCIAL VEHICLE ENFORCEMENT
☐ ARREST TKT ☐ 9 - 15 PASS. FOR HIRE	CP#: 0217079
COM. VEII. 16 PASS. FOR HIRE	CONSTRUCTION ZONE ☐FIXED ☑ROADSIDE
✓ ACCIDENT ☐ 16 PASS. NOT FOR HIRE ✓ CDL ☐ SCHEDULE ☐ CHARTER	SP PROG: INTERSTATE YES NO SCALE
CAPANTER	INTRASTATE CCCUPIED HOUSE SN TE
DATE: 05/28/2010 TIME: 11:25PM	COUNTY: KAUFMAN HWY: (1) IH-0020 IN KAUFMAN CO. (487-513) MP#: 509
Lessee/MC	USDOT#: 87823
Add/City/St/Zip	ICC/MC#: 134824
OMNES	TXDOT#:
ADD/CITY/ST/ZI	PHONE#:
Operator:	RACE/SEX: BM DOB: MED CARD: 11/30/2011
Add/City/St/Zip	DL #: ST: MS DL CLASS: A
VEH SEARCH: YES NO REASON FO	R STOP: WARN CITATION INSPECTION CONTRABAND LOCATED: YES MO
TYPE OF SEARCH: CONSENT PC INC. T	O ARREST INVENTORY TYPE OF CONTRABAND: DRUGS WEAPONS CURRENCY OTHER
Unit TYPE	MAKE CO# Plate Stat VIN
	VOLV 434 A170956 MS 4V4NC9GH88N
V 2 ST	UTIL 723 83438T MS 1UYFS24848A4
\	
SIGNATURE:	
I HEREBY PROMISE TO APPEAR AT THE TIME AN PLACE DESIGNATED IN THIS NOTICE. (THIS IS	
NOT A PLEA OF GUILTY)	x (9200) 00 (30000) 0 (11950) 0 (11900)
COPY RECEIVED BY	GROSS WEIGHT: 63,050 GROUP WEIGHT: 0
YOU ARE HEREBY NOTIFIED TO APPEAR	LOAD DISP:
· JUDGE: CO	NIRT. SCT /PIACE.
PHONE: ON/BEFORE	PERMIT #:
ADDRESS: TX	VQ M1 WI 90000 GAM \$1
	RG WT #2 GVWR #2 B0000
SEAL #'S REMOVED: DEPT. SEAL #; IN:	STALLED 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 RQ?	HW? PLACARDS REQ? INOP INOP INOP 1 0 1/2 ALLEGED SPEED
NA	SPEED LIMIT
	SPEC. TANK AX 1 AX 2 AX 3 AX 4 AX 5 AX 6 AX 7 AX 8 RADAR CAL.
	INOP NOP NOP 0 1/2 1 1/2
TICKET VIOL. CITE # Unit OOS OOS POST	VIOLATIONS DISCOVERED
No. Y/N DISP ACC	DRIVER:PLEASE COMPLY WITH DIRECTIONS ON BACK SIDE OF THIS FORM
	ECTIVE SIDE MARKER LAMP - left rear
	D NOT SECURED SAFELY - shifted load / partial load loss from crash
	ERING SYSTEM COMPONENT WORN/WELDED/MISSING - steering components to FL wheel pushed kwards by crash
393.67 1 Yes B Yes DEFI	ECTIVE LIQUID FUEL TANK/FUEL LINE/VISIBLE LEAK - fuel lines ruptured - unable to hold
	ECTIVE HEAD LAMP (#) - right - missing
	
	VEHICLE/DRIVER OUT OF SERVICE NOTICE
VEHICLE Pursuant to authority contained in TRC	
of Service the vehicle/s with defects followed	Chapter 644 I hereby declare "Out RIVER Pursuant to authority contained in DOS DISPOSITIONS by "YES" in the Out of Service TRC Chapter 644 I hereby notify and A. Repaired at Scene /
column of this report. No person shall remove	the out of service stickers declare the driver named on this report Obtained Oper. Auth.
oclum of this report. No person shall remove applied to these vehicles or operate such vehicles have been repaired and the vehicles have condition, or proper operating authority has be-	TRC Chapter 64 1 hereby notify and A. Repaired at Scene / Obtained Oper. Auth. B. Towod/Escorted to permit or require driver to drive or operate any motor vehicle until D. Other
column of this report. No person shall remove applied to these vehicles or operate such vehicle defects have been repaired and the vehicles have	TRC Chapter 64 1 hereby notify and A. Repaired at Scene / Obtained Oper. Auth. B. Towod/Escorted to permit or require driver to drive or operate any motor vehicle until D. Other
column of this report. No person shall remove applied to these vehicles or operate such vehicles have been repaired and the vehicles have condition, or proper operating authority has been seen to be consistent of the condition	TRC Chapter 04% I hereby notify and A. Repaired at Scene / Obtained Oper. Auth. TRC Chapter 04% I hereby notify and A. Repaired at Scene / Obtained Oper. Auth. Out of Service. No motor carrier shall b. Towod/Eccorted to see nestored to safe operating en obtained. Define TRC Chapter 04% I hereby notify and A. Repaired at Scene / Obtained Oper. Auth. Expaired at Scene / Obtained Oper. Auth. Towod/Eccorted to Repair Service Defined Oper. Auth. Service Unixon Operate any motor wehicle until D. Other U. Unxnown N. Driver OOS
oclum of this report. No person shall remove applied to these vehicles or operate such vehicle defects have been repaired and the vehicles have condition, or proper operating authority has been condition.	TRC Chapter 04% I hereby notify and of the out of service stickers les until the out of service e been restored to safe operating en obtained. TRC Chapter 04% I hereby notify and obtained of the original of the declare the driver named on this report Obtained Oper. Auth. B. Towod/Escorted to Repair Service permit or require driver to drive or operate any motor wehicle until U. Uhknown N. Driver OOS
column of this report. No person shall remove applied to these vehicles or operate such vehicles have been repaired and the vehicles have condition, or proper operating authority has been seen to be consistent of the condition	TRC Chapter 04 1 hereby notify and color of service the out of service stickers les until the out of service e been restored to safe operating en obtained. Chapter 04 1 hereby notify and color of service and color of service. No motor carrier shall permit or require driver to drive or operate any motor vehicle until permit or require driver to drive or operate any motor vehicle until D. Other U. Unknown N. Driver OOS
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CVE-3 (Rev. 12/03) ISEA0245534600001 INSPECTION H DATE CP # CVE-3a (12/03) TX10450EAQ01-0 0217079 5/28/2010 11:25:00PM MOTOR CARRIER TXDPS COMMERCIAL VEHICLE ENFORCEMENT FOREST PRODUCTS TRANSPORTS LLC OPERATOR **CONTINUATION SHEET** LAST NAME FIRST NAME ΜI 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 OOS OOS POST VIOLATIONS DISCOVERED DISP Y/N No. Yes DEFECTIVE HEAD LAMP (#) - left - missing 393.24 (A) В Yes DEFECTIVE BRAKE - axle 1 right - no air supply, air hoses reptured 393,48(A) Yes 393.48 (A) Yes DEFECTIVE BRAKE - axle 1 left - no air supply, air hoses ruptured Yes В Yes DEFECTIVE BRAKE - axle 2 right - no air supply 393.48(A) Yes В Yes DEFECTIVE BRAKE - axle 2 left - no air supply 393.48(A) 1 Yes В 393.48(A) Yes В Yes DEFECTIVE BRAKE - axle 3 right - no air supply Yes DEFECTIVE BRAKE - axle 3 left - no air supply 393.48(A) В 1 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) Yes В Yes AIR SUSPENSION PRESSURE LOSS - axle 2 left air bag deflated 393,207(f) Yes 393.207(f) Yes AIR SUSPENSION PRESSURE LOSS - axle 2 right air bag deflated 1 В Yes Yes AIR SUSPENSION PRESSURE LOSS - axle 3 left air bag deflated 393.207(f) Yes n Yes AIR SUSPENSION PRESSURE LOSS - axle 3 right air bag deflated 393,207(f) 1 Yes В IMPROPER AXLE POSITION PART-BROKEN/LOOSE/MISSING - main leaf support spring @ All gracked @ 393.207(a) Yes В -bolt connection 393.75(a)(3) TIRE-PLAT - axle 1 right flat 1 Yes В Yes Yes AIR SUSPENSION PRESSURE LOSS - air line between axles 4,5 ruptured 393,207(f) 2 Yes DEFECTIVE TIRE - axle 5 left inside - inside sidewall cut 2 INADEOUATE/MISSING TRUCK SIDE WINDOWS - left window shattered out by crash 393.61(a) 1 CAB DOOR BROKEN/MISSING - left door bent - does not open 393,203(a) 1 Yes NO/IMPROPER FRONT END STRUCTURE - missing 393.114 1 Yes DAMAGED/DISCOLORED WINDSHIELD - severely cracked, left side pushed out from cab 393.60(C) 1 Yes DEFECTIVE TURN SIGNAL LAMP (#) - front right - missing 393.9 1 393.9 1 Yes DEFECTIVE TURN SIGNAL LAMP (#) - front left - missing VEHICLE/DRIVER OUT OF SERVICE NOTICE 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.

SEE CONTINUATION SHEET X TROUPER COMMENTS: 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 shell permit or require driver to drive or operate any motor vehicle until OOS DISPOSITIONS A. Repaired at Scene Obtained Oper. Auth. B. Towed/Escorted to Repair Service Driver cos 2008, 2008 - inspection due to fatality accident involving above vehicle. Log Book Exemption COPY RECEIVED BY ID/REGION/DISTRICT/AREA TIME COMPLETED REPORT PREPARED BY: INSPECTED BY: C BAUGHMAN 2:30AM REFERRAL ID A Cummins C BAUGHMAN 09848 1 A 02 BRAKES INSPECTED BY: CHARGES FILED BY: 06857 1 X 02

TSEA	40245534600	001						(NE-3 (Rev. 12/0)
9 1115-17 V	3a (12/03)	*** ** *				INSPECTION	CP I	DATE
		1053				17(101004)14(1)	0217079	5/28/2010 11:25:00PM
WE	at OF Public		DPS CO					
36	E X	VEHI	CLE EN	NFORC	CEME	ONEST PRODUCTS TRANSFOR	RTS LLC	
190	A					OPERATOR	5253511	
189	B							
113	AUT METEL WASSE	CO	NTINUA	ATION	SHE	ET LAST NAME	FIRST N	AME MI
644 re	quires the Mot	or Car	rier to e	xecute	the c	hed to the motor carrier whose name a ertification on the reverse side and retu 78773-0001 within fifteen (15) days.	ppears on this report. NOT m this report to Texas Depart	E TO MOTOR CARRIER: TRC Chaptartment of Public Safety, Motor Carrier
						VIOLATIONS		
TICKET	VIOL. CITE	Unit No.	00S Y/N	DISP	POST		VIOLATIONS DISCOVERE	D
	393.11	1		Dist		DEFECTIVE ID LAMP (FRONT/REAR) -	front right	
	393.11	1			Xea	DEFECTIVE ID LAMP (FRONT/REAR) -	front center	
	393.11	1			aeY	DEFECTIVE ID LAMP (FRONT/REAR) -	front left	
	393.11	1			Yes	NO/DEFECTIVE CLEARANCE LAMP - fro	nt right	
	393.11	1			Yes	NO/DEFECTIVE CLEARANCE LAMP - fro	nt left	
	393.9	1		1	Yes	DEFECTIVE TURN SIGNAL LAMP (#) -	rear right	
	393.9	i		†	Yes	DEFECTIVE TURN SIGNAL LAMP (#) -	rear left	
	393.25(f)	1			Yes	DEFECTIVE STOP LAMP (#) - right	· \	
	393.25(f)	1		<u> </u>	Yes	DEFECTIVE STOP LAMP (#) - left		
	393.11	1			Yes	ANY TAIL LAMP VIOLATION-NOT MOTOR	CYCLE - right	
	393.11	1			Yes	ANY TAIL LAMP VIOLATION-NOT MOTOR	CYCLE - left	
	393.78	1			Yes	DEFECTIVE WINDSHIELD WIPER - left	and right inoperable	
	393.79	1			Yes	DEFECTIVE DEFROSTER - inoperable		
		+	 	 	+			

