

EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

d. Expert Deposition  
Transcripts

Trooper Baughman

1734199-WE - 1 - Exhibit 001

TX10440EAQ01 TXDPS COMMERCIAL VEHICLE ENFORCEMENT CP#: 0798253 LEVEL 1

ARREST TKT, COM. VEH., ACCIDENT, CDL, 9 - 15 PASS. FOR HIRE, 16 PASS. FOR HIRE, 16 PASS. NOT FOR HIRE, SCHEDULE, CHARTER, INTERSTATE, INTRASTATE, CONSTRUCTION ZONE, YES, NO, OCCUPIED, FIXED, ROADSIDE, SCALE, HOUSE, ALCH, DS, SW, TE

DATE: 05/28/2010 TIME: 7:00PM COUNTY: KAUFMAN HWY: (1) IH-0020 IN KAUFMAN CO. (487-513) MPH: 509 Lessee/MC, Add/City/St/Zip, OWNER, ADD/CITY/ST/ZIP, Operator, RACE/SEX, WM DOB: 02/14/1964 MED CARD: 10/15/10

VEH SEARCH: YES NO REASON FOR STOP: WARN CITATION INSPECTION CONTRABAND LOCATED: YES NO TYPE OF SEARCH: CONSENT PC INC. TO ARREST INVENTORY TYPE OF CONTRABAND: DRUGS WEAPONS CURRENCY OTHER

Table with columns: Unit, TYPE, MAKE, CO#, Plate, Stat, VIN. Rows: 1 TT FRHT 26205 A164904 MS 1FUJA6CV35E, 2 ST STRI 33350 T650872 TN 1S12E95324E

X

SIGNATURE: I HEREBY PROMISE TO APPEAR AT THE TIME AND PLACE DESIGNATED IN THIS NOTICE. (THIS IS NOT A PLEA OF GUILTY) X (8450) --OO (11250) --OO (10050) COPY RECEIVED BY GROSS WEIGHT: 29,750 GROUP WEIGHT: 21,300

YOU ARE HEREBY NOTIFIED TO APPEAR JUDGE: COURT: PCT./PLACE: PHONE: ON/BEFORE AT ADDRESS: TX LOAD DISP: PERMIT #: RG WT #1 60000 GVWR #1 52000 RG WT #2 GVWR #2 65000

SEAL #'S REMOVED: DEPT. SEAL #: INSTALLED CVSA DECAL-TT CVSA DECAL-ST CVSA DECAL-ST

SHIPPING #: NONE CONSIGNOR: CONSIGNEE: COMMODITY: EMPTY ORIGIN: OKLAHOMA CITY OK DESTINATION: GULFPORT MS

Table with columns: HM, CATEGORY, CODE, RQ?, HW?, PLACARDS REQ?, R, L, AX 1-8, ALLEGED SPEED, SPEED LIMIT, RADAR CAL.

Table with columns: TICKET, VIOL. CITE #, Unit No., OOS Y/N, OOS DISP, POST ACC, VIOLATIONS DISCOVERED. Rows: 393.47(A) 2, 393.45 1, 393.60(C) 1, 1, 2


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. DRIVER Pursuant to authority contained in TRC Chapter 644 I hereby notify and declare the driver named on this report out of Service.

SEE CONTINUATION SHEET X TROOPER COMMENTS: 2005, 2004 - Inspection result of fatality accident involving above vehicle. - Driver sent to TA truck stop in Terrell for repairs. COPY RECEIVED BY

INSPECTED BY: C BAUGHMAN ID/REGION/DISTRICT/AREA: 09848 1 A 02 TIME COMPLETED: 11:19PM REPORT PREPARED BY: C BAUGHMAN REFERRAL ID: A Cummins CHARGES FILED BY: BRAKES INSPECTED BY: 06857 1 A 02



|  |                                      |         |                     |
|--|--------------------------------------|---------|---------------------|
| CVE-3a (12/03)<br><br>TXDPS COMMERCIAL<br>VEHICLE ENFORCEMENT<br>CONTINUATION SHEET | INSPECTION #                         | CP #    | DATE                |
|  | TX10440EAQ01-0                       | 0798253 | 5/28/2010 7:00:00PM |
|  | MOTOR CARRIER                        |         |                     |
|  | JOHN FAYARD MOVING & WAREHOUSING LLC |         |                     |
| OPERATOR   |                                      |         |                     |
| [REDACTED]<br>LAST NAME FIRST NAME MI  |                                      |         |                     |

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

| VIOLATIONS |              |          |         |          |          |  |
|------------|--------------|----------|---------|----------|----------|--|
| TICKET     | VIOL. CITE # | Unit No. | OOS Y/W | OOS DISP | POST ACC | VIOLATIONS DISCOVERED  |
|            | 393.75(a)(3) | 2        | Yes     | D        | Yes      | TIRE-FLAT - axle 5 right inside flat                               |
|            | 393.9        | 2        | Yes     | D        | Yes      | DEFECTIVE TURN SIGNAL LAMP (#) - rear right - hanging              |
|            | 393.205(a)   | 2        | Yes     | D        | Yes      | WHEEL/RIM CRACKED/BROKEN - axle 5 right inside - bent due to crash |
|            | 393.86       | 2        |         |          | Yes      | NO REAR END PROTECTION-BUMPERS - missing due to accident           |

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

**TX10450EAQ01** TXDPS COMMERCIAL VEHICLE ENFORCEMENT **CP#: 0217079** LEVEL **1**

ARREST TKY  9 - 15 PASS. FOR HIRE  
 COM. VEHI.  16 PASS. FOR HIRE  
 ACCIDENT  16 PASS. NOT FOR HIRE SP PROG:  INTERSTATE  YES  NO  
 CDL  SCHEDULE  CHARTER  INTRASTATE  OCCUPIED CCNSTRUCTION ZONE  FIXED  ROADSIDE  ALCH  DS  
 SCALE HOUSE  SW  TE

DATE: 05/28/2010 TIME: 11:25PM COUNTY: KAUFMAN HWY: (1) IH-0020 IN KAUFMAN CO. (487-513) MP#: 509

Lessee/MC: [REDACTED] USDOT#: 87823  
 Add/City/St/Zip: [REDACTED] ICC/MC#: 134824  
 OWNER: [REDACTED] TXDOT#: [REDACTED]  
 ADD/CITY/ST/ZIP: [REDACTED] PHONE#: [REDACTED]  
 Operator: [REDACTED] RACE/SEX: BM DOB: [REDACTED] MED CARD: 11/30/2011  
 Add/City/St/Zip: [REDACTED] DL #: [REDACTED] ST: MS DL CLASS: A

VEH SEARCH:  YES  NO REASON FOR STOP:  WARN  CITATION  INSPECTION CONTRABAND LOCATED:  YES  NO  
 TYPE OF SEARCH:  CONSENT  PC  INC. TO ARREST  INVENTORY TYPE OF CONTRABAND:  DRUGS  WEAPONS  CURRENCY  OTHER

| Unit | TYPE | MAKE | CO# | Plate   | Stat | VIN         |
|------|------|------|-----|---------|------|-------------|
| 1    | TT   | VOLV | 434 | A170956 | MS   | 4V4NC9GH88N |
| 2    | ST   | UTIL | 723 | 83438T  | MS   | 1UYFS24848A |



X

SIGNATURE:

I HEREBY PROMISE TO APPEAR AT THE TIME AND PLACE DESIGNATED IN THIS NOTICE. (THIS IS NOT A PLEA OF GUILTY)

**X(9200) --OO(30000) --O(11950) --O(11900)**

COPY RECEIVED BY GROSS WEIGHT: 63,050 GROUP WEIGHT: 0

YOU ARE HEREBY NOTIFIED TO APPEAR  
 JUDGE: COURT: PCT./PLACE: LOAD DISP:  
 PHONE: ON/BEFORE AT PERMIT #:  
 ADDRESS: TX RG WT #1 80000 GVWR #1  
 RG WT #2 GVWR #2 80000