A STATE OF THE PARTY OF THE PAR	VEHICLE/DRIVE	R OUT OF SE	RVICE NOTICE		
VEHICLE Pursuant to authority contain of Service* the vehicle/s with defer column of this report. No person applied to these vehicles or operate defects have been repaired and the condition, or proper operating authority of the condition of the	cts followed by "YES" in the Out hall remove the out of service st e such vehicles until the out of rehicles have been restored to se ority has been obtained.	DRIVER Pursuant to auth TRC Chapter 644 I hereb declare the driver name Out of Service. No moto permit or require drive operate any motor vehic	OOS DISPOSITIONS A. Repaired at Scene Obtained Oper. Auth. B. Towend/Escorted to Repair Service D. Other U. Unknown		
2008, 2008 - inspection due to fat vehicle	ality accident involving ab	ove	COPY RECEIVED BY		Log Book Exemption
INSPECTED BY:	ID/REGION/DISTRICT/AREA	IME COMPLETE	D 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	

	VEHICLE/DRIVE	ROUT OF SE	RVICE NOTICE	Thirty or	
VEHICLE Pursuant to authority contain of Service* the vehicle/s with defect column of this report. No person shapplied to these vehicles or operate defects have been repaired and the vondition, or proper operating autho	ts followed by "YES" in the Out all remove the out of scrvice so such vehicles until the out of ehicles have been restored to so rity has been obtained.	of Service tickers service	DRIVER Pursuant to author TRC Chapter 644 I hereby declare the driver name. Out of Service. No motor permit or require driver operate any motor vehicle.	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 fat- vehicle	ality accident involving ab	ove	V		J. Belver w
			\wedge		Log Book Exemption
			COPY RECEIVED BY		
INSPECTED BY:	ID/REGION/DISTRICT/AREA	TIME COMPLETE	E 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:	
DATÉ 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.
Street Address:
City, State, Zip: COLUMBIA, MS
State Carrier ID
US DOT#: 087823
ICC Docket: 134824
Owner:
Address: SAME AS ABOVE
Vehicle Operated Under Lease: NO
Type of carriage being performed: Common
Name of Motor Carrier Officer
Title: OWNER
Phone:

INSURANCE INFORMATION

At scene: NOT PRESENT

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 OLUMBIA, 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

ı

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				
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

Date

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 Acadents: UNKNOWN - NONE LISTED ON DRIVING HISTORY

NOTES: 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

Color: WHITE

License Plate/State:

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

AWFM/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

<u>Trailer</u>

Company Unit #: 723

Vehicle Owner:

Address: MS

Year and Make: 2008 UTILITY

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

Model: UNK

Body Style: FLAT-BED, SEMI-TRAILER

VIN: 1UYFS24848A

Color: ALUMININUM DECK WITH BLACK BOTTOM SUPPORT FRAME

License Plate/State:

MVI Certificate#/State/Date:

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

Hom: 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?

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 SCOURCE

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"			
	UNK UNABLE	UNK - UNABLE			
Travel	TO SUPPLY AIR	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"			
	0 1/2"	1"			
Chamber	30, CLAMP	30, CLAMP		ļ	-
Size/Type	JU, CLAWF	JO, OLAWIF			

Axle # 5	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 1/2"	0 1/2"			
Chamber Size/Type	30, CLAMP	30, CLAMP			:

TIRE INFORMATION

Date5/28/2)10	Vehicle #	434 & 723
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Axle # 1	Driver (L)	Passenger (R)
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"	<u>Max</u> 19/32" <u>Min</u> 18/32"
Weight Rating	SINGLE 6175	SINGLE 6175

Driver (L)

Passenger (R)

Axle # 2	Outside	Inside	inside	Outside
Size	295/75R 22.5	295/75R 22.5	295/75R 22.5	295/75R 22.5
Make	YOKOHAMA	YOKOHAMA	YOKOHAMA	УОКОНАМА
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>	Inside	<u>Outside</u>
Size	295/75R 22.5	295/75R 22.5	295/75R 22.5	295/75R 22.5
Make	YOKOHAMA	YOKOHAMA	YOKOHAMA	YОКОНАМА
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>	Inside	Inside	Outside
Size	295/75R 22.5	275/80R 22.5	295/75R 22.5	295/75R 22.5
Make	GENERAL	CONTINENTIAL	GENERAL	GT
Design	ST250	HSL ECO PLUS	S371	GT669
Pressure	AUTO INFLATORS	AUTO INFLATORS	AUTO INFLATORS	AUTO INFLATORS
Tread Depth	Max 14/32" Min 13/32"	Max 15/32" Min 15/32"	Max 15/32" Min 14/32"	Max 15/32" Min 14/32"
Weight Rating	DUAL 5675	DUAL 6175	DUAL 6175	DUAL 5675

Axle # 5	<u>Outside</u>	Inside	Inside	<u>Outside</u>
Size	295/75R 22.5	295/75R 22.5	295/75R 22.5	295/75R 22.5
Make	STEELMARK	BRIDESTONE	DAYTON	GENERAL
Design	AHS	R260	RIB RADIAL ALL POSITION	D460
Pressure	AUTO INFLATORS	AUTO INFLATORS	AUTO INFLATORS	AUTO INFLATORS
Tread Depth	Max 18/32" Min 17/32"	Max 13/32" Min 12/32"	Max 18/32" Min 18/32"	Max 18/32" Min 11/32"
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 Accident investigated by: TROOT ER SEATHER 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:	
Туре:	
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: Head Material: Serial Number: Tank Specification: Shell Material: Date of Manufacture: Weld Material: Design Pressure/MAWP: Max. Design Density: Number of Compartments: Max. Product Load: Tank Capacity (per compartment): 1>

4>	5>	6>
1-	•	0-

400 SERIES TANKS			
Shell Mfg. Thickness:	Shell Mi	n. Thickness:	
Head Mfg. Thickness:		Head M	in. 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 Reinforcen	nent: Bulk I	Head Baffle	Ring Stiffiners N/A
% or Volume Loaded per Comparts	ment:		
Comp. 1 Comp. 2	Comp. 3	Comp. 4	
Tank Dimensions: Height_	Width	Len	gth
Distance from center of tank to road	d surface:		
Tracking distance between trailer w	heels:		(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 botto	om:		
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)					
	Front	Driver S	<u>Side</u>	Passenger Side	Rear
	Product 1>				
	Product 2>				
	Product 3>	. <u>—</u>		·	
	Product 4>				
Placard type without number	ber on bottom:				
Marking Information					
ID Number(s):					
	Product 1>	Product	2>	ŀ	Product 3>
	Product 4>	Product	5>	ı	Product 6>
Product Name(s):			7.		
Product Characteristics:	Poison Marine Pollutant	Inhalation Hazard Other:		lon-flammable	Hot
		Cargo Tank Da	ımage		
Location of Leaking:	None				
Front Head Front Head Weld Shell Left Front Shell Left Rear Shell Weld Baffle Weld 5 th Wheel Connecti	Shell Ri Shell Ri Bulkhea	ead Weld ight Front ight Rear ad Weld nent Weld	V	alve Top alve Bottom ent Top anway Assembly iping uspension Assembl	ly

Damage Protection:			
	Failed to Protect	Damaged, but did not fail to protect	Not Damaged
Overturn Protection			
Rear-end Protection	<u> </u>		
Bottom Damage Protection			
		V B10V10F0	
	NON-BUI	<u>K PACKAGES</u>	
Blocking and Bracing			
	No Failure		
	Securement faile	ed '	
Type of Securement:			
Separation & Segregation			
Improper loadingHazardou	s reaction		
Improper loadingNo hazar	dous reaction		
Package Failure			
Type of Package	Falled?	Cause of Damage	
	Y/N		



Texas Highway Patrol Commercial Vehicle Enforcement Division

CRASH INVESTIGATION REPORT JOHN FAYARD MOVING & WAREHOUSING LLC

DATE OF CRASH:	U5/28/2010
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:

Street Address

City, State, Zip: GULFPORT, MS

State Carrier ID:

US DOT#: 1043597

MC#: 432866

Owner:

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:

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 #:

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:

THEODORE, AL Address:

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 N/A

Medic Alert:

Examining Doctor: T. ASHTON BLASSEX

Clinic: SPRINGHILL MEDICAL CENTER CLINIC

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

Co-Driver

4

SEAT BELT

Type:

Lap Belt

Lap Belt w/Shoulder Hamess X

Driver wearing belt at time of accident? YES

PASSENGER

Name: N/A - NONE

Authorized by Carrier?

DRIVER'S HOURS OF SERVICE

NO. 11 . 11 . 2000	Driver's Name	
05/28/2010 Vahicle # 26205	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 VIOLATIONS14 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

Date

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

Color: WHITE

License Plate/State:

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



<u>Trailer</u>

VEHICLE CONDITION

PAPERWORK

Daily Vehicle Inspection Report: PRESENT - NO DEFECTS NOTED

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

Registration/Trip Permit: PRESENT - CURRENT
Fuel License/Trip Permit: PRESENT - CURRENT

Name & Address Displayed:

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

Hom: - 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

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			FPSIL TURE

Date ____5/28/10_

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)	1	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	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: 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
Date	0/20/10	V CITICIC IF	_20200_4 33330

	Driver (L)	Passenger (R)
Axle #1		
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>	Inside	Inside	Outside
Size	275/80R 22.5	295/75R/22.5	295/75R/22.5	295/75R/22.5
Make	MICHELIN	BRIDGESTONE	HANKOCK	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	Outside	Inside	Inside	Outside
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	F\$590
Pressure	94	UNKNOWN	UNKNOWN	90
Tread Depth	<u>Max</u> 8/32" <u>Min</u> 7/32"	Max 7/32" Min 5/32"	<u>Max</u> 7/32" <u>Min</u> 6/32"	Max 6/32" Min 3/32"
Weight Rating	DUAL 5675	DUAL 5675	DUAL 5675	DUAL 5675

<u>Outside</u>	Inside	Inside	Outside
295/75R 22.5	295/75R 22.5	295/75R 22.5	295/75R 22.5
KELLY	YOKOHAMA	DUNLOP	KELLY
ARMORSTEEL	RY587	SP384	ARMORSTEEL
AUTO INFLATORS	AUTO INFLATORS	AUTO INFLATORS	AUTO INFLATORS
Max 9/32" Min_8/32"	Max 10/32" Min 9/32"	Max 12/32" Min 9/32"	Max 11/32" Min 9/32"
DUAL 5675	DUAL 5675	DUAL 5675	DUAL 5675
	295/75R 22.5 KELLY ARMORSTEEL AUTO INFLATORS Max 9/32" Min 8/32"	295/75R 22.5 KELLY YOKOHAMA ARMORSTEEL RY587 AUTO INFLATORS Max 9/32" Min 8/32" Min 9/32"	295/75R 22.5 KELLY YOKOHAMA DUNLOP ARMORSTEEL RY587 SP384 AUTO INFLATORS AUTO INFLATORS Max 9/32" Min 8/32" Min 9/32" Min 9/32" Min 9/32" Min 9/32"

Axle # 5	Outside	<u>Inside</u>	Inside	Outside
Size	295/75R 22.5	295/75R 22.5	295/7,5R 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	Max 14/32" Min 13/32"	Max 15/32" Min 13/32"	Max 10/32" Min 9/32"	Max 8/32" Min 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

Trailer # 2 **Converter Dolly** 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	MATE	RIAL CARGO	
SHIPPER				
Name:				
Address:				
Phone:				
RECEIVER (Destination)				
Name:				
Address:				
Phone:				
Hazardous Material as listed on shi	nning naner (Full Descrinti	on of eac	h product)	
>	pping paper. (I dil bescripti	on or cac	ii producty	
>				
>				
; >				
>				
Name of party signing shipping pap	er, if signed:			
Certification Plate Information	<u>ı:</u>			
Tank Manufacturer:				
Serial Number:			Head Material:	
Tank Specification:			Shell Material:	
Date of Manufacture:			Weld Material:	
Design Pressure/MAWP:			Max. Design Dens	sity:
Number of Compartments:			Max. Product Loa	d:
Tank Capacity (per compartment):	1>	2>		3>
	4>	5>		6>