SEAL #'S REMOVED: DEPT. SEAL #: INSTALLED CVSA DECAL-TT CVSA DECAL-ST CVSA DECAL-ST

SHIPPING #: 0400538660 CONSIGNOR: CBP GRAND PRAIRIE CONSIGNEE: DEPENDABLE BAGGING  
 COMMODITY: BUILDING MATERIALS ORIGIN: GRAND PRAIRIE TX DESTINATION: HARAHAN LA

| HM CATEGORY | CODE | RQ? | HW? | PLACARDS REQ? | INOP | INOP | INOP | 1     | 0 1/2 | ALLEGED SPEED |
|-------------|------|-----|-----|---------------|------|------|------|-------|-------|---------------|
| NA          |      |     |     |               |      |      |      |       |       |               |
|             |      |     |     |               | AX 1 | AX 2 | AX 3 | AX 4  | AX 5  | SPEED LIMIT   |
|             |      |     |     |               | INOP | INOP | INOP | 0 1/2 | 1 1/2 | RADAR CAL.    |

| TICKET VIOL. CITE # | Unit No. | OOS Y/N | OOS DISP | POST ACC | VIOLATIONS DISCOVERED   |
|---------------------|----------|---------|----------|----------|---|
| 393.11              | 2        |         |          |          | DRIVER: PLEASE COMPLY WITH DIRECTIONS ON BACK SIDE OF THIS FORM   |
| 392.9(a)            | 2        | Yes     | B        | Yes      | DEFECTIVE SIDE MARKER LAMP - left rear  |
| 393.209(d)          | 1        | Yes     | B        | Yes      | LOAD NOT SECURED SAFELY - shifted load / partial load loss from crash                                     |
| 393.67              | 1        | Yes     | B        | Yes      | STEERING SYSTEM COMPONENT WORN/WELDED/MISSING - steering components to FL wheel pushed backwards by crash |
| 393.24(A)           | 1        | Yes     | B        | Yes      | DEFECTIVE LIQUID FUEL TANK/FUEL LINE/VISIBLE LEAK - fuel lines ruptured - unable to hold fuel             |
|                     |          |         |          |          | DEFECTIVE HEAD LAMP (#) - right - missing   |

**VEHICLE/DRIVER OUT OF SERVICE NOTICE**

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.  
 DRIVER Pursuant to authority contained in TRC Chapter 644 I hereby notify and declare the driver named on this report Out of Service. No motor carrier shall permit or require driver to drive or operate any motor vehicle until

SEE CONTINUATION SHEET  TROOPER COMMENTS:  
 2008, 2008 - inspection due to fatality accident involving above vehicle...  
 OOS DISPOSITIONS  
 A. Repaired at Scene / Obtained Oper. Auth.  
 B. Towed/Encorted to Repair Service  
 C. Other  
 D. Unknown  
 N. Driver OOS  
 Log Book Exemption

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

CVF-3a (12/03)



TXDPS COMMERCIAL  
VEHICLE ENFORCEMENT

CONTINUATION SHEET

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

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

VIOLATIONS

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

VEHICLE/DRIVER OUT OF SERVICE NOTICE

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

ISEAQ24553460001

CVE-3 (Rev. 12/03)

CVE-3a (12/03)



TXDPS COMMERCIAL  
VEHICLE ENFORCEMENT

CONTINUATION SHEET

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

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

VIOLATIONS

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

VEHICLE/DRIVER OUT OF SERVICE NOTICE

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

VEHICLE/DRIVER OUT OF SERVICE NOTICE

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



**Texas Highway Patrol  
Commercial Vehicle Enforcement  
Division**

**CRASH INVESTIGATION REPORT  
FOREST PRODUCTS TRANSPORTS LLC**

DATE OF CRASH: 05/28/2010

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

DATE FORWARDED TO  
SERGEANT: 5/31/2010  
DATE RECEIVED BY  
SERGEANT: \_\_\_\_\_

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

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

NOTES: \_\_\_\_\_



**Crash Investigation Report**

Date: 05/28/2010

Time: 6:25 PM

Location: IH-20 EB 509 MM KAUFMAN COUNTY

**MOTOR CARRIER INFORMATION**

Name of Motor Carrier: [REDACTED]

Street Address: [REDACTED]

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

State Carrier ID [REDACTED]

US DOT#: 087823

ICC Docket: 134824

Owner: [REDACTED]

Address: SAME AS ABOVE

Vehicle Operated Under Lease: NO

Type of carriage being performed: Common

Name of Motor Carrier Officer [REDACTED]

Title: OWNER

Phone: [REDACTED]

At scene: NOT PRESENT

**INSURANCE INFORMATION**

Company: GREAT WEST CASUALTY COMPANY

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

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

Phone: 601-544-8703

Representative on Scene: NOT PRESENT

Policy # [REDACTED]

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

**LOAD**

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

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

Shipper/Location: CBP – 1795 109<sup>TH</sup> 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: [REDACTED]  
Address: [REDACTED] COLUMBIA, MS [REDACTED]  
Date of Birth: [REDACTED]  
Sex: M  
Height: 6'08"  
Weight: 365  
Eye Color: BROWN  
Business Phone: [REDACTED]  
Home Phone: UNKNOWN

**DRIVER'S LICENSE**

DL Number: [REDACTED]  
State: MS  
Class: A  
Endorsements: NONE  
Restrictions: NONE  
Expiration Date: 02/14/2014

**MEDICAL CERTIFICATE**

Date of Examination: 11/30/2009  
Date of Expiration: 11/30/2011  
Lenses: NONE  
Hearing Aid: NONE  
Waiver: NONE  
Medic Alert: NONE  
Examining Doctor: NANCY EASTERLING CFNP  
Clinic: NANCY EASTERLING CFNP  
Address/Phone: UNKNOWN

**Co-Driver - NONE**

**SEAT BELT**

Type:

Lap Belt

Lap Belt w/Shoulder Harness X

Driver wearing belt at time of accident? YES

**PASSENGER**

Name: - NONE

Authorized by Carrier? N/A

### DRIVER'S HOURS OF SERVICE

Driver's Name [REDACTED] \_\_\_\_\_

Date 5/28/2010 \_\_\_\_\_

Vehicle # 434 \_\_\_\_\_

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

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

11 Hour Rule: NO VIOLATIONS

14 Hour Rule: NO VIOLATIONS

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

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

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

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

Driver History: NO VIOLATIONS OR ACCIDENTS SHOWN ON DRIVING HISTORY

Familiar With Road: UNKNOWN

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

Previous CMV Employers: UNKNOWN

Previous Accidents: UNKNOWN – NONE LISTED ON DRIVING HISTORY

NOTES: [REDACTED] TRANSPORTED TO TERRELL RENAISSANCE HOSPITAL BY ETMC EMS FOR POSSIBLE INJURIES.

**VEHICLE INFORMATION:**

**Power Unit**

Company Unit #: 434

Year and Make: 2008 VOLVO

Type: TRUCK TRACTOR

Model: UNK

Body Style: TRUCK TRACTOR

VIN: 4V4NC9GH88N [REDACTED]

Color: WHITE

License Plate/State: [REDACTED]

Registered Gross Weight: 80,000

GVWR: UNK - LEFT DOOR JAMMED SHUT BY CRASH

Actual Gross Weight: 63,050 LBS.

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

Transmission: AUTOMATIC

Gear: UNKNOWN

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

Number of Axles: Up \_\_0\_\_ Down \_\_3\_\_

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

Windows: LEFT - SHATTERED OUT BY CRASH, RIGHT INTACT

Automatic On Board Recording Device: UNKNOWN

Sealed?: UNKNOWN

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

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

Business Band Radio: NONE

Mobile Telephone: PRESENT - POWERED ON AT TIME OF CRASH

Radar Detector: NONE

Police Scanner: NONE

**Trailer**

Company Unit #: 723

Vehicle Owner: [REDACTED]

Address: [REDACTED] MS [REDACTED]

Year and Make: 2008 UTILITY

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

Model: UNK

Body Style: FLAT-BED, SEMI-TRAILER

VIN: 1UYFS24848A [REDACTED]

Color: ALUMINUM DECK WITH BLACK BOTTOM SUPPORT FRAME

License Plate/State: [REDACTED]

MVI Certificate#/State/Date: [REDACTED]

Number of Axles: Up   0   Down   2  

Registered Gross Weight: N/A

GVWR: 80,000

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

**VEHICLE CONDITION**

**PAPERWORK**

Daily Vehicle Inspection Report: UNABLE TO LOCATE

Registration/Trip Permit: PRESENT - CURRENT

Fuel License/Trip Permit: PRESENT - CURRENT

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

**EQUIPMENT**

Condition of Driver's Compartment: DISHEVELED BY CRASH

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

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

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

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

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

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

Wheels: FRONT LEFT PUSHED BACKWARDS BY CRASH

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

**STEERING**

Power/Manual: POWER

Condition of Components: DAMAGED - PUSHED BACKWARDS BY CRASH

Condition of Joints: DAMAGED BY CRASH

Steering Wheel Diameter: 18"

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

**Front Bumper:**

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

Width: N/A

Height: N/A

**Rear Bumper:**

Ground Clearance: N/A

Width: N/A

Height: N/A



**LIGHTING DEVICES**

**Power Unit**

Headlamps: DESTROYED BY CRASH

Front Turn Signals: DESTROYED BY CRASH

Front Marker: INOPERABLE AS A RESULT OF CRASH

Front ID: INOPERABLE AS A RESULT OF CRASH

Front Clearance: INOPERABLE AS A RESULT OF CRASH

Rear turn Signals: INOPERABLE AS A RESULT OF CRASH

Stop Lamps: INOPERABLE AS A RESULT OF CRASH

Rear Marker: INOPERABLE AS A RESULT OF CRASH

Rear ID: N/A

Rear Clearance: N/A

Tail Lamps: INOPERABLE AS A RESULT OF CRASH

Four Way Flashers: INOPERABLE AS A RESULT OF CRASH

Reflectors: N/A

Back-up Lamp: UNKNOWN

Conspicuity Tape Installed: N/A

**Towed Unit**

Rear Turn Signals: GOOD

Stop Lamps: GOOD

Front Marker: GOOD

Side Marker: LEFT REAR SIDEMARKER LAMP INOPERABLE

Rear Marker: GOOD

Rear ID: GOOD

Rear Clearance: GOOD

Tail Lamps: GOOD

Four Way Flashers: GOOD

Reflectors: GOOD

License Plate Lamp: GOOD

Conspicuity Tape Installed: GOOD

## Brake System

Who is responsible for brake adjustments? [REDACTED]

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

### Air Brake System

Type:

S-Cam X  
Disc  
Wedge

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

Low Air/Vacuum Warning Device: INOPERABLE

Engine Brake: UNKNOWN  
Type: UNKNOWN  
Operative: UNKNOWN

Parking Brake: DAMAGED BY CRASH

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

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

Air Tank Securement: APPEARED SECURE

Air Lines: DAMAGED BY CRASH

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

### Hydraulic Brake System – N/A NOT PRESENT

Master Cylinder Fluid Level: N/A

Fluid Leaks:

Master Cylinder  
Wheel Cylinders  
Brake Lines

Brake Indicator Lamps:

### AIR BRAKE SYSTEM MEASUREMENTS

Date 5/28/2010

Vehicle # 434 & 723

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

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

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

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

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

## TIRE INFORMATION

Date 5/28/2010

Vehicle # 434 & 723

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

### Driver (L)

### Passenger (R)

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

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

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

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

**Loading and Securement of Cargo**

Number of Tie Downs: 10

Type and Size of Tie Downs: 4" SYNTHETIC WEB

Load Cover: GREEN VINYL TARP

**Other Equipment/Components**

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

Battery Installation: GOOD

Exhaust System: APPEARED INTACT

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

Header Board: NONE

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

Trailer Suspension/Frame: OK

Wiring: WIRING HOOD DAMAGED

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

Triangular Warning Devices: PRESENT

Hood: DAMAGED / GONE

**Coupling Device**

Type: FIFTH WHEEL

Secured to Vehicle: YES

Safety Devices Intact: N/A

How Many: N/A

**Dimensions**

Truck-tractor: 28'L X 8"W

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

Combination: 68'L X 8'5"W

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

**Weight**

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

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

Gross: 63,050 LBS.

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

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

Converter Dolly

Trailer # 2

Company Unit #: N/A – NO SECOND TRAILER

Vehicle Owner:

Address:

Year and Make:

Type:

Model:

Body Style:

VIN:

Color:

License Plate/State:

Tab #:

MVI Certificate#/State/Date:

Number of Axles: Up \_\_\_\_\_ Down \_\_\_\_\_

Registered Gross Weight:

GVWR:

Actual Gross Weight:



**Hazardous Materials Information Sheet**

**Shipping Paper Information:**

**SHIPPER**

Name: N/A – NO HAZARDOUS MATERIAL CARGO PRESENT

Address:

Phone:

**RECEIVER (Destination)**

Name:

Address:

Phone:

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

- >
- >
- >
- >
- >

Name of party signing shipping paper, if signed:

**Certification Plate Information:**

Tank Manufacturer:

Serial Number:

Tank Specification:

Date of Manufacture:

Design Pressure/MAWP:

Number of Compartments:

Tank Capacity (per compartment): 1>

Head Material:

Shell Material:

Weld Material:

Max. Design Density:

Max. Product Load:

2>

3>

4>

5>

6>

**400 SERIES TANKS**

Shell Mfg. Thickness:

Shell Min. Thickness:

Head Mfg. Thickness:

Head Min. Thickness:

**Test Date Markings:**

**Month**

**Year**

**Type of Test:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

**Characteristics**

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

% or Volume Loaded per Compartment:

Comp. 1 \_\_\_\_\_ Comp. 2 \_\_\_\_\_ Comp. 3 \_\_\_\_\_ Comp. 4 \_\_\_\_\_

Tank Dimensions: Height \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_

Distance from center of tank to road surface:

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

**Labeling Information**

(Number on bottom of label)

Product 1> \_\_\_\_\_ Product 2> \_\_\_\_\_ Product 3> \_\_\_\_\_

Product 4> \_\_\_\_\_ Product 5> \_\_\_\_\_ Product 6> \_\_\_\_\_

Label type without number on bottom:

**Placarding Information**

Type of placard:

(Number on bottom of placard)

Product 1> \_\_\_\_\_

Product 2> \_\_\_\_\_

Product 3> \_\_\_\_\_

Product 4> \_\_\_\_\_

Product 5> \_\_\_\_\_

Product 6> \_\_\_\_\_

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

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

Placard type without number on bottom:

**Marking Information**

ID Number(s):

Product 1> \_\_\_\_\_

Product 2> \_\_\_\_\_

Product 3> \_\_\_\_\_

Product 4> \_\_\_\_\_

Product 5> \_\_\_\_\_

Product 6> \_\_\_\_\_

Product Name(s):

Product Characteristics:   \_\_\_ Poison   \_\_\_ Inhalation Hazard   \_\_\_ Non-flammable   \_\_\_ Hot  
                                  \_\_\_ Marine Pollutant   Other:

**Cargo Tank Damage**

**Location of Leaking:**

\_\_\_\_\_ **None**

- \_\_\_\_\_ Front Head
- \_\_\_\_\_ Front Head Weld
- \_\_\_\_\_ Shell Left Front
- \_\_\_\_\_ Shell Left Rear
- \_\_\_\_\_ Shell Weld
- \_\_\_\_\_ Baffle Weld
- \_\_\_\_\_ 5<sup>th</sup> Wheel Connection