400 SERIES TANKS				
Shell Mfg. Thickness:		Shel	l Min. Thickne	ess:
Head Mfg. Thickness:		Head	d Min. Thickne	ess:
Test Date Markings:	Month	Year	"I" "K" "P" "T"	Test: External Visual Internal Visual Leakage Test Pressure Test Thickness Test Lining Test
Characteristics				
Type of Circumferential Reinford	cement: Bu	lk Head Ba	ffle Ring	g Stiffiners N/A
% or Volume Loaded per Comp	artment:			
Comp. 1 Comp. 2	Comp. 3	Comp. 4		
Tank Dimensions: Heig	ht Widti	n 1	_ength	_
Distance from center of tank to	road surface:			
Tracking distance between traile	er wheels:		(meas	sured from outer edge of wheels)
Labeling Information (Number on bottom of label)				
Product 1>	Product 2>	_	Product 3	3>
Product 4>	Product 5>	_	Product 6	6>
Label type without number on b	ottom:			
Placarding Information				
Type of placard: (Number on bottom of placard)				
Product 1>	Product 2>	_	Product	3>
Product 45	Product 55		Product 6	35

Location of Placard: (Ck. If placard is displayed)				
	<u>Front</u>	Driver Side	Passenger Side	Rear
	Product 1>			
	Product 2>		· · · · · · · · · · · · · · · · · · ·	
	Product 3>			
	Product 4>			
Placard type without numb	per on bottom:			
Marking Information				
ID Number(s):				
	Product 1>	Product 2>	-	Product 3>
	Product 4>	Product 5>	-	Product 6>
Product Name(s):				
Product Characteristics:	PoisonInh	alation 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 Shell Righ Shell Righ Bulkhead Attachmer Other (exp	d Weld It Front It Rear Weld Int Weld	Valve Top Valve Bottom Vent Top Manway Assembly Piping Suspension Assemb	oly

Damage Protection:			
	Failed to Protect	Damaged, but did not fail to protect	Not Damaged
Overturn Protection			
Rear-end Protection			
Bottom Damage Protection			
	NON-BUI	<u>K PACKAGES</u>	
Blocking and Bracing			
	No Failure		
	Securement faile	ed	
Type of Securement:			
Separation & Segregation			
Improper loadingHazardou	is reaction		
Improper loading-No hazar	dous reaction		
Package Failure			
Type of Package	Falled?	Cause of Damage	
	Y/N		
	Y/N		
	Y/N		
	VAI		

EA12-005
TOYOTA
2/15/2013

Attachment-Response 4

d. Expert Deposition
Transcripts

Trooper Baughman

1734200-WE - 1 - Exhibit 002

27,300 NOTE TO MOTOR CARRIER TRO Chapter 644 requires the Motor Canner to avocate the conflictation at the end and return to Texas Department of Public Safety, Motor Carner Safety Section 187. Austin Texas ier undste SPAKES FOR MAINTAINED IN GOOD WORKING SHEEK INCHMENT - ANIE A 00 ;; 00 MARKLANCE CRACKED WHORSH - axle 5 right trains - tabl num to - Aubibir air Lear (NY OTNER TSAN CORNECTION) - TEIMU 1958-000 48100 2 6 3 48811 104k DAMBGED/DISCOLORED WINDSHIRLD - Large Verit, wheek passenger SO REAR END PROTECTION-STORED - PUPERING OUR IN STOLESCY ME IFULASCV35DUGS926 47E:2010-05-28 19:00 Surface . quite reed . a carr texts and animalia X(8450) --00(11250) --00(10050) TXDPS COMMERCIAL VEHICLE ENFORCEMENT TH 1912E99324549796 ESST. BEAL OF JOSTAL SE KE COS PLATE ST VIN 432866 63 IRE FLAT | sale S gagne invide flat 20.32 100 18. 10. 30. 7.650872 78773-0001 within fifteen (15) days EN MAUFINE CO. 393.75(6)(3) SERVICE NAME AND A name appears on his report TX10440EA001 CP#0798253 33350 26205 393.205141 183 47 (A) 393.9 393.45 383 88 UNIT TYPE DARKE

2005, 2865 - Impaction result of sultiple feels, g excitent Drawer surt to TA proof grop in Terrell for equits 09848 1 A 07 VEHICLE OUT OF SERVICE NOTICE OKLANONA CITY, OR SE - OULTPORT. C BAUGHOLDIN

To output ITA information contact the State of Texas Comparaters Office at 1.500-252-1383 or visit their website at To obtain a TXDO3 Motor Carner Insurance Ceraticate or Single State Registration - contact the Texas Department of Transportation at To obtain a USDOT Number contact the Federal Moto. Carner Safety. Administration at 1-808-832-5650 or visit their website at Registration - contact the Texas Department of T 1-200,299-1700 or visit their website at hyperotopiaste bus www. ndow state to ushaximonteels/file film www.mcsadolgov/acishgshormsgubs.him

0476: 2010-05-28 19:00 1 Currence on return the below position to Motor Carner Bureau, where Consension TXDPS COMMERCIAL VEHICLE ENFORCEMENT

CP#0798253

SIL ANY ENTRIES IN THE VIOLATIONS SECTION OF DRIVERS COPY WHERE THERE IS "YES" IN THE TICKET BOX, INDICATES CHARGES FILED AGAINST THE DRIVER THIS SUDGE T CONTACTING APPROPRIATE DISPOSITION REQUIRE

CERTIFICATION OF REPAIRMAN

I CERTIFY THAT THE REQUIRED REPAIRS SHOWN IN THE FOUT OF SERVICE COLUMN ON THIS CERTIFICATE HAVE BEEN SATISFACTORILY COMPLETED

(Truck STOD) MANE SHOP KARAGES

18:5 MIL

Motor Carrier Certification of action taken I CERTIFY THAT ALL VIOLATIONS NOTED UPON THIS REPORT HAVE BEEN CORRECTED AND ACTIONHAS BEEN TAKEN TO ASSURE COMPLIANCE WITH THE MOTOR CARRIER SAFETY REGULATIONS INSCEAR AS THEY ARE APPLICABLE TO MOTOR CARRIERS AND DRIVERS 5-25-10

Signature of Carner Official

TRC Chapter 844. Revised Statutes, requires the Motor Carrier to execute This report must be turnished to the motor carrier whose harne appears on MOTOR CARRIER SUREAU ATTENTION DRIVER: this report

10: Texas Department of Public Salety
PO BOX 4087
AUSTIN TX 78773-0521 and return this report to:

the atlove carbication

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EA12-005
TOYOTA
2/15/2013

Attachment-Response 4

d. Expert Deposition
Transcripts

Trooper Baughman

1734201-WE - 1 - Exhibit 003

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Unit #4 came to a final rest facing mostly south in the center median. Unit #1 then turned to the right in the direction of the outside shoulder, Pushing Unit #3 counter clockwise There was a storage box on the left side of Unit #2, that
Unit #4 came to a final rest facing mostly south in the center median. Unit #1 then turned to the right in the direction of the outside shoulder, Pushing Unit #3 counter clockwise There was a storage box on the left side of Unit #2, that
the outside shoulder, Pushing Unit #3 counter clockwise There was a storage box on the left side of Unit #2, that
There was a storage box on the left side of Unit #2, that
storage box caught on to the rear of Unit #3 and pulled
metal from the rear of Unit #3. That impact spun Unit #3 nearly 90 degrees to the north. Unit #3 was now facing
north. The front seat passenger in Unit #3 was partly ejected
at some point during the impacts leading up to Unit #3 striking Unit #6. When Unit #3 impacted Unit #6, the front
right passenger slammed against the rear of Unit #6. Unit #3
then began to fold under Unit #6 causing the roof of Unit #3
to peal up and to the left. Unit #3 then exploded. The front
seat passenger had come to a final rest twisted on the right side of the hood of Unit #3. Unit #5 skidded to a stop. There
was no damage to Unit #5. Unit #6 sustained damage to the
rear of the trailer.
Time Notified 1 8 2 7 How Notified DPS Dispatch Time Arrived 1 8 4 0 Report Date (24HRMM) 1 8 4 0 (MM/DD/YYYY) 0 6 / 2 9 / 2 0 1 0
Invest. XYes Investigator Comp. Name (Printed) DEXTER BARKLEY
(24HRMM) 1,8,2,7 (Notified DPS Dispatch 1,8,4,0 (MM/DDYYYY) 0,6,7,2,9,7,2,0,1,0 Invest. (X)Yes (Notified DEXTER BARKLEY) ID (Num/DDYYYY) 11097 OHI (Num, T, X, D, P, S, 8, 6, 0, 0) *Agency TX DPS District/District/District/District/Days

COPY FROM CUSTODIAL FILE

Law Enforcement and TxDOT Use Only [X]FATAL [X]CMV SCHOOL BUS RAILROAD	MAU [X]SUPPLEMENT	ACTIVE SCHOOL ZONI	Totas Num. E Units	Total Num. Prens	<u> 9</u>	TxDOT Crash ID
Mail to: Texas Department of Transportation,	to Altached Code Sheet for Number	uslin, TX 78714 ed Fields				Page _ 5 , of _ 6
*Crash Date (MM/DD/YYYY) 0, 5, 2, 8, 2, 0, 1, 0 (24H5		ase		W.C.	Local Use	
*County Kaufman	* City Name					(X) Outsid
Name In your opinion, did this crash result in ot least \$1,000 [X] Yes Lati damage to any one person's property?	itude clmal degrees) , 3 2 . 4	, 0, 1, 3,	Longitu O (decima	de al degrees)	9,6	0,8,8 9,0
ROAD ON WHICH CRASH OCCURRED *1 Rdwy. IH *Hwy. 20 2 Rdwy. 1 Sys. IH Num. 20 part	Black 3 Street Num. Prefix	*Stre				4 Street Suffix
2	eed 65 Const Tyes W	forkers Yes	Sireet			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, AI Yes I Rdwy, Hwy. 2 Rdwy. Int. X No Sys. Num. Pan	Block	MARKER 3 Street Prefix	Street			4 Street Suffix
Distance from Int. or Q.4 FT 3 Dir. From Int. Ref. Marker E	Reference 509 Street Desc.				RRX Num.	1 1 1
Ivalit, Desc. — Venico — Ruii State	MS LP		, F , U , J	, A, 6, C, V		Ool She EMS oo
POLED DUED DUED	HILINER	Weh. TT		7 Bod Style	TT	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
Type Slate AL Num.	Class 98 End. 98 T	N Rest.	98	(MM/DD/ YYY	Y)	
City, State, ZIP) Name: Last, First, State of		14 Injury Severity Age	15 Ethnicity 16 Sex	18 Restr. 19 Airbag	21 Sci.	Adc. Result 73 Drug Spec. 24 Drug Result 75 Drug
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		N 46	-	1 1 97 9		
Name: Last, First, September 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Dr	lot Applicable - Alcohol and ug Results are only reported or Driver/Primary Person for each Unit.
Owner/Lcsseo Name & Address						
Proof of X Yes Expired 28 Fin. Fin. Resp. No Exempt Resp. Type 2 Fin. Resp. Fin. Resp. 2 7 Veh	VANLINER INS	CO	in, Resp. Ium, 17 Vehicle Dar	220		Vehicle Yes
Phone Num. (228) 863-5362 Damas Towed	ge Rating 1		Rating 2	ــــــــــــــــــــــــــــــــــــــ		Inventoried [X] No
Unit State Parked Hit and LP Num. 6 Desc. 6 Perked Run State	TN LP Num.	VIN 1	, S, 1, 2	N/Λ E, 9, 5, 3,	2,4,	
Veh. Year 2,0,0,4 Color WHI Weh. STRI		/eh. TR		7 Bod Style		Pol., File, EMS on Emergency (Explain in Narrative if checked)
8 DLAD DLAD DLAD Type State Num. Address (Street, City, State, ZIP)	9 DL 10 CDL Class End.	11 DL Roct.		(MM/DD/ YYYY	يا و	<i></i>
		14 Injury Severity Age	Ethnicity 16 Sex	18 Resir. 19 Airbag 20 Heimet	21 Sal. 22 Alc.	Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug
					N	ct Applicable - Alcohol and
Name: Last, First, Enter Driver or Primary Person to					Dri	ug Results are only reported r Driver/Primary Person for each Unit.
(X)Owner Lessee Name & Address						
Proof of [X]Yes Expired 26 Fin. Hn. Resp. No Exempt Resp. Type 2 Fin. Resp. Name	VANLINER INS		in. Resp.			
(225) 000 0002	e Rating 1 6 E	3 D 3 R	7 Vehicle Dan lating 2	nage		Vehicle Yes
Towed by N/A	Towed To			N/A		