- \_\_\_\_\_ Rear Head
- \_\_\_\_\_ Rear Head Weld
- \_\_\_\_\_ Shell Right Front
- \_\_\_\_\_ Shell Right Rear
- \_\_\_\_\_ Bulkhead Weld
- \_\_\_\_\_ Attachment Weld
- \_\_\_\_\_ Other (explain)

- \_\_\_\_\_ Valve Top
- \_\_\_\_\_ Valve Bottom
- \_\_\_\_\_ Vent Top
- \_\_\_\_\_ Manway Assembly
- \_\_\_\_\_ Piping
- \_\_\_\_\_ Suspension Assembly

**Damage Protection:**

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

**NON-BULK PACKAGES**

**Blocking and Bracing**

- \_\_\_\_\_ No Failure
- \_\_\_\_\_ Securement failed

Type of Securement:

**Separation & Segregation**

- \_\_\_\_\_ Improper loading--Hazardous reaction
- \_\_\_\_\_ Improper loading--No hazardous reaction

**Package Failure**

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



**Texas Highway Patrol  
Commercial Vehicle Enforcement  
Division**

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

**DATE OF CRASH:** 05/28/2010

**INVESTIGATOR:** CLINT BAUGHMAN

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

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

**DATE RECEIVED BY  
SERGEANT:** \_\_\_\_\_

**NOTES:** \_\_\_\_\_  
**DATE FORWARDED TO**

**LIEUTENANT:** \_\_\_\_\_  
**DATE RECEIVED BY**

**LIEUTENANT:** \_\_\_\_\_

**NOTES:** \_\_\_\_\_  
**DATE FORWARDED TO**

**CAPTAIN:** \_\_\_\_\_  
**DATE RECEIVED BY**

**CAPTAIN:** \_\_\_\_\_

**NOTES:** \_\_\_\_\_

**Crash Investigation Report**

Date: 05/28/10

Time: 6:25 PM

Location: IH-20 EB 509 MM KAUFMAN CO.

**MOTOR CARRIER INFORMATION**

Name of Motor Carrier: [REDACTED]

Street Address [REDACTED]

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

State Carrier ID:

US DOT#: 1043597

MC#: 432866

Owner: [REDACTED]

Address: SAME AS ABOVE

Vehicle Operated Under Lease: N/A

Type of carriage being performed:  
Common

Name of Motor Carrier Officer:

Title: NOT PRESENT

Phone: [REDACTED]

At scene: NO

**INSURANCE INFORMATION**

Company: MISSISSIPPI INSURANCE COMPANY

Local Agent: STEWART SNEED HEWES

Address: PO BOX 250, GULFPORT MS 39502

Phone: 228-863-5362

Representative on Scene: N/A

Policy #: [REDACTED]

Effective Date of Policy: 12/7/2009

**LOAD**

Cargo: N/A - EMPTY

Weight: N/A

Shipper/Location: N/A

Destination: N/A

Manifest #: N/A

Manifest Date: N/A

Hazardous Material? Yes    No X

DRIVER

Name: [REDACTED]  
Address: [REDACTED] THEODORE, AL [REDACTED]  
Date of Birth: [REDACTED]  
Sex: M  
Height: 5-05  
Weight: 155  
Eye Color: BROWN  
Business Phone: [REDACTED]  
Home Phone: [REDACTED]

DRIVER'S LICENSE

DL Number: [REDACTED]  
State: AL  
Class: A  
Endorsements: NT  
Restrictions: NONE  
Expiration Date: 07/03/2011

MEDICAL CERTIFICATE

Date of Examination: 10/15/08  
Date of Expiration: 10/15/10  
Lenses: N/A  
Hearing Aid: N/A  
Waiver: N/A  
Medic Alert: N/A  
Examining Doctor: T. ASHTON BLASSEX  
Clinic: SPRINGHILL MEDICAL CENTER CLINIC  
Address/Phone: 210 GOVERNMENT ST., MOBILE, AL 36602

Co-Driver



**SEAT BELT**

Type:

- Lap Belt
- Lap Belt w/Shoulder Harness X

Driver wearing belt at time of accident? YES

**PASSENGER**

Name: N/A - NONE

Authorized by Carrier?

**DRIVER'S HOURS OF SERVICE**

Driver's Name [REDACTED]

Date 05/28/2010

Vehicle # 26205

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

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

11 Hour Rule: NO VIOLATIONS

14 Hour Rule: NO VIOLATIONS

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

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

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

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

Driver History: NO VIOLATIONS OR ACCIDENTS LISTED ON DRIVING RECORD

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

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

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

Previous Accidents: NONE

NOTES:

**VEHICLE INFORMATION:**

**Power Unit**

Company Unit #: 26205

Year and Make: 2005 FREIGHTLINER

Type: TT – DAY CAB

Model: COLUMBIA

Body Style: TT

VIN: 1FUJA6CV35D [REDACTED]

Color: WHITE

License Plate/State: [REDACTED]

Registered Gross Weight: 80,000

GVWR: 52,000

Actual Gross Weight: 19,700

MVI Certificate#/State/Date: UNREADABLE

Transmission: STANDARD

Gear: NONE - STOPPED

Mileage: 202,131

Number of Axles: Up   0   Down   3  

Air Conditioning: YES - ON

Windows: UP

Automatic On Board Recording Device: UNKNOWN

Sealed?: UNKNOWN

AM/FM/Tape Player: PRESENT – NOT ON

CB Radio: PRESENT – NOT ON

Business Band Radio: - PRESENT - ON

Mobile Telephone: PRESENT – NOT IN USE

Radar Detector: NONE

Police Scanner: NONE



**Trailer**

Company Unit #: 33350

Vehicle Owner: [REDACTED]

Address: [REDACTED] NASHVILLE, TN [REDACTED]

Year and Make: 2004

Type: SEMI

Model: 1S1

Body Style: SEMI

VIN: 1S12E95324 [REDACTED]

Color: WHITE

License Plate/State: [REDACTED]

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

Number of Axles: Up   0   Down   2  

Registered Gross Weight: N/A

GVWR: 65,000

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

**VEHICLE CONDITION**

**PAPERWORK**

Daily Vehicle Inspection Report: PRESENT - NO DEFECTS NOTED

Registration/Trip Permit: PRESENT - CURRENT

Fuel License/Trip Permit: PRESENT - CURRENT

Name & Address Displayed: [REDACTED]

**EQUIPMENT**

Condition of Driver's Compartment: - GOOD

Glass: LARGE VERTICAL CRACK THROUGHOUT PASSENGER SIDE WINDSHIELD

Windshield Wiper/Washer: - GOOD

Heater/Defroster: - GOOD

Rear Vision Mirrors: - GOOD

Horn: - GOOD

Speedometer: - GOOD

Wheels: - GOOD

Lugs: - GOOD

**STEERING**

Power/Manual: - POWER

Condition of Components: - GOOD

Condition of Joints: - GOOD

Steering Wheel Diameter: - UNKNOWN

Lash: - GOOD

**Front Bumper:**

Ground Clearance: 15.5"

Width: 7.5'

Height: 19"

**Rear Bumper:**

Ground Clearance: N/A

Width: N/A

Height: N/A

**LIGHTING DEVICES**

**Power Unit**

Headlamps: - GOOD  
Front Turn Signals: - GOOD  
Front Marker: - GOOD  
Front ID: - GOOD  
Front Clearance: - GOOD  
Rear turn Signals: - GOOD  
Stop Lamps: - GOOD  
Rear Marker: - GOOD  
Rear ID: - GOOD  
Rear Clearance: - GOOD  
Tail Lamps: - GOOD  
Four Way Flashers: - GOOD  
Reflectors: - GOOD  
Back-up Lamp: - UNKNOWN  
Conspicuity Tape Installed: - N/A

**Towed Unit**

Rear Turn Signals: REAR RIGHT - DANGLING  
Stop Lamps: - GOOD  
Front Marker: - GOOD  
Side Marker: - GOOD  
Rear Marker: - GOOD  
Rear ID: - GOOD  
Rear Clearance: - GOOD  
Tail Lamps: - GOOD  
Four Way Flashers: - GOOD  
Reflectors: - GOOD  
License Plate Lamp: - GONE -- POST ACCIDENT  
Conspicuity Tape Installed: - GOOD

## **Brake System**

Who is responsible for brake adjustments? COMPANY MAINTAINANCE

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

### **Air Brake System**

Type:

S-Cam X  
Disc  
Wedge

Air Loss on Brake Application: NORMAL

Low Air/Vacuum Warning Device: GOOD

Engine Brake: UNKNOWN

Type: UNKNOWN

Operative: UNKNOWN

Parking Brake: - GOOD

Tractor Protection Valve: - GOOD

Auto Trailer Brake Application: - GOOD

Air Tank Securement: - GOOD

Air Lines: - GOOD

Glad Hands: - GOOD

### **Hydraulic Brake System – N/A**

Master Cylinder Fluid Level: N/A

Fluid Leaks:

Master Cylinder  
Wheel Cylinders  
Brake Lines

Brake Indicator Lamps:

## AIR BRAKE SYSTEM MEASUREMENTS

Date 5/28/10

Vehicle # 26205 & 33350

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

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



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

### TIRE INFORMATION

Date   5/28/10   Vehicle #   26205 & 33350  

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

#### Driver (L)

#### Passenger (R)

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

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

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

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

2<sup>nd</sup> TRAILER

Converter Dolly

Trailer # 2

Company Unit #: N/A – NO SECOND TRAILER

Vehicle Owner:

Address:

Year and Make:

Type:

Model:

Body Style:

VIN:

Color:

License Plate/State:

Tab #:

MVI Certificate#/State/Date:

Number of Axles: Up \_\_\_\_\_ Down \_\_\_\_\_

Registered Gross Weight:

GVWR:

Actual Gross Weight:

**Hazardous Materials Information Sheet**

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

**SHIPPER**

Name:

Address:

Phone:

**RECEIVER (Destination)**

Name:

Address:

Phone:

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

- >
- >
- >
- >
- >

Name of party signing shipping paper, if signed:

**Certification Plate Information:**

Tank Manufacturer:

Serial Number:

Tank Specification:

Date of Manufacture:

Design Pressure/MAWP:

Number of Compartments:

Tank Capacity (per compartment): 1>

4>

2>

5>

3>

6>

Head Material:

Shell Material:

Weld Material:

Max. Design Density:

Max. Product Load:

**400 SERIES TANKS**

Shell Mfg. Thickness:

Shell Min. Thickness:

Head Mfg. Thickness:

Head Min. Thickness:

Test Date Markings:

Month

Year

Type of Test:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

**Characteristics**

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

% or Volume Loaded per Compartment:

Comp. 1 \_\_\_\_\_ Comp. 2 \_\_\_\_\_ Comp. 3 \_\_\_\_\_ Comp. 4 \_\_\_\_\_

Tank Dimensions: Height \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_

Distance from center of tank to road surface:

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

**Labeling Information**

(Number on bottom of label)

Product 1> \_\_\_\_\_ Product 2> \_\_\_\_\_ Product 3> \_\_\_\_\_

Product 4> \_\_\_\_\_ Product 5> \_\_\_\_\_ Product 6> \_\_\_\_\_

Label type without number on bottom:

**Placarding Information**

Type of placard:  
(Number on bottom of placard)

Product 1> \_\_\_\_\_ Product 2> \_\_\_\_\_ Product 3> \_\_\_\_\_

Product 4> \_\_\_\_\_ Product 5> \_\_\_\_\_ Product 6> \_\_\_\_\_

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

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

Placard type without number on bottom:

**Marking Information**

ID Number(s):

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

Product Name(s):

Product Characteristics:     Poison     Inhalation Hazard     Non-flammable     Hot  
 Marine Pollutant    Other: \_\_\_\_\_

**Cargo Tank Damage**

**Location of Leaking:**

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



**Damage Protection:**

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

**NON-BULK PACKAGES**

**Blocking and Bracing**

- \_\_\_\_\_ No Failure
- \_\_\_\_\_ Securement failed

Type of Securement:

**Separation & Segregation**

- \_\_\_\_\_ Improper loading--Hazardous reaction
- \_\_\_\_\_ Improper loading--No hazardous reaction

**Package Failure**

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

EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

d. Expert Deposition  
Transcripts

Trooper Baughman

1734200-WE - 1 - Exhibit 002

**TXDPS COMMERCIAL VEHICLE ENFORCEMENT**



**TX10440EAQ01**  
**CP#0798253**

NOTE TO MOTOR CARRIER: TRC Chapter 844 requires the Motor Carrier to execute the certification at the end and return to the Texas Department of Public Safety Motor Carrier Safety Section, 1707 Austin, Texas 78773-0001 within fifteen (15) days.

REGISTRATION NO. [REDACTED] 312844

PLATE NO. [REDACTED]

REGISTRATION EXPIRES: 05/29/2010

REGISTRATION TYPE: [REDACTED]

REGISTRATION CLASS: [REDACTED]

REGISTRATION STATUS: [REDACTED]

REGISTRATION TYPE: [REDACTED]

REGISTRATION CLASS: [REDACTED]

REGISTRATION STATUS: [REDACTED]

REGISTRATION TYPE: [REDACTED]

REGISTRATION CLASS: [REDACTED]

REGISTRATION STATUS: [REDACTED]

21,300

TXDPS COMMERCIAL VEHICLE ENFORCEMENT

REGISTRATION NO. [REDACTED] 09840 1 A 02

REGISTRATION EXPIRES: 05/29/2010

REGISTRATION TYPE: [REDACTED]

REGISTRATION CLASS: [REDACTED]

REGISTRATION STATUS: [REDACTED]

REGISTRATION TYPE: [REDACTED]

REGISTRATION CLASS: [REDACTED]

REGISTRATION STATUS: [REDACTED]

**VEHICLE OUT OF SERVICE NOTICE**

To obtain a TXDOT Motor Carrier Insurance Certificate or Single State Registration, contact the Texas Department of Transportation at 1-800-593-1700 or visit their website at [www.dot.state.tx.us](http://www.dot.state.tx.us). To obtain a USDOT Number, contact the Federal Motor Carrier Safety Administration at 1-800-532-5650 or visit their website at [www.fmcsa.dot.gov/factsheets/090509050905.htm](http://www.fmcsa.dot.gov/factsheets/090509050905.htm). To obtain IFTA information, contact the State of Texas Comptroller's Office at 1-800-252-1383 or visit their website at [www.motor.state.tx.us/tainfo/tainfo.htm](http://www.motor.state.tx.us/tainfo/tainfo.htm).

Customer will return the below portion to Motor Carrier Bureau after it is seen completed.

**TXDPS COMMERCIAL VEHICLE ENFORCEMENT**

REGISTRATION NO. [REDACTED] 0476:2010-05-29 19:00 1

**TX10440EAQ01**  
**CP#0798253**

ANY ENTRIES IN THE VIOLATIONS SECTION OF DRIVER'S COPY WHERE THERE IS "YES" IN THE TICKET BOX, INDICATES CHARGES FILED AGAINST THE DRIVER. THIS WILL REQUIRE CONTACTING THE JUDGE FOR APPROPRIATE DISPOSITION.

**CERTIFICATION OF REPAIRMAN**

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

SIGNATURE OF REPAIRMAN

*Ray S. Hays*  
NAME OF SHOP (GARAGE)

*TA (Truck Stop)*  
REPAIR WORK COMPLETED

DATE

*5-29-10* TIME *3:41 PM*

Motor Carrier Certification of action taken. I CERTIFY THAT ALL VIOLATIONS NOTED UPON THIS REPORT HAVE BEEN CORRECTED AND ACTION HAS BEEN TAKEN TO ASSURE COMPLIANCE WITH THE MOTOR CARRIER SAFETY REGULATIONS INsofar AS THEY ARE APPLICABLE TO MOTOR CARRIERS AND DRIVERS.