CUSTODIAL	FILE
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	Enforcer CR-3 1		TXDOT USE ONLY.	Case ID		T:	OOT Crash	1D					Page L	5 of 6
	Unit Num.	Prsn.		Taken To		Take	п Ву				of Death		Time of	
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9 ED 07								v.0		1			1	
ZION KIEL											<u> </u>			~
DISPOSITION OF INJURED/KILLED	<u> </u>								L		<u>ا ا ا ' ب</u>		1	
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	Unit Num.	Prsn. Num,			Ch	arge						Citati	ion/Reference	Num.
S												-		
HARG -	-+					W+2						 		
3							-	-						
1		Damao	ed Property Other 1	I han Vehicles)wners Name					Owner	s Address		
P Cr			ad Froparty Office 1	man venicles		owner a Harric					Owner	3 Addiess		
DAM														
Ur	it	5 [X]	10,001+ LBS.	TRANSPORTING	9+ Capac	J28 Veh	1 29	Carrier	4 C	arrier ID				
-	ım. ırıier's	ع الكا	10,001+ EBS.	☐ HAZARDOUS MAT	Carrier's	Oper.	ID	Туре	1 N	um,				
	rp. Nam	31			Pirmary Add	HazMai				32				
	Rdwy.	1 Veh.	9 RGVWR	5,2,0,0,0,	HazMal Yes 32	Class	HazMat ID Num.	L 19		HazMai Class		azMat) Num, ,		
	Cargo	3	Trader 1 Unit	RGVW		Num. 34 Trir. 2	Trailer 2	Unit		HGVW	,		34 Trir.	
1	dy Style		Num.	X GVWR _		Туре		Num.	——————————————————————————————————————	GVWR		Total	lype	
	Events	35 Seq		35 Seq. 2	35 Seq. 3	(lavanetinata)	35 Seq. 4		N	um. Axles	5	Num.		18
SNO	Unit No		Contributing	May Have Contrib.	Contributing		e Contrib.	38	39	40	41	dway Cond	43	44
CONDITIONS	5							weather cond.	Light Cond.	Entering Roads	Roadway Type	Roadway Alignment	Surface Condition	Traffic Control
10	6		_}								,			
T				rative Opinion of What Har tional Sheets If Necessary		(·	-	Fi	eld Dia	gram - I	Vot to S	cale		
	The in	npact b	roke off the I	CC bar from the b	ottom of the	Indic		4						
	trailer	. Part o	of the bar was	lodged in the righ	nt door of Unit									
				the roadway on th skid marks from th		- }								
•				2. The area of first		. [
; I			,	isible. Also very vis		j								
				t #4. The path tha ea that Unit #3 tur		- }	DIAG	RAM O	N PAG	E 2 AND	PAGE	4		
				clearly visible as i		- 1								
1				treatment was giv		- 1								
				skid marks on the c was not stopped		-								
l t				uries sustained an		1								
ļi	njured	d were	taken to are	outlined in the rep	oort. Unit #1,2									
				south east on the e to a final rest fac		- }								
				e to a final rest fac		- {								
		e traffi				1								
						1								
nn.	ne Notifie	ed 1	8 2 7 How	DPS Dispatch		Time Ar	rived 1	R 4	Repo	ort Dale DD/YYYY)	0.6	120	120	1 0
Inv		0.		TER BARKLEY		(24HRN	M)	1017	¥](MMi	DD/YYY)	ID	2 2	1.1097	🗸
OR	·	·					V D.C.C				Num. District	7	-	
Nu	m. T	X^TD	P, S, 8, 6,	0 0 ^ Agency			X DPS				Area	, H, F	1, A,	0,6

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	aw En		nent: X]cv	ond ⊼xtbOt IV ⊟SC		RA:LR	CAO	□ ^	иав 🗌	SUPPLE	MENT		CTIVE	1.70	/	Total Vum.		, 6	Tota	n,	_	, 9,	TxDO			
		*	_	Mailte	Texas Departm	ant of Yes					eport (Fo	m CR	3 1/1/2	2010)		Janks L	Call		Pis							
4	6	eports bon	•		rexas Departin se fields are req		R	efer to	Attached (leets subm	ode She	eet for Nun Ihis crash	nbered (ex.: ac	Fields Iditlora	al veh	icles, c	женра				8u			1	Page L	، ر1	of_6_,
		sh Date	(Y)	0.5/	2,.8,/.2,	0,1	0 (2	Crash 4HRM	Time		2 5	Cas		, seriode	**************************************			e estador	A		ocai se	w 1996 MF 1884		· •.•.	-	
N	*Cou Name	,	K	aufman							* City Name													X		Outside ly Limit
OCATION				d this crash i	result in at least operty?		XYes	Latitud (decin	de nal degree	s) (3 , 2 ,	4	0,1	1, 3	0,	Long (deci	itude mal de	grees	;)	-	_ 9	, 6,	, 0	, 8	8,9	9,0,
NDL			VHICH	CRASH O	CURRED			16				44	===								-					
ANOL	*1 Rd Sys.		IH	* Hwy. Num.	20	2 Fidw Part		<u>' </u>	lock um.	1-	3 Stre			* Sti	10									Street Suffix	<u>.</u>	
TFICAT		Road/	Privat	rred on a Pri e Property/Pr	arking Lot	ا ۱۱۵۲ لسا		Spea	65	Const Zone	Yes	Pres	ent	X N	1_	reet esc.										
IDENT	INTER	Y	-	ROAD, OR IF Rdwy.	CRASH NOT A	T INTER					REFERE	_	-	R												
		XX			Hwy. Num,		2 Rd Part	wy.	Blo			Pro	Street			reet ame					_			Street Suffix		
	Distan Ref. M		n Int	or 0.4		3 Dir. Fro or Ref. Ma		Ε	Reference Marker	5	09 Str De	eet sc.						THE A			IRX Jum.			, ,		,
	Unit Num.	1	5 U Des		Parked Vehicle	Hil and Run	LP State	M	IS LP				VI	N .	4, V	4,	N, C	2, 9	, G,	Η, 8	3, 8					
	Veh. Year	2,	0,	0,8,6Ve	WWHI	Veh. Make	VOL	.VO				Ve Mo	h del	TR						Body yle	TL		Emerg	lre, EM jency (l ive if c)	xplai	n in
	8 OLAI Type	0 :			DL/ID Num.				9 DL Class	98 Er	COL 98		_	11 C Rest				DOB (MM/	. '- DD/Y	YYY)						
	Addres City, S	ss (Strate, Z																								
SNC	UC.	Sn.	on				Last, F						Injury		Zi S	×	Eject	Restr.	Airbag	lmet	-	, i	Result	Drug ec.	02 =	Drug tegory
PERSO	Person	12 Prsn. Type	Position		Enter Drive	r or Prima	ary Pers	on for t	his Unit on	first line			Severity	Age	15 Ethnicity	16 Sex	17 Ej	18 Re	19 AJ	20 Helmei	21 Sof	22 Alc. Spec.	Ac. R	23 Dr. Spec.	24 Orug	25 Dr Cate
90	1	1	1										В	40	В	1	1	1	97	97	N	96	1000	96	97	97
VEHICLE, DRIVER,		9 1													_									abio - A		
11CLE,															-)river#P	rimary sch Uni	Porso	
VE	[X]O	wner	Own	criLessee											<u></u>	_									_	
	Le	ssee	Nom	e & Address	-																					
	Proof o		Yes	Expired Exempt		2	Pin. R Name		GRE	AT W	/EST C	ASU	ALT	Y	Fin. R Num.	esp.	_									
	Fin. Re Phone			(60	1) 544-870	3		Vehicle ting 1	e Damag		2,-	F	D,-		27 Ve Rating		lamag	e L				آ لي	1	ehicle ventorio		Yes No
	Towed by	1	71 al M 16		Buster's				Towed To				303	w.	Bro	ad F	orne	у ТХ	(97	2) 5	64-1	020				
	Unit Num.	2	5 UI Des		Parked Vehicle	Hit and Run	LP State	M	S P Num.				VIN	۱ _1	1, U	Y	F,S	, 2	4.	8, 4	. 8	4				
				0 8 Colo	bh. BLK	Voh. Make	UTIL	JTY				Vet Mo		ST					Sh Sh	Body	TL		Emerg	re, EM: ency (E ve if ch	xplair	n in
	8 DL/IC Type		St		DL/iD Num.				9 DL Class	1U En	CDL, d.			11 D Rest				DOB (MM/(DD/ YY	<u>^^}</u>		_/\	1	بالر	1	ن
	Address City, St																									
SNO	Person Num.	12 Prsn. Type	stion stion	`	Enter Driver		Last, F			firet lina			12 Injury Severity		15 Ethnicity	yex	17 Eject	18 Restr.	19 Airbag	20 Heime	Sol.	ن در	Aic. Result	23 Orug Spec.	Drug utt	25 Drug Ca:egory
PERS	Z D	Typ	So. P					3/1 /O/ 1/				_	14 - Sev	Age	15 Eth	16 Sex	17.8	90	29,	20	21 Sol	22 Alc. Spec.	A.	23 C	24 C Res	25.25
ER, &													- 6 7 -											-		
, DRA		-									_						-	-	-					ble - Al		
VEHICLE, DRIVER, & PERSONS	\vdash	\dashv	\dashv	··									\dashv								_	for D		rimary I ch Unit		n for
VE	X)o	vner	Owne	er/Lessee																						
	Proof o		Name Yes	& Addre:	28 Fin.		Fin. R	690							Fin. Re	250			_							
	Fin. Re	sp.]No	Exempt		2	Name				EST C	ASU.	ALT	/_	Num.				_				-			
	Fin. Re Phone			(60°	1) 544-8703	3		Vehicle ting 1	Damag	e 	ــا لــــــــــــــــــــــــــــــــــ	١V	_B	1,	27 Vel Rating	icle D	amage	• 		J				hicle ventorie		Yes No
	Towed				Dugtor's				Towed	-					-											

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	Enforcer CR-3 1		TxDOT Us	e ONLY.	Ca	se ID			TX	DOT Crash I	D)	Page	2 , 6	
	Unit Num.	Prsn. Num			Take	n To			Take	n By				e of Death (DD/YYYY)	,	Time of	l Death RMM)	
	1	1	F	Renaiss	ance F	lospital Te	rrell		ETI	VC.		1, ,	1/1	1/1	1 1 1		1 1	
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DISPOSITION OF		-	-									1	1					
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<u> </u>	1 1000	Dean										le ac da				<u> </u>		
	Unit Num.	Prsn. Num,						Cha	rge —————						Citatio	on/Reference	i Num.	
CHARGES																		
CHA																		
3,5		Damag	jed Proper	ty Other T	han Vehic	les		0	wner's Name					Owner	s Address			
DAMAGE	,																	
	nit	-			TOA	NSPORTING			28 Veh.	20.6	Carrier		Carrier ID					
N	um.		10,001+ L	.BS.		ARDOUS MAT	ERIAL .	9+ Capacit	Oper.	1 10 7		1 (lum,					
	arrier's C							Carrier's Pirmary Addr.					(20)					
	Rdwy.	1 Veh	9 5]RGWW (]GVWR	8,0	0_0,0,	HazMat Released		Hazi/lal ss Num.	HazMat ID Num.	1 11	, , ,	J lazMai	, ,	ozMet ID um.	Later		
3	Cargo	<u> Тур</u> е	Trailer 1	Unit	2	RGW		13	4 Trlr. 2	Trailer 2	Unit		Class			34 Trir.		
	ody Style		J	Num.			3,6,3		уре		Num.	T	otal	5	Total	Num.	40	
	Events 3				35 Seq.	Opinion)		35 Seq. 3	nvestigator	35 Seq. 4		-	um, Axles	_	Tires dway Condi	itions	18	
RS &	Unit N		Contribu			lave Contrib.		ntributing		e Contrib.	38 Weather	39 Light	40 Entering	Roadway	42 Roadway	43 Surface	44 Traffic	
FACTORS &	1	2	2	-	72	 - -			 		cond.	Cond.	Roads	Туро	Alignment	Condition	Control	
	2		Investiga	otor's Nare	alive Opin	ion of What Hap	nened	· .	<u> </u>		1	1	97	2	1	1	11	
	1-14-14	4	(^	ttach Addi	tional She	ets If Necessary)		Indic	cate A		eld Dia	agram -	Not to S	icale			
3						e traveling as travelii			Nort	h								
1	H 20	in the	right la	ne dire	ectly in	front of U	nit #1.	Unit #4										
						d 20 in fro traveling												
н .					-	Unit #4.			1									
						extreamly								, .**				
						egun to sl nad slowe							1		مسلسا			
VE A	mile marker 509. Units 3,4,5-6 had slowed to a near sto The driver of Unit #1 stated that he was not paying											Unti	#4 //					
REAT	attention to traffic and there is evidence that he was									Unit #3							1#6	
NA.	talking on a cellular phone at the time of the crash. Unit #1 failed to control speed and struck Unit #3 in the rear,																	
8	smashing in the rear end. It appears that Unit #3 was														Sal			
	pushed for a distance by Unit #1. Unit #3 then struck Un #4 in the rear end smashing the rear end with enough									#1 and #	12				# 37			
force to crush it. Unit #4's rear end came around clock															A			
wise and Unit #4 skidded across the inside lane to the													DIGRA	M CON	TINUED	ON PAG	E4	
inside shoulder.																		
Time Notified 1,8,2,7 How DPS Dispatch									Time Arrived 1, 8, 4, 0 Report Date (24HRMM) 0						0,5,/,2,8,/,2,0,1,0,			
(24HRMM) (1,8,2,7) Notified DPS DISPARCIT								(24HRN	M)	0,4,	MM)	(DD/YYYY)	0,5		************	٠٢٠		
C	mp.		me (Printe	_{d)} DEX	.1EK B	ARKLEY ————								Num		11097		
NON	m. T	,X,D	P,S	8 6,	0,0	Agency			Υ	X DPS				District Area	, Н, Б	1, A,	0,6,	

COPY FROM CUSTODIAL FILE.

	aw E				ñxDOT ∐SC⊦			RAILRO	DAD	□ MAB		SUPPLEME	זא	ACT	IVE 400L	70M	_ N	olal lum		, 6	Total Num	١.		, 9,	TxDO			
4			,		Meil to:	Tevas	Denedm					rash Repo		n CR-3	1/1/20	110)		tions?	Call	512\4	1.75						2	
4	7.	Ings Armoni mapertel	104	*					R	efer to Atta	ched C	ode Sheet I itted for this	or Numb	bered F	ields											age L	3,0	1_6,
		rash Da	ate YYY)	0	5/2	2 . 8	/_2,	0 1 0) (2	Crash Tim 4HRMM)	18	1 8 2	5	Case	D								ocal Ise					
W	*Co	ounty	K	auf	man								City					-						_		D		outside y Limit
LOCATIC	dam	age to	any on	e pen	son's pro	operty	,	\$1,000 <u>[</u> X		Latitude (decimal d	legrees) 3,	2,.	4 . 0	1	. 3	0,	Langi (decir		9160	s)		. 9	, 6,		, 8,	8,9	9,0
VAND	*15	AD ON dwy.	WHICE IH	*	Hwy.	CURR	20	2 Rdwy		Block			3 Stree	1		*Sire				_		-				Street		
CATIO	Sys.			ırred	on a Priv			Part Toll R		Num. Speed	65	I_ '	Prefix	Worke	rs [Name Name	s St	reet			_					Suffix		
NTIFK					perty/Pa			AT INTERS		Limit N, NEARE	STRO	Zone DAD OR RE	X]No FEREN	Preser CE IXA		X] №	De	esc.							-		_	
106	At Int.	[X]	Yes 1 No S	Rdwy ys.	<i>t</i> .	Nur	•		2 Rox Part	wy.	Bloc			3 Str Prefi				reet				-				Street Suffix		
		ance fr Marke	om Int	or	0.4			3 Dir. From or Ref. Ma			ference	509	Stre										RRX Num.			1 -		
	Unit	. (3 SU De		1 1	Pa	rked hicie	Hit and Run	LP State	TX	LP Num.				VIN	ل ا	, Τ	Ε,	Z, l	J, 5	, J,	R,	9 A					
	Veh. Year		, 0,	1,1	0 Golo	h.	SIL	Veh Make		OTA				Veh.	el		INNI	ER				Body yle	S١		Emerg	ire, EN jency (l ive if cl	Explain	
PARTY.	8 DL Type	/ID	1 0	OLID	TX	OL/ID Num.					DL lass	C 10 CC	^{DL} 96			11 DI Rest.	A		_	DOB (MM/		_			(Valla)	IVE II C	IECKE(1
		ess (S State,																										
SONS	Person	Prsn.	13 Scat Position			Er	nter Drive	Name: ar or Primar		irst, Middle on for this t		first line			Severity	8	15 Ethoicity	Sex	Eject	Restr.	Airbag	20 Helmet	21 Sot.	22 Alc. Spec.	. Result	Drug	Drug Sult	25 Dr.g Catepory
& PER	1	1	1												A A	8 34	B ≿⊞	9 1	1	1	99	97	N 3	96	Alc.	96	97	೫ ೮ 97
DRIVER,	2	2	3											-	K	35	В	2	2	99	99		N	-				-
LE, DR	3	2	6							-					K	2	В	1	1	99		97	N	Drug	Applica Result Driver/F	s are a	nly rep	orted
VEHICLE,	4	2	4								-				K	5	В	2	1	99	97	97	N	1		ach Un		
		Owner	1	ner/Le	ssee Address									·										•				
	Proo		Yes		Expired	1	in. p. Type	2	Fln. R Name			DMCDC	CO 1	AL IT.			Fin. Re	esp.		******						• • • • •		
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FACTORS & CONDITIONS	3										Weather cond.	Light Cond.	Entering Roads	Roadway Type	Roadway Alignment	Surface Condition	Traffic Control
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** A land to Teaso Department of Transportation, Crash Records, P.O. Box 18/346, Austin, 1X 78/14 Outstand Processor (Proceed on all soldiorand states) ** Transportation of Transportation of this costs (per subdished variations) ** Transportation of Transportation of this costs (per subdished variations) ** Transportation of Transportation of Transportation of this costs (per subdished variations) ** Crash Date** ** Crash	
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Name	-
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ROAD ON WHIGH CRASH OCCURRED No. Const. Street Street Name Street Name Street Name Na	ily Limit
TROWN H Num	3 0
Crash Occurred on a Private Drive or Road/Private PropertyParking Lot Toll Lane Limit 65 Const. Yes Norkors Yes Street Xino Dosc.	
Intersecting road, or if crash not at intersection, nearest road or reference marker All Yes Ridwy, Individual Part Block Num. Part Block Block Num. Part Block	
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X Owner OwnerRessee	
Classee Name & Address	

27 Vehicle Damage Rating 1

Fin Resp. Phone Num.

(228) 863-5362 N/A

N/A

B D 3 27 Vehicle Damage Rating 2

COPY FROM CUSTODIAL FILE. . Law Enforcement and TxDOT Use ONLY Case ID TxDOT Crash ID 6 ...6 Form CR-3 1/1/2010 Time of Death Unit Prsn Taken To Taken By (MM/DD/YYYY) (24HRMM) Num. Num DISPOSITION OF INJURED/KILLED Charge Num Damaged Property Other Than Vehicles Owner's Name Owner's Address 29 Carrier ID Type TRANSPORTING Carrier ID 5 [X] 10,001+ LBS. HAZARDOUS MATERIAL 9+ Capacity 1 1 1043597 Num. Carrier's Corp Carrier's Pirmary Addr Name 32 RGVW Yes 32 HazMet 30 Rdwy. HazMat Haz Mat HezMai ID 9 X GVWR , 5, 2, 0, 0, 0 Access Released ID Num No Num, Турс Class 33 Cargo Traller 1 Unit RGVW RGVW 34 Trlr 3 2 Trailer 2 Body Style XGVWR 6, 5, 0, 0, 0, Num GVWR Type Sequence Total 35 Seq. 1 13 35 Seq. 2 35 Seq. 3 5 18 Num. Axles Tires 37 Vehicle Defects (Investigator's Opinion)
Contributing May Have Contrib. 36 Contributing Factors (Investigator's Opinion)
Num. | Contributing | May Have Contrib Environmental and Roadway Conditions FACTORS & CONDITIONS Unit Num 38 44 39 40 41 42 43 Roadway Woothe Light Entering Surface Traffic 5 cond. Cond Roads Туро Alignment Condition Control 6 estigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary) Field Diagram - Not to Scale Indicate The impact broke off the ICC bar from the bottom of the North trailer. Part of the bar was lodged in the right door of Unit #6. The other part was in the roadway on the west side of Unit #3. There were dark skid marks from the right tandem axel of Unit #1 and Unit #2. The area of first impact between Unit #1 and #3 was very visible. Also very visible was the impact of Unit #3 into Unit #4. The path DIAGRAM ON PAGE 2 AND PAGE that Unit #4 was also clearly visible. The area that Unit #3 turned and later impacted Unit #6 was also clearly visible as were the skid marks of Unit #6. Medical treatment was given to all survivors of the crash. The skid marks on the roadway from Unit #6 indicate that traffic was not stopped at the time of the crash. The types of injuries sustained and hospitals the injured were taken to are outlined in the report. Unit #1,2 came to a final rest facing south east on the south side of the roadway. Unit #3 came to a final rest facing north in the traffic lane. Unit #5,6 came to a final rest facing east in the outside traffic lane. Report Date DPS Dispatch 1, 8, 4, 0 (MM/DD/YYYY) 1, 8, 2, 7 Notified 0,5,/2,8,/2,0,1,0 (24HRMM) Invest. X Yes Investigator Name (Printed) DEXTER BARKLEY (GI 11097 Comp. . Ne Num TX DPS *Agency T, X, D, P, S, 8, 6, 0, 0 H, P, 1, A, 0, 6