Signature of Carrier Official

TITLE

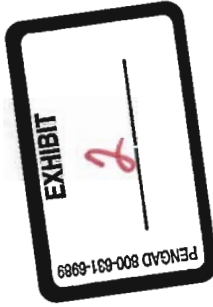
DATE

ATTENTION DRIVER:

This report must be furnished to the motor carrier whose name appears on this report.

TRC Chapter 844 - Revised Statutes requires the Motor Carrier to execute the above certification.

MOTOR CARRIER BUREAU  
Texas Department of Public Safety  
PO BOX 4087  
AUSTIN TX 78773-0521



EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

d. Expert Deposition  
Transcripts

Trooper Baughman

1734201-WE - 1 - Exhibit 003

AUG 02 2010

COPY FROM CUSTODIAL FILE

Law Enforcement and TxDOT Use Only

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE  SCHOOL ZONE

Total Num. Units 6 Total Num. Crashes 9 TxDOT /201018866 Case ID 11536097-3



Texas Peace Officer's Crash Report (Form CR-3 1/11/2010) Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780 Refer to Attached Code Sheet for Numbered Fields

Page 1 of 6

\* These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| * Crash Date (MM/DD/YYYY) 05/28/2010  |  | * Crash Time (24HRMM) 1825   |  | Case ID  |  | Local Use   |  |
| * County Name Kaufman   |  |  |  | * City Name  |  | <input checked="" type="checkbox"/> Outside City Limit                                  |  |
| In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | Latitude (decimal degrees) 32.40130  |  | Longitude (decimal degrees) 96.08890   |  |   |  |
| ROAD ON WHICH CRASH OCCURRED  |  |  |  |  |  |   |  |
| 1 Rdwy. Sys. IH   |  | * Hwy. Num. 20   |  | 2 Rdwy. Part 1   |  | Clock Num.  |  |
| 3 Street Prefix   |  | * Street Name  |  | 4 Street Suffix  |  |   |  |
| <input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot   |  | <input type="checkbox"/> Toll Road/Toll Lane   |  | Speed Limit 65   |  | Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         |  |
| Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Street Desc.   |  |  |  |   |  |
| INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER  |  |  |  |  |  |   |  |
| At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | 1 Rdwy. Sys.   |  | Hwy. Num.  |  | 2 Rdwy. Part  |  |
| Block Num.  |  | 3 Street Prefix  |  | Street Name  |  | 4 Street Suffix   |  |
| Distance from Int. or Ref. Marker 0.4   |  | <input type="checkbox"/> FT <input checked="" type="checkbox"/> MI                                   |  | 3 Dir. From Int. or Ref. Marker E  |  | Reference Marker 509  |  |
| Street Desc.  |  | RRX Num.   |  |  |  |   |  |
| Unit Num. 1   |  | 5 Unit Desc. 1   |  | <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run |  | LP State MS   |  |
| LP Num.   |  | VIN 4V4NC9GH88N  |  |  |  |   |  |
| Veh. Year 2008  |  | 6 Veh. Color WHI   |  | Veh. Make VOLVO  |  | Veh. Model TR   |  |
| 7 Body Style TL   |  | <input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)              |  |  |  |   |  |
| 8 DLID Type 2   |  | DLID State MS  |  | DLID Num.  |  | 9 DL Class 98   |  |
| 10 CDL End 98   |  | 11 DL Resl. 98   |  | DOB (MM/DD/YYYY)   |  |   |  |
| Address (Street, City, State, ZIP) COLUMBIA MS  |  |  |  |  |  |   |  |
| Name: Last, First, Middle<br>Enter Driver or Primary Person for this Unit on first line   |  |  |  |  |  |   |  |
| Person Num. 1   |  | 12 Psn. Type 1   |  | 13 Seat Position 1   |  | 14 Injury Severity B  |  |
| Age 40  |  | 15 Ethnicity B   |  | 16 Sex 1   |  | 17 Eject. 1   |  |
| 18 Restr. 1   |  | 19 Airbag 97   |  | 20 Helmet 97   |  | 21 Sol. N   |  |
| 22 Alc. Spec. 96  |  | Alc. Result  |  | 23 Drug Spec. 96   |  | 24 Drug Result 97   |  |
| 25 Drug Category 97   |  | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |  |  |  |   |  |
| <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee   |  | Owner/Lessee Name & Address  |  |  |  |   |  |
| Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | <input type="checkbox"/> Expired <input type="checkbox"/> Exempt                                     |  | 26 Fin. Resp. Type 2   |  | Fin. Resp. Name GREAT WEST CASUALTY   |  |
| Fin. Resp. Phone Num. (601) 544-8703  |  | 27 Vehicle Damage Rating 1, 2, F, D, 5   |  | 27 Vehicle Damage Rating 2   |  | Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Towed by Buster's   |  | Towed To 303 W. Broad Forney TX (972) 564-1020   |  |  |  |   |  |
| Unit Num. 2   |  | 5 Unit Desc. 6   |  | <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run |  | LP State MS   |  |
| LP Num.   |  | VIN 1UYFSA24848A   |  |  |  |   |  |
| Veh. Year 2008  |  | 6 Veh. Color BLK   |  | Veh. Make UTILITY  |  | Veh. Model FST  |  |
| 7 Body Style TL   |  | <input type="checkbox"/> Emergency (Explain in Narrative if checked)                                 |  |  |  |   |  |
| 8 DLID Type   |  | DLID State   |  | DLID Num.  |  | 9 DL Class  |  |
| 10 CDL End  |  | 11 DL Resl.  |  | DOB (MM/DD/YYYY)   |  |   |  |
| Address (Street, City, State, ZIP)  |  |  |  |  |  |   |  |
| Name: Last, First, Middle<br>Enter Driver or Primary Person for this Unit on first line   |  |  |  |  |  |   |  |
| Person Num.   |  | 12 Psn. Type   |  | 13 Seat Position   |  | 14 Injury Severity  |  |
| Age   |  | 15 Ethnicity   |  | 16 Sex   |  | 17 Eject.   |  |
| 18 Restr.   |  | 19 Airbag  |  | 20 Helmet  |  | 21 Sol.   |  |
| 22 Alc. Spec.   |  | Alc. Result  |  | 23 Drug Spec.  |  | 24 Drug Result  |  |
| 25 Drug Category  |  | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |  |  |  |   |  |
| <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee   |  | Owner/Lessee Name & Address  |  |  |  |   |  |
| Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | <input type="checkbox"/> Expired <input type="checkbox"/> Exempt                                     |  | 26 Fin. Resp. Type 2   |  | Fin. Resp. Name GREAT WEST CASUALTY   |  |
| Fin. Resp. Phone Num. (601) 544-8703  |  | 27 Vehicle Damage Rating 1 V B 1   |  | 27 Vehicle Damage Rating 2   |  | Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Towed by Buster's   |  | Towed To Forney  |  |  |  |   |  |



Law Enforcement and TxDOT Use ONLY.  
Form CR-3 1/1/2010

Case ID

TxDOT Crash ID

Page 2 of 6

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To | Taken By                     | Date of Death (MM/DD/YYYY) | Time of Death (24HRMM) |
|-------------------------------|-----------|------------|----------|------------------------------|----------------------------|------------------------|
|                               |           | 1          | 1        | Renaissance Hospital Terrell | ETMC                       |                        |

| CHARGES | Unit Num. | Prsn. Num. | Charge | Citation/Reference Num. |
|---------|-----------|------------|--------|-------------------------|
|         |           |            |        |                         |

| DAMAGE                               | Unit Num. | Prsn. Num. | Owner's Name | Owner's Address |
|--------------------------------------|-----------|------------|--------------|-----------------|
| Damaged Property Other Than Vehicles |           |            |              |                 |

Unit Num. 1  10,001+ LBS.  TRANSPORTING HAZARDOUS MATERIAL  9+ Capacity 28 Veh. Oper. 1 20 Carrier ID Type 1 Carrier ID Num. [REDACTED]

Carrier's Corp. Name [REDACTED] Carrier's Primary Addr. [REDACTED]

30 Rdvy. Access 1 31 Veh. Type 9  RGWV  GVWR 8,000,000 HazMat Released  Yes  No 32 HazMat Class Num. HazMat ID Num. 32 HazMat Class HazMat ID Num.

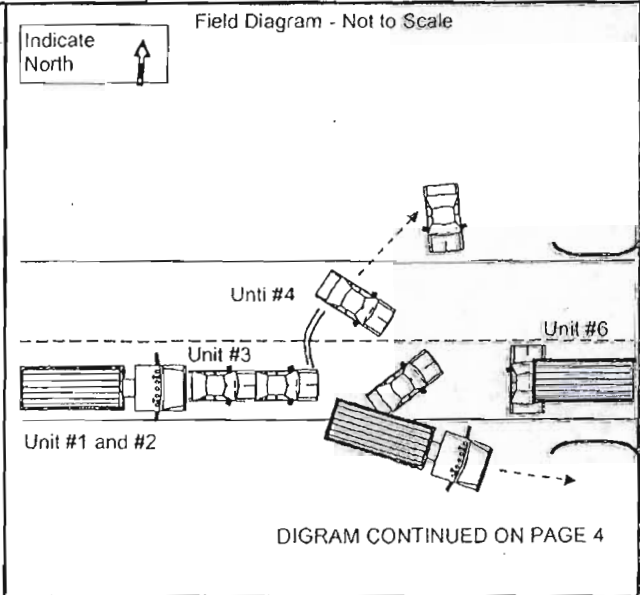
33 Cargo Body Style 5 Trailer 1 Unit Num. 2  RGWV  GVWR 3,630,000 34 Trlr. Type 2 Trailer 2 Unit Num.  RGWV  GVWR 34 Trlr. Type

Sequence Of Events 35 Seq. 1 13 35 Seq. 2 18 35 Seq. 3 35 Seq. 4 Total Num. Axles 5 Total Num. Tires 18

| FACTORS & CONDITIONS | 36 Contributing Factors (Investigator's Opinion) |              | 37 Vehicle Defects (Investigator's Opinion) |              | Environmental and Roadway Conditions |                  |                |                   |                 |                      |                      |                    |
|----------------------|--|--------------|---|--------------|--------------------------------------|------------------|----------------|-------------------|-----------------|----------------------|----------------------|--------------------|
|                      | Unit Num.  | Contributing | May Have Contrib.                           | Contributing | May Have Contrib.                    | 38 Weather cond. | 39 Light Cond. | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |
|                      | 1  | 22           | 72  |              |                                      | 1                | 1              | 97                | 2               | 1                    | 1                    | 11                 |

Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)

Unit #1 and towed unit (#2) were traveling east bound on IH 20 in the right lane. Unit #3 was traveling east bound on IH 20 in the right lane directly in front of Unit #1. Unit #4 was also traveling east bound IH 20 in front of Unit #3. Unit #5 and towed unit (#6) were traveling east bound on IH 20 in the right lane in front of Unit #4. Due to the holiday weekend, there was an extremely heavy volume of traffic on IH 20, the traffic had begun to slow in the area of mile marker 509. Units 3,4,5-6 had slowed to a near stop. The driver of Unit #1 stated that he was not paying attention to traffic and there is evidence that he was talking on a cellular phone at the time of the crash. Unit #1 failed to control speed and struck Unit #3 in the rear, smashing in the rear end. It appears that Unit #3 was pushed for a distance by Unit #1. Unit #3 then struck Unit #4 in the rear end smashing the rear end with enough force to crush it. Unit #4's rear end came around clock wise and Unit #4 skidded across the inside lane to the inside shoulder.



Time Notified (24HRMM) 1,8,2,7 How Notified DPS Dispatch Time Arrived (24HRMM) 1,8,4,0 Report Date (MM/DD/YYYY) 0,6,2,9,2,0,1,0

Invest.  Yes Investigator Name (Printed) DEXTER BARKLEY ID Num. 11097

ORI Num. T, X, D, P, S, 8, 6, 0, 0 \*Agency TX DPS District/ Area H, P, 1, A, 0, 6

# COPY FROM CUSTODIAL FILE

Law Enforcement and TxDOT Use Only

FATAL  
  CMV  
  SCHOOL BUS  
  RAILROAD  
  MAB  
  SUPPLEMENT  
  ACTIVE SCHOOL ZONE

Total Num. Units: 6  
 Total Num. Prvs: 9  
 TxDOT Crash ID: \_\_\_\_\_



Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)  
 Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780  
 Refer to Attached Code Sheet for Numbered Fields

Page 3 of 6

\* These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.)