he form and the description	of each code.	Ted Lists on this Code Si		iisi iiidadaa iira oodaa				Form	CR-3CS 1/1/2010
1. Roadway System IH = Interstate US = US Highway SH = State Highway			2. Road	lway Part	3. Street Pref	ix,	4. Street S		
IH = Interstate	AL = Alternate			/Proper Lane	Direction fro	m Int. or	RD = Road		Y = Expressway
US = US Highway	SP = Spur CR = County Road			ice/Frontage Road	Ref. Marker		ST = Street		= Court = Circle
	PR = Park Road			ince/On Ramp Off Ramp	N = North		DR = Drive AVE = Aver		= Place
RR = Ranch Road	PV = Private Road			ector/Flyover	NE = Northeast		BLVD = Box		RK = Park
RM = Ranch to Market	RC = Recreational Ro	ad		er (Explain in Namativ	E = East		PKWY ≈ Pa	alc valid	= Cove
BI = Business Interstate	LR = Local Road/Stre	et (Street, Road, Ave.,	100	. (=	e) SE = Southeast S = South		LN = Lane	,	
BU = Business US BS = Business State	Bivd., Pl., Trl., Beach,	Alley, Boat Ramp, etc.)	1		SW = Southwes	t	FWY = Free	way	
BS = Business State			1		W = West		HWY = High		
BF = Business FM			1		NW = Northwes	t	WAY = Way	/	
SL = State Loop TL = Toll Road							TRL = Trail LOOP = Lo	20	
SILE - TOSI KOM					1		LOOP - LO	ор	
	Vehicle Color			ody Style				8. Driver	License/ID
	BGE = Beige	ONG = Orange		Passenger Car, 2-Do				Туре	
	BLK ≕ Błack BLU ≃ Błue	PNK = Pink PLE = Purple		: Passenger Car, 4-Do : Pickup	or PM = Police M TL = Trailer, S		or Pole Traile	1 = Driver	
	BRZ = Bronze	RED = Red		= Ambulance	TR = Truck	onn franci, c	or or man	3 = Occup	nercial Driver Lic.
5 = Motorized	BRC = Brown	SIL = Silver		: Bus	TT = Truck Tra	actor		4 = ID Car	
	CAM = Camouflage	TAN = Tan		Yellow School Bus	VN = Van .			5 = Unlice	
	CPR = Copper	TEA = Teal (green)		Farm Equipment	98 = Other (Ex		ative)	98 = Othe	
	GLD = Gold	TRQ = Turquoise (blue		Fire Truck	99 = Unknown			99 = Unkn	iown
	GRY = Gray GRN = Green	WHI = White YEL = Yellow		= Motorcycle = Sport Utility Vehicle					
	MAR = Maroon	98 = Other (Explain in	50	Sport Guilly Vollide					
	MUL = Multicolored	Narrative)							
		99 = Unknown							
9. Driver License		river 11. Driver Lice							
Class	License Endorsen	nents A = With Correcti	ve Lenses		. = Vehicle w/o Air B				
A = Class A	H = Hazardous Materi	als B = LOFS Age 21	or Over		/ehicles Requiring C /I = CDL Intrastate C			pplicable Pros pplicable Vehi	thetic Devices
AM = Class A and M B = Class B	N = Tank Vehicles P = Passengers	C = Daytime Only D = Not to Excee			n = CDL intrastate C l = Ignition Interlock			pplicable veni Power Steering	
BM = Class B and M	S = School Bus	E = No Express w) = Occ./Essent. Ne				xceed Class C
C = Class C	T = Double/Triple Trait			Lic. to MM/DD/YY S	See Court Order		. Y = V	alid TX Vision	or Limh Waiver
CM = Class C and M	X = Tank Vehicle with	G = TRC 545.424			= Stated on Licens		Req'o		
M = Class M	HazMat	H = Vehicle Not to			() = LOFS 21 or Over class B	Vehicle Abo			n or Limb Waiver
5 = Unlicensed	5 = Unlicensed	I = Motorcycle No J ≈ Licensed Mot			R = LOFS 21 or Over	Vehicle Abo	Req'd	ı. nlicensed	
98 = Other/Out of State 99 = Unknown	96 = None 98 ≈ Other/Cut of Stat		orcycle Op		Class C	Vernore Abo	96 = 1		
33 - OIKIOWII	99 = Unknown	K = Moped		S	= Outside Rear Vie	w Mirror or	98 = (Other/Out of St	tale
			-	h	learing Aid			Jnknown	
12. Person Type		13. Seat Position			14. Injury Sever			16. Sex	17. Ejected
1 = Driver 2 = Passenger/Occupant 3 = Pedalcyclist		1 = Front Left 2 = Front Center	10 = Car	rgo Area Iside Vehicle	A = Incapacitating			1 = Male	1 = No 2 = Yes
3 = Pedalcyclist		3 = Front Right		ier in Vehicle	B = Non-Incapacita Injury			2 ≈ Female 29 ≈ Unknown	
- 4 = Pedestrian		4 = Second Seat Left		ssenger in Bus	C = Possible Injury			50 - Onknown	97 = Not
5 = Driver of Motorcycle	Type Vehicle	5 = Second Seat Cente			K = Killed		ner, Indian/		Applicable
6 = Passenger/Occupant	on Motorcycle Type	6 = Second Seat Right		ized Conveyance	N = Not Injured		an Native		99 ≈ Unknown
Vehicle 98 = Other (Explain in Ne	restina)	7 = Third Seat Left 8 = Third Seat Center	98 = Oth Narrative	er (Explain in	99 = Unknown	98 = (Other Unknown		
99 = Unknown	arative)	9 = Third Seat Right	99 = Uni			99 - (JIKNOWII		
18. Restraint Used		19. Airbag				-			
1 = Shoulder and Lap Be				27. Vehicle Dan				FD	
1 = Shoulder and Lap Be 2 = Shoulder Belt Only 3 = Lap Belt Only	96 = None	2 = Deployed,		In most cases, ente	r in the format			1121	
4 = Child Seat, Facing Fo	97 ≃ Not Applica wward 98 ≈ Other (Exp			XX-ABC-Y, where XX is the Direction of	of Force (1-12)		10	V 2	
5 = Child Seat, Facing Re		5 = Deployed,			Description 2- or 3-		FL	FC F	R
6 = Child Seat, Unknown		97 = Not Appli		letter code).	•	10	311 ¹² 1 ₂	FC F	² 1 ₂
n ++ 11 11 11 11 11 11		99 - Unknown		and Y is the Damag	e Severity (0-7).	11	V		1
20. Helmet Use	21. Solicitation	22. Alcohol Specin	nen Type	In special cases, us	e: I	FQ 987	r/	<u> </u>	7 ⋖ ² 3 RFQ
1 = Not Worn	Y = Solicit	1 = Breath		VB-1 = vehicle burn	ed, NOT due to	8 7	/	/	5 43 RFQ
2 = Worn, Damaged 3 = Worn, Not Damaged	N = No Solicit	2 = Blood 3 = Urine		collision		11.4	1/	\	
4 = Worn, Unk. Damage		4 ≈ Refused			hes fire due to the	LD 7 ₹	1/-		♣ RD
97 = Not Applicable		96 = None		collision TP-0 = top damage	only			/	₩ 5
99 = Unknown if Wom		98 = Other (Explain in N	Narrative)	VX-0 = top damage		.11			1 2
23 Drug Specimen 3	Type 25 D	un Categori		MC-1 = motorcycle,		LP 987	\Box	\sqcup	1 2/3 RP
23. Drug Specimen 1 2 = Blood		ug Category S Depressants		etc.	,	8 7			54
3 = Urine		S Stimulants		NA = Not Applicable	e (Farm Tractor,		11 1		
4 = Refused	4 = Hall	ucinogens		etc.)	t	.&T 9 ⋖	11/	-	▶ 3 R&T
96 = None		cotic Analgesics		J			1/4	/	
98 = Other (Explain in Na	rrative) 7 = Inha 8 = Can					во 9 ¹⁰ 11	\	/	12
24. Drug Test Result		nabis sassocialive Anesthetics			L	BO 8 ►	- \	/	4 2/3 RBQ
1 = Positive		ultiple Drugs (Explain in f	Varrative)			7	\		5 *
2 = Negative		Applicable					A .	A . A	₹ .
97 = Not Applicable	. 98 = Oti	her Drugs (Explain in Na	rrative)			8	7654	876	54
99 = Unknown	99 = Un	known					BL	BC BI	
26. Financial Respon				}			Ω	A 4	
1 = Liability Insurance Pol		of Deposit with Comptre					o,	7 5 5	
2 = Proof of Liability Insur		of Deposit with County	Juage					60	
	r – Germicale	o. oon-mourance		j					
3 = Insurance Binder 4 = Surety Bond		of Self-Insurance							

Texas Peace Officer's Crash Report – Code Sheet
Numbered Fields on the CR-3 Refer to the Numbered Lists on this Code Sheet. Each list includes the codes that may be entered on the form and the description of each code.

Page 2 of 2 Law Enforcement and TxDOT Use ONLY. Form CR-3CS 1/1/2010

he form and the description of	each code.			Form CR-3CS 1/1/20
1 = Interstate Commerce 2 = Intrastate Commerce 3 = Not in Commerce 4 = Government 5 = Personal	29. Carrier ID Type 1 = US DOT 2 = TxDOT 3 = ICC/MC 96 = None 98 = Other (Explain in Narrative)	30. Roadway Access 1 = Full Access Control 2 = Partial Access Control 3 = No Access Control	31. Vehicle Type 1 = Passenger Car 2 = Light Truck 3 = Bus (9-15) 4 = Bus (>15) 5 = Single Unit Truck 2 Axles 6 6 = Single Unit Truck 3 or More 7 = Truck Trailer 8 = Truck Trailer 10 = Tractor/Semi Trailer 10 = Tractor/Double Trailer 11 = Tractor/Triple Trailer 98 = Other (Explain in Narrative 99 = Unknown Heavy Truck	Axies 6 = Toxic Materials and Infectious Substances 7 = Radioactive Materials 8 = Corrosive Materials 9 = Miscellaneous Dangerous Goods
2 = Bus (>15)	9 = Garbage Refuse Vehi 10 = Grain Chips Gravel 97 =	Vehicle Towing Another cle Not Applicable Other (Explain in Narrative)	34. Trailer Type 1 = Full Trailer 2 = Semi-Trailer 3 = Pole Trailer	
35. Sequence of Events 1 = Non-Collision: Ran Off R 2 = Non-Collision: Jackknife 3 = Non-Collision: Overturn 4 = Non-Collision: Overturn 5 = Non-Collision: Explosion 7 = Non-Collision: Separatio 8 = Non-Collision: Cross Me	9 = Non-Coli 10 = Non-Coli 10 = Non-Col Rollover	ision: Equipment Fallure lision: Other lision: Unknown I Inyolving Pedestrian I Involving Motor Vehicle in T. I Involving Parked Motor Vehi I Involving Train I Involving Pedalcycle	19 = Collision Wi 20 = Collision Wi ransport 21 = Collision Wi	rolving Fixed Object th Work Zone Maintenance Equipment th Other Movable Object th Unknown Movable Object
36. Factors and Condit 1 = Animal on Road - Domes 2 = Animal on Road - Wild 3 = Backed without Safety 4 = Changed Lane when Uns 14 = Disabled in Traffic Lane 15 = Disregard Stop and Go 16 = Disregard Stop Sign or I 17 = Disregard Stop Sign or I 17 = Disregard Turn Marks a 18 = Disregard Warning Sign 19 = Distraction in Vehicle 20 = Driver Inattention 21 = Drove Without Headligh 22 = Failed to Control Speed 23 = Failed to Give Half of Ro 25 = Failed to Head Warning 26 = Failed to Head Warning 26 = Failed to Pass to Left Si 27 = Foiled to Pass to Right 28 = Failed to Stop at Proper 30 = Failed to Stop for Schoo 31 = Failed to Stop for Train 32 = Failed to Yield ROW - E	Signal S	3 * Failed to Yield ROW - Op. 4 * Failed to Yield ROW - Pr. 5 * Failed to Yield ROW - Pr. 5 * Failed to Yield ROW - To. 7 * Failed to Yield ROW - To. 8 * Failed to Yield ROW - To. 9 * Failed to Yield ROW - To. 9 * Failed to Yield ROW - Yield ROW - To. 1 * Failed to Yield ROW - Yiel	ivate Drive op Sign Pedestrian rning Left rn on Red eld Sign lain in Narrative) en in Narrative) ed Position Lane d d icient Clearance	56 = Parked without Lights 57 = Passed in No Passing Lane 58 = Passed on Right Shoulder 59 = Pedestrian FTYROW to Vehicle 60 = Unsafe Speed 61 = Speeding - (Over Limit) 62 = Taking Medication (Explain in Narrative) 63 = Turned Improperly - Cut Corner on Left 64 = Turned Improperly - Wrong Lane 66 = Turned Improperly - Wrong Lane 66 = Turned when Unsafe 67 = Under Influence - Alcohol 68 = Under Influence - Drug 69 = Wrong Side - Approach or Intersection 70 = Wrong Side - Not Passing 71 = Wrong Way - One Way Road 72 = Cell/Mohile Phone Use 73 = Road Rage 98 = Other (Explain In Narrative)
37. Vehicle Defects 5 = Defective or No Headlam 6 = Defective or No Stop Lam 7 = Defective or No Tail Lam 8 = Defective or No Tail Lam 9 = Defective or No Traine To 10 = Defective or No Vehicle 11 = Defective Steering Mech 12 = Defective Tsiler Hitch 98 = Other (Explain in Narrati	38. Weather Co	1 = Day 2 = Dar 3 = Dar 3 = Dar 4 = Dar 5 = Dav 6 = Dav 98 = Ot inds 99 = Ur	k, Not Lighted k, Lighted k, Unknown Lighting wn sk her (Explain in Narrative)	40. Entering Roads 2 = Three Entering Roads - T 3 = Three Entering Roads - Y 4 = Four Entering Roads 5 = Five Entering Roads 6 = Six Entering Roads 7 = Traffic Circle 8 = Cloverleaf 97 = Not Applicable 98 = Other (Explain in Narrative)
41. Roadway Type 1 = Two-Way, Not Divided 2 = Two-Way, Divided, Unpro- Median 3 = Two-Way, Divided, Protein Median 4 = One-Way 98 = Other (Explain in Narrali	3 = Straight, Hillcrest cted 4 = Curve, Level 5 = Curve, Grade 6 = Curve, Hillcrest	1 = Dry 2 = Wet 3 = Standing Wet 4 = Snow 5 = Slush 6 = Ice	2 = Inoperative 3 = Officer 4 = Flagman 5 = Signal Ligh 6 = Flashing R 7 = Flashing Y Dirt 8 = Stop Sign	a (Explain in Narrative) 12 = No Passing Zone 13 = RR Gate/Signal 15 = Crosswalk 16 = Bike Lane 17 = Marked Lanes 18 = Signal Light, With Red Lig Running Camera 96 = None

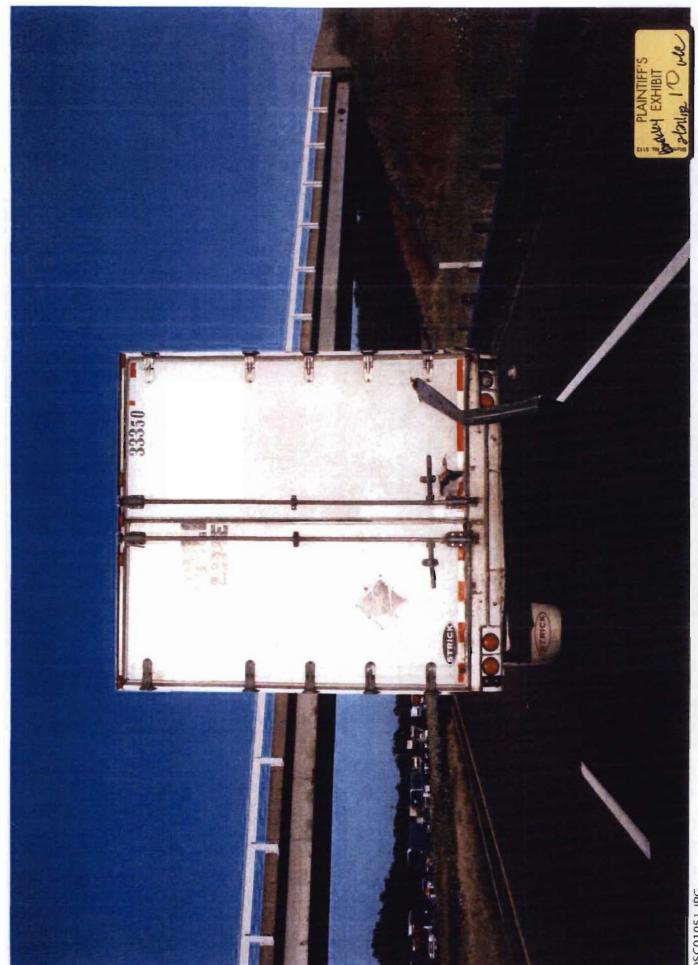
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Attachment-Response 4

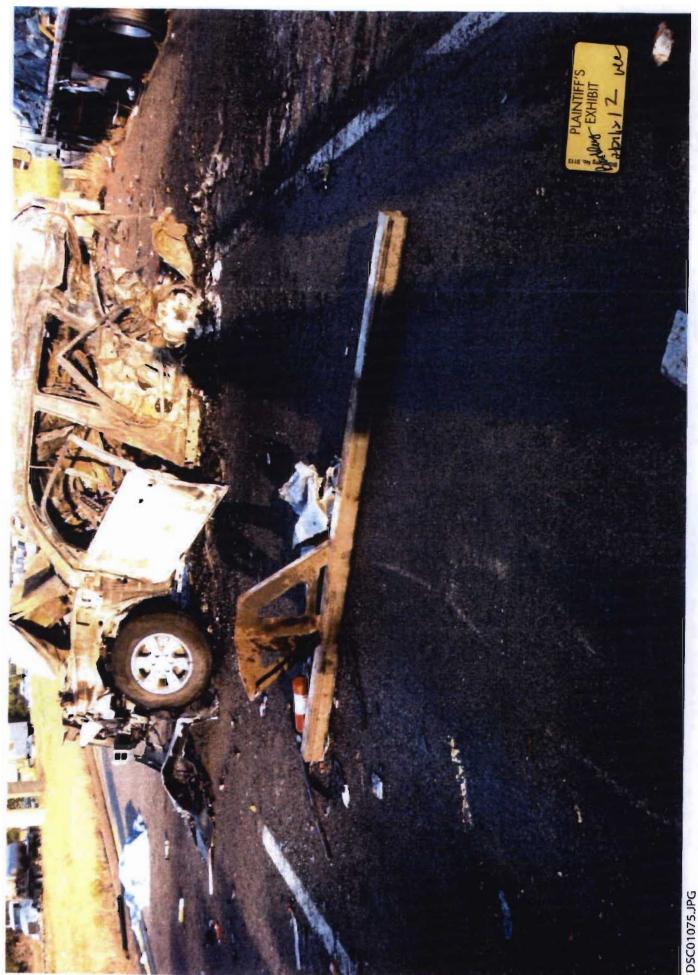
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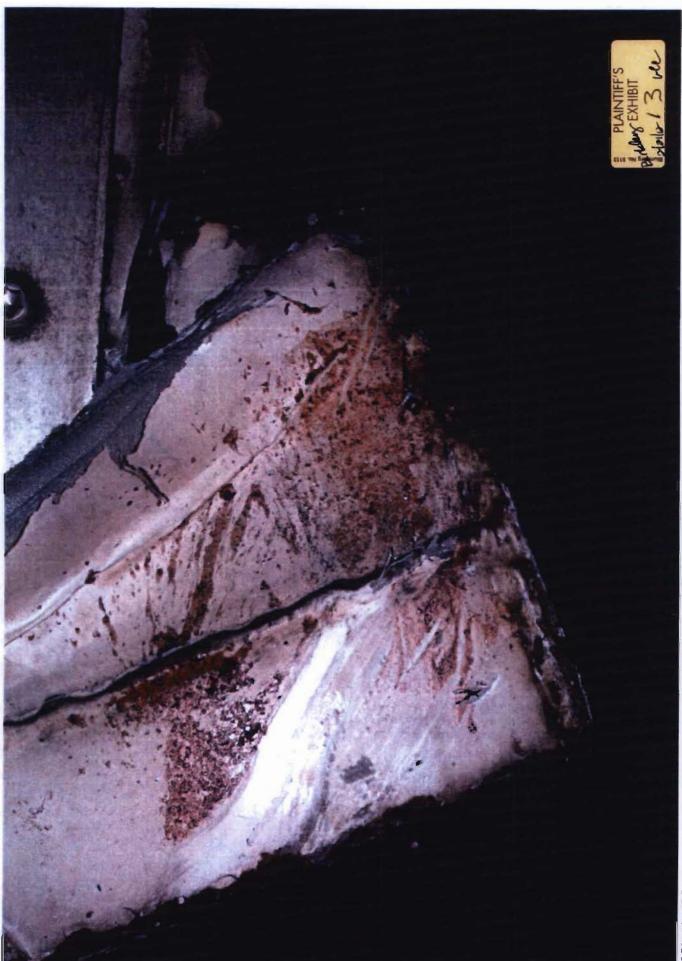
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ISEAQ245534500001 CVE-3 (Rev. 12/03) TXDPS COMMERCIAL VEHICLE ENFORCEMENT TX10440EAQ01 CP#:0798253 1 ARREST TKT ☐ 9 - 15 PASS. FOR HERE COM. VEII. T 16 PASS. FOR HINE CONSTRUCTION ZONE FIXED MOADSIDE ACCIDENT ALCH [] DS ✓ INTERSTATE ☐ 16 PAGS. NOT FOR HIRE SP PRCG: TES THO ☑ CDL INTRASTATE (XCUPTED SCHEDDLE CHARTER HOUSE Tr 🔲 we COUNTY: KAUFMAN HWY: (1) IH-0020 IN KAUSMAN CO. (487-513) HPN: 509 Lassee/M 1043597 Ack!/Gity/St/%i ADD/CITY/ST/ Operator: RACE/SEX: MED CARD: 10/15/10 NdU/CIty/St/Zif DL #: ST: AL DI. CLASS: A VEH SEARCH: YES WO REASON FOR STOR: WARN CITATION INSTECTION CONTRABAND I.CCATED: TYPE OF SEARCH: CONSENT PC INC. TO ARREST INVENTORY TYPE OF CONTRABAND: DRUGS DEEAPONS CURRENCY DOTHER Unit TYPE MAKE CO# Plate Stat VIN 26205 TT FRHT A164904 MS 1FUJA6CV35 2 ST STRI 33350 T650872 TN 1512E95324 SIGNATURE: I HEREBY PROMICE TO APPEAR AT THE TIME AND PLACE DESIGNATED IN THIS NOTICE. (THIS IS X(8450) --00 (11250) --00 (10050) HOT A PLEA OF GUILTY! 29,750 COPY RECEIVED BY GROSS WEIGHT; GROUP WEIGHT: 21,300 YOU ARE HEREBY NOTIFIED TO APPEAR LOAD DISP: PCT. / PLACE: JUDGE: COURT: PERMIT #: ON/BEFORE PHONE: λТ RG WT #1 80000 CYNR 11 52000 : BRANCOA RG WT #2 GYWR #2 65000 CYSA DECAL-ST CVSA DECAL-ST EAL IL'S REMOVED. DEPT. SEAL W; INSTALLED CVSA DECAL-TT SHIPPING H: NONE CONSTGNOR: CONSIGNER: COMMODITY: EMPTY ORIGIN: OKLAHOMA CITY OK DESTINATION: CULFPORT MS TH CATEGORY CODE RO? HW? PLACARDS REQ? 1 1/8 1 1/2 1 1/4 1 0 3/4 ALLEGED SPEED SPEED LIMIT AX 1 AX 2 AX 3 AX 4 AX 5 AX 6 AX 7 AX 8 RADAR CAL. SPEC. TANK 1 1/4 1 1/4 1 1/2 0 3/4 0 3/4 TICKET VIOL. CITE # Unit COS TPOST VIOLATIONS DISCOVERED Y/N UISP VCC DRIVER: FLEASE COMPLY WITH DIRECTIONS ON DACK SIDE OF THIS FORM No. 393 47 (1) BRAKES NOT MAINTAINED IN GOOD WORKING ORDER (GENERAL) - 2xle 4 left drum worn - unable to maasure PRAKES - AUDIBLE AIR LEAK (AT OTHER THAN CONNECTION) - relay valve between exted 2 t 3 amail DAMAGED/DISCOLORED WINDSHIELD - large vert. crack passenger side 393.60 (C) NO VALID INSPECTION CERTIFICATE - EXPIRED (N) - foded - unable to read roport NO VALID INSPECTION CERTIFICATE - EXPIRED (U) - faded - unable to read VEHICLE/DRIVER OUT OF SERVICE NOTICE VEHICLE Parsuant to authority contained in TMC Chapter 648 T hereby declare Thit of Service the vehicle/s with defects followed by TMS' in the Out of Service applied to those vehicles or operate such vehicles until the out of service defects have been repaired and the venteles until the out of service condition, ut proper operating authority has been obtained.

SEE CONTINUATION SHEET X INCORER COMMENTS: 005 015105 (710NS A. Repaired at Scene / Ubcained Oper. Auth. 9. Yourd/Ebcorted to Repair Service D. Other U. Unknown H. Drivor 303 2005, 2004 - Inspection result of fatality accident involving above vehicle. - Driver sent to TA truck stop in Torrell for repairs Doy Book Exemption COPY RECEIVED BY ID/REGION/DISTRICT/AREA FIME COMPLETED REPORT PREPARED BY: INSPECTED BY: C DAUGIBLAN A Cummina 11:19PM C BAUGHMAN 09848 1 A 02 REFERRAL ID PLANTITIFF'S BRAKES INSPECTED BY: CHARGES FILED BY: 06857 1 A 02 **EXHIBIT**

ISEAQ245534500001 CVE-3 (Rev. 12/03) INSPECTION 4 DATE CVE-3a (12/03) TX10440EAQ01-0 MOTOR CARRIER TXDPS COMMERCIAL VEHICLE ENFORCEMENT CONTINUATION SHEET LAST NAME 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 I DAIL DISP ACC Y/N No. 393.75(a) (3) υ Yes TIRE-FLAT - axle 5 right inside flat Yos Yos DEFECTIVE TURN SIGNAL LAMP (#) - rear right - hanging 393.9 Yes Yes MEEL/RIM CRACKED/BROKEN - axle 5 right inmide - bent due to orash 393.205(a) Yes

Yes NO REAR END PROTECTION-BUMPERS - missing due to accident

	VEHICLE/DRIVE	R OUT OF SE	RVICE NOTICE	· · · · · · · · · · · · · · · · · · ·	
VENICLE Pursuant to authority contain of Service" the vehicle/s with defect column of this report. No person she applied to these vehicles or operate defects have been repaired and the ve condition, or proper operating anthor SEE CONTINUATION SHEET X INCOPER 2005, 2004 - Inspection result of f vehicle Driver sont to TA truck	Il remove the one of service at auch vehicles until the out of hicles have been restored to or ity has been obtained. "COMMENTS: abblity accident involving	service service ale operating	declare the driver Out of Service. No	mamed on this report motor corrier shall driver to drive or	COS DISPOSITIONS A. Repaired at Scene / Obtained Cper. Auth. B. Towed/Escerted to Repair Survice D. Other V. Unknown N. Driver COS
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TX10440EAQ01	TXDPS COMMERCIAL VEHICLE ENFORCEMENT CP#: 0798253
☐ ARREST TRT ☐ 9 - 15 PASS. FOR HIRE ☐ COM. VEH. ☐ 16 PASS. FOR HIRE ☐ CDL ☐ SCHEDDLE ☐ CHARTER DATE: 05/29/2010 TIME: 7:00PM Lossee/MC: ACC/CLY/St/719:	SP PRCG: SINTERSTATE SES NO SCALE SOUNTY: KAUFMAN HWY: (1) IN-0020 IN KAUFMAN CO (487-513) HPH: 509 USDUTH: 1043597
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	VEHICLE/DRIVER OUT OF SERVICE NOTICE
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	EXHIBIT

ISEAQ245534500001 CVE-3 (Rov. 12/03) THSPECTION 4 DATE CVE-3a (12/03) 0798253 TX10440EAQ01-0 5/28/2010 7:00:00PM MOTOR CARRIER TXDPS COMMERCIAL VEHICLE ENFORCEMENT CONTINUATION SHEET FIRST WAME LAST NAME 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 filteen (15) days. VIOLATIONS DISP ACC VIOLATIONS DISCOVERED TICKET VIOL. CITE TOUTL 005 Y/N No. 393.75(a) (3) Yes TIRE-FLAT - axlo 5 right inside flat You 393.9 Yes DEFECTIVE TURN SIGNAL LAMP (#) - rear right - hanging WHEEL/RIM CRACKED/BROKEN - axle 5 right inside - bent due to crash 393.205(a) Yes

Yes NO REAR END PROTECTION-BUMPERS - missing due to accident

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vehicle, - Driver sent to TA truck	stop in Torcoll for repair	rs.			
			Χ		Management Log Rook Exemption
		-	COPY RECEIVED BY		- Indiana in the second control of the secon
INSPECTED BY:	ID/REGION/DISTRICT/AREA	THE COMPLETED	REPORT PREPARED BY:	C DAUGIDIAN	
C BAUGHMAN	09848 1 A 02	11:19PM	REFERRAL ID	A Cummins	
CHARGES FILED BY:		I	BRAKES INSPECTED BY:	06857 1 A 02	

393.86

	ANAU	IAL	/EHI	CLE INSPECTION R	EP(DRT	Marie Co.
	Allere					PREPARED IN THE PARENT INCOME.	FLEET UNI
							3335
					DA	ITE 5	-6-09
MOTOR CARRIER OF	EDSTOR 1			IN			
MOTOR CARRIER OF	CHATCH						
ADDRESS							
CITY, STA							
VEHICLE TYPE	TRACTOR THAILER LI THUCK	20.00	100	A STATE OF THE PARTY.		The state of	
	(OTHER)	No.	IGI E	COMPONENTS INSPECTED			
OK MEDIN MENANED	ITEM	OK	THE STATE OF THE S	ITEM	ОК	METER SET AND LATE	ITEM
M 1	. BRAKE SYSTEM	1	1/	FUEL SYSTEM a. Visible leak	107		a Frame Membe
N -	a. Service Brakes b. Parking Brake System	M	X A	b. Fuel tank filler cap missing	TE		b. Tire and When
	c. Brake Drums or Rotors d. Brake Hose	X	17	c. Fuel lank securely attached	X	T- 948	C. Adjustable Ax Assemblies (S
	a Brake Tuto			5. LIGHTING DEVICES			Subframes)
	1. Low Pirture Warning	X		All lighting devices and	V		a. Tires on any
LOLA	g. Tractor Program Value			reflectors required by Section 393 shall be operable.	M		of a power u
1 1	h. Air Compassor	2		B. SAFE LOADING			b. All other tire
	j. Hydrauk Brakes	4	-	a. Part(s) of vehicle or andition of loading such	10d	1	a. Lock or Side
	k. Vacuum Sistema	lat.		Mu the spare tire or any	M.		b Wheele and
7	2. COUPLING DEVICES a. Fifth Wheels		100	can full onto the roadway.	团	2	d. Welds 12. WINDSHIELD G
	b. Pintle Hooks			b Protection against shifting			Requirements as
7 70	c. Drawbar/Towbar Eye d. Drawbar/Towbar Tongue		1/	7. STEERING UEONALUEN	1	V/S	as stated pertain crack, discolorat
11	e. Salety Devices		XA	b. Steering Column		14	reducing matter
/	1 Saddle-Hounts	1		C. Fint Axis Beam and All Steering Components	1		\$93.60 for exce
	1 EXHAUST STEM		1	Other Than Steering		11	Any power unit
	a Any exhaust system determined to be leaking a		AL	Column d. Steering Gear Box	1	16	inoperative wip
11/1	a point forward of or directly	V	1	e. Pitman Arm	1		it ineffective.
1111	below the driver/sleeper compartment.		1	f. Power Steering			Listany other cond
1111	b. A bus exhaust system	1	17	g. Ball and Socket Joints h. Te Rods and Drag Links	98	119 33	present safe operativehick
4/1	leaking or discharging to	H		i. Nots	1		The same
11	the atmosphere in violation of standards (1), (2) or (3).	4		j. Steering System 8. SUSPENSION		-	The same of
14	c. No part of the exhaust	1 P	No.	a Any U-bolt(s), spring			1
7 20 3	system of any motor vehicle shall be so located as			hanger(s), or other axle positioning part(s) cracked		10	The sale
	would be likely to result in	M	all but	broken, loose or missing	N F	18 40	100
E LANGE	burning, charring, or damaging the electrical	1	No. of Lot	resulting in shifting of an	2	1	1
S ISS	wiring, the fuel supply, or	1		axle from its normal position b. Spring Assembly	n.	100	
1	any combustible part of the	1		c. Terque, Radius or Trackir	g	100	THE REAL PROPERTY.
RISTRUCTION	motor vehicle.			Components.		E A	
ERTIFICATION	THIS VEHICLE HAS PASSE WITH 49 CP 396.	INSPEC	TION: _	X OK X NEEDS REPAIR	IA_	FITEMS DO	HOTATIVE



Texas Highway Patrol Commercial Vehicle Enforcement Division

CRASH INVESTIGATION REPORT

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:	
HOILDI	



Crash Investigation Report

Date: 05/28/10 Time: 6:25 PM

Location: IH-20 EB 509 MM KAUFMAN CO.

MOTOR CARRIER INFORMATION

Name of Moto	

Street Address

City, State, Zip: GULFPORT, MS

State Carrier ID:

US DOT#: 1043597

MC#: 432866

Owner:

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:

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 #.

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

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 N/A

Waiver: Medic Alert:

N/A

Examining Doctor: T. ASHTON BLASSEX

Clinic: SPRINGHILL MEDICAL CENTER CLINIC

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

Co-Driver

4

SEAT BELT

Туре:

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 VIOLATIONS14 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: TY - DAY CAB

Model: COLUMBIA

Body Style: TT

VIN: 1FUJA6CV350

Color: WHITE

License Plate/State:

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 Owner: DOLPHINE LINE INC.

Address: 1120 VISCO DR., NASHVILLE, TN 37210

Year and Make: 2004

Type: SEMI Model: 1S1

Body Style: SEMI

VIN: 1S12E95324

Color: WHITE

License Plate/State:

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:

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 Signats: - 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

Alr 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

Vehicle # __26205_& _33350__

Axle#1	Driver (L)	Passenger (R)		Driver (L)	Passenger (R)
Drum Diameter	Outer: UNK Inner: UNK	Outer: UNK Inner: UNK	Słacks 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	 	<u> </u>	

Date ____5/28/10 ____

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 Innor: 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 Diameler	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	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: 3/4 Bottom: 3/4			
Trave!	0 3/4"	0 3/4"	 		
Chamber Size/Type	30 / CLAMP	30 / CLAMP			

Axle#4	Outside	<u>Inside</u>	Inside	<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	Max 9/32" Min_8/32"	Max 10/32" Min 9/32"	<u>Max</u> 12/32" <u>Min</u> 9/32"	Max 11/32" Min 9/32"
Weight Rating	DUAL 5675	DUAL 5675	DUAL 5675	DUAL 5675

Axle#5	Outside	Inside	Inside	<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	Max 14/32" Min 13/32"	Max 15/32" Min 13/32"	Max 10/32" Min 9/32"	Max 8/32" Min 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

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2nd TRAILER

	Converter Dolly	Trailer # 2
	Company Unit #: N/A - NO SECOND TRAILER	
	Vehicle Owner:	
	Address:	
	Year and Make:	
	Туре:	
	Model:	
	Body Style:	
٠,	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: Head Material: Tank Specification: Shell Material: Weld Material: Date of Manufacture: Design Pressure/MAWP: Max. Design Density: Number of Compartments: Max. Product Load: Tank Capacity (per compartment): 1> 2> 5> 6> 4>

Damage Protection:	Failed to Protect	Damaged, but did not fail to protect	Not Damaged
	ranou to riotect	Damaged, Sut did not lan to protect	Norvamadea
Overturn Protection	***************************************		
Rear-end Protection			
Bottom Damage Protection			
		W K DA OKA 050	
	NON-BU	LK PACKAGES	
Blocking and Bracing			
	No Failure		
	Securement fai	ed	
Type of Securement:			
Separation & Segregation			
Income leading Manage	ua recetion		
Improper loadingHazardo			
Improper loadingNo hazar	dous reaction		
Declare Fallows			
Package Failure			
Type of Package	Failed?	Cause of Damage	
	Y/N		

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.

Attachment-Response 4

d. Expert Deposition
Transcripts

Trooper Baughman



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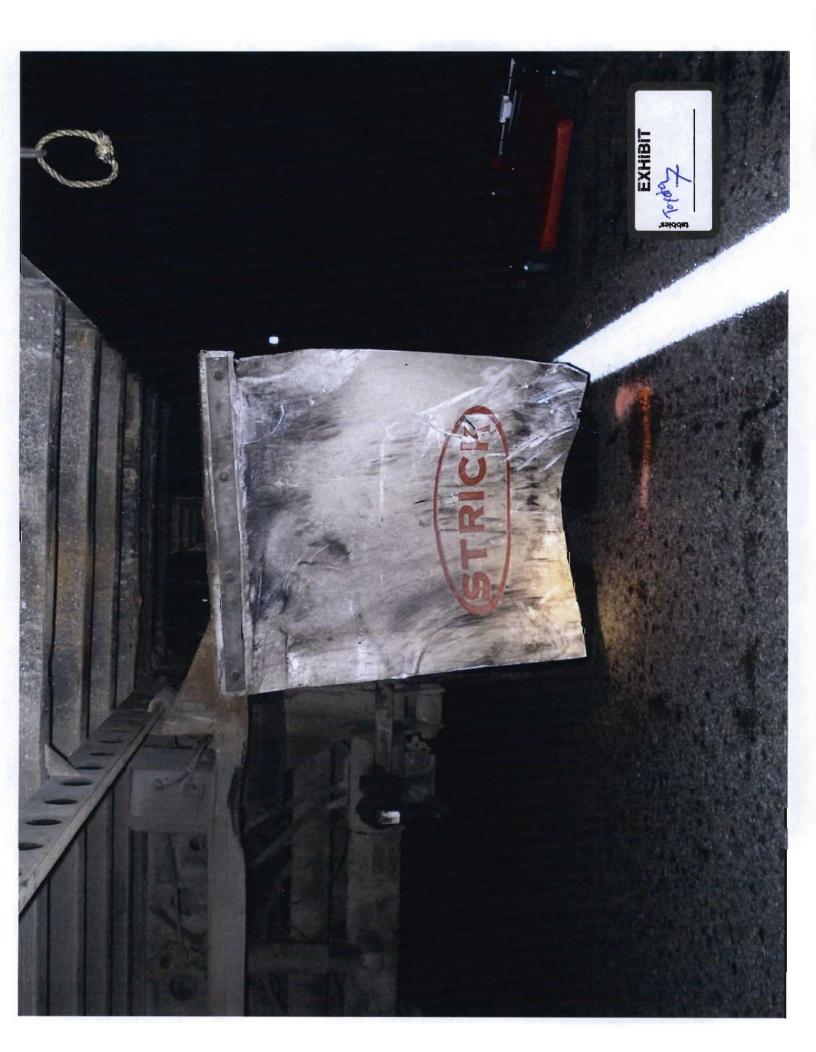
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