|                             |   |  |  |                   |  |  |   |  |
|-----------------------------|---|--|--|-------------------|--|--|---|--|
| IDENTIFICATION AND LOCATION | * Crash Date (MM/DD/YYYY) <u>05/28/2010</u>   |  | * Crash Time (24HRMM) <u>1825</u>                                    |                   | Case ID _____  |  | Local Use _____   |  |
|                             | * County Name <u>Kaufman</u>  |  |  | * City Name _____ |  |  | <input checked="" type="checkbox"/> Outside City Limit                              |  |
|                             | In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | Latitude (decimal degrees) <u>32.40130</u>                           |                   | Longitude (decimal degrees) <u>-96.08890</u>   |  |   |  |
|                             | ROAD ON WHICH CRASH OCCURRED  |  |  |                   |  |  |   |  |
|                             | * 1 Rdwy. Sys. <u>IH</u> * Hwy. Num. <u>20</u>  |  | 2 Rdwy. Part <u>1</u>  |                   | 3 Street Prefix _____  |  | * Street Name _____   |  |
|                             | 4 Street Suffix _____   |  | Speed Limit <u>65</u>  |                   | Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                      |  | Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
|                             | INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER  |  |  |                   |  |  |   |  |
|                             | At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | 1 Rdwy. Sys. _____   |                   | Hwy. Num. _____  |  | 2 Rdwy. Part _____  |  |
|                             | 3 Street Prefix _____   |  | Block Num. _____   |                   | Street Name _____  |  | 4 Street Suffix _____   |  |
|                             | Distance from Int. or Ref. Marker <u>0.4</u>  |  | <input type="checkbox"/> Ft. <input checked="" type="checkbox"/> Mi. |                   | 3 Dir. From Int. or Ref. Marker <u>E</u>   |  | Reference Marker <u>509</u>   |  |
|                             | Street Desc. _____  |  | RRX Num. _____   |                   |  |  |   |  |
|                             | VEHICLE, DRIVER, & PERSONS  |  |  |                   |  |  |   |  |
|                             | Unit Num. <u>3</u>  |  | 5 Unit Desc. <u>1</u>  |                   | LP State <u>TX</u>   |  | LP Num. _____   |  |
|                             | VIN <u>JTEZU5JR9A</u>   |  | Veh. Year <u>2010</u>  |                   | 8 Veh. Color <u>SIL</u>  |  | Veh. Make <u>TOYOTA</u>   |  |
|                             | 9 DL Class <u>C</u>   |  | 10 CDL End. <u>96</u>  |                   | 11 DL Rest. <u>A</u>   |  | DOB (MM/DD/YYYY) _____  |  |
|                             | 8 DL/DI Type <u>1</u>   |  | DL/DI State <u>TX</u>  |                   | DL/DI Num. _____   |  | 9 DL Class <u>C</u>   |  |
|                             | 10 CDL End. <u>96</u>   |  | 11 DL Rest. <u>A</u>   |                   | DOB (MM/DD/YYYY) _____   |  |   |  |
|                             | Address (Street, City, State, ZIP) _____  |  |  |                   |  |  |   |  |
|                             | Person Num. <u>1</u>  |  | 12 Psn. Type <u>1</u>  |                   | 13 Seat Position <u>1</u>  |  | Name: Last, First, Middle   |  |
|                             | 14 Injury Severity <u>A</u>   |  | Age <u>34</u>  |                   | 15 Ethnicity <u>B</u>  |  | 16 Sex <u>1</u>   |  |
|                             | 17 Eject. <u>1</u>  |  | 18 Restr. <u>1</u>   |                   | 19 Airbag <u>99</u>  |  | 20 Helmet <u>97</u>   |  |
|                             | 21 Sol. <u>N</u>  |  | 22 Alc. Spec. <u>96</u>  |                   | Alc. Result _____  |  | 23 Drug Spec. <u>96</u>   |  |
|                             | 24 Drug Result <u>97</u>  |  | 25 Drug Category <u>97</u>   |                   | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |  |   |  |
|                             | 26 Fin. Resp. <u>2</u>  |  | Fin. Resp. Name <u>FARMERS CO MUTUAL</u>                             |                   | Fin. Resp. Num. _____  |  |   |  |
|                             | 27 Vehicle Damage Rating 1 <u>6</u>   |  | 27 Vehicle Damage Rating 2 <u>B D 1</u>                              |                   | Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No              |  |   |  |
|                             | Towed by <u>B&amp;V</u>   |  | Towed To <u>900 E. Moore Ave Terrell TX 75160 (972) 563-3232</u>     |                   |  |  |   |  |
|                             | VEHICLE, DRIVER, & PERSONS  |  |  |                   |  |  |   |  |
|                             | Unit Num. <u>4</u>  |  | 5 Unit Desc. <u>1</u>  |                   | LP State <u>TX</u>   |  | LP Num. _____   |  |
|                             | VIN <u>1NXBR30E06Z</u>  |  | Veh. Year <u>2006</u>  |                   | 8 Veh. Color <u>BLK</u>  |  | Veh. Make <u>TOYOTA</u>   |  |
|                             | 9 DL Class <u>C</u>   |  | 10 CDL End. <u>96</u>  |                   | 11 DL Rest. <u>A</u>   |  | DOB (MM/DD/YYYY) _____  |  |
|                             | 8 DL/DI Type <u>1</u>   |  | DL/DI State <u>TX</u>  |                   | DL/DI Num. _____   |  | 9 DL Class <u>C</u>   |  |
|                             | 10 CDL End. <u>96</u>   |  | 11 DL Rest. <u>A</u>   |                   | DOB (MM/DD/YYYY) _____   |  |   |  |
|                             | Address (Street, City, State, ZIP) _____  |  |  |                   |  |  |   |  |
|                             | Person Num. <u>1</u>  |  | 12 Psn. Type <u>1</u>  |                   | 13 Seat Position <u>1</u>  |  | Name: Last, First, Middle   |  |
|                             | 14 Injury Severity <u>B</u>   |  | Age <u>45</u>  |                   | 15 Ethnicity <u>W</u>  |  | 16 Sex <u>1</u>   |  |
|                             | 17 Eject. <u>1</u>  |  | 18 Restr. <u>1</u>   |                   | 19 Airbag <u>3</u>   |  | 20 Helmet <u>97</u>   |  |
|                             | 21 Sol. <u>N</u>  |  | 22 Alc. Spec. <u>96</u>  |                   | Alc. Result _____  |  | 23 Drug Spec. <u>96</u>   |  |
|                             | 24 Drug Result <u>97</u>  |  | 25 Drug Category <u>97</u>   |                   | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |  |   |  |
|                             | 26 Fin. Resp. <u>2</u>  |  | Fin. Resp. Name <u>STATE FARM</u>                                    |                   | Fin. Resp. Num. _____  |  |   |  |
|                             | 27 Vehicle Damage Rating 1 <u>6</u>   |  | 27 Vehicle Damage Rating 2 <u>B D 5</u>                              |                   | Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No              |  |   |  |
|                             | Towed by <u>FULLERS</u>   |  | Towed To <u>1402 Hwy 34 Terrell TX 75160 (888) 712-3822</u>          |                   |  |  |   |  |

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 1/1/2010

Case ID \_\_\_\_\_ TxDOT Crash ID \_\_\_\_\_ Page 4 of 6

| DISPOSITION OF INJURED/KILLED | Unit Num. | Frsn. Num. | Taken To         | Taken By            | Date of Death (MM/DD/YYYY) | Time of Death (24 HRMM) |
|-------------------------------|-----------|------------|------------------|---------------------|----------------------------|-------------------------|
|                               | 3         | 1          | PARKLAND DALLAS  | AIR-EVAC GREENVILLE | ____/____/____             | ____:____               |
|                               | 3         | 2          | ME OFFICE DALLAS | ANDERSON-CLAYTON    | 05/28/2010                 | 1900                    |
|                               | 3         | 3          | ME OFFICE DALLAS | ANDERSON-CLAYTON    | 05/28/2010                 | 1900                    |
|                               | 3         | 4          | ME OFFICE DALLAS | ANDERSON-CLAYTON    | 05/28/2010                 | 1900                    |
|                               | 4         | 1          | BAYLOR DALLAS    | ETMC                | ____/____/____             | ____:____               |
|                               | 4         | 2          | BAYLOR DALLAS    | ETMC                | ____/____/____             | ____:____               |

| CHARGES | Unit Num. | Frsn. Num. | Charge | Citation/Reference Num. |
|---------|-----------|------------|--------|-------------------------|
|         |           |            |        |                         |

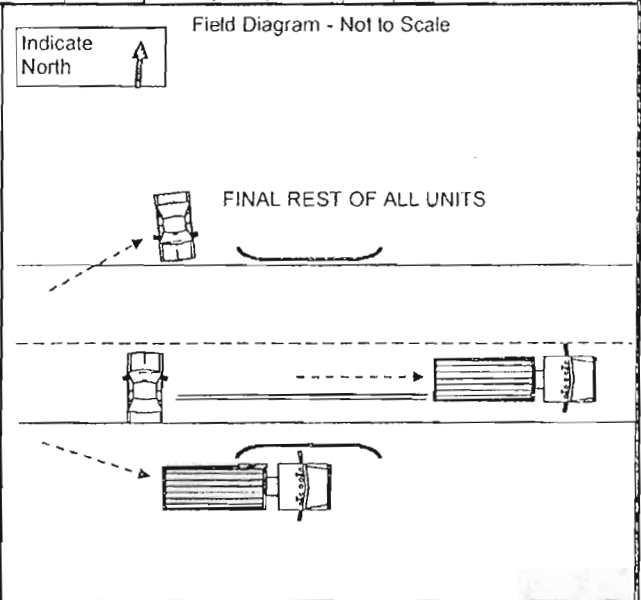
| DAMAGE | Damaged Property Other Than Vehicles | Owner's Name | Owner's Address |
|--------|--------------------------------------|--------------|-----------------|
|        |                                      |              |                 |

|                      |                                       |  |                                      |   |                      |  |
|----------------------|---------------------------------------|--|--------------------------------------|---|----------------------|--|
| Unit Num.            | <input type="checkbox"/> 10,001+ LBS. | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL       | <input type="checkbox"/> 9+ Capacity | 28 Veh. Oper.   | 29 Carrier ID Type   | Carrier ID Num.  |
| Carrier's Corp. Name | Carrier's Primary Addr.               |  |                                      |   |                      |  |
| 30 Rdwy. Access      | 31 Veh. Type                          | <input type="checkbox"/> RGWV<br><input type="checkbox"/> GVWR | HazMat Released                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | 32 HazMat Class Num. | HazMat ID Num.   |
| 33 Cargo Body Style  | Trailer 1                             | <input type="checkbox"/> RGWV<br><input type="checkbox"/> GVWR | 34 Trlr. Type                        | Trailer 2   | Unit Num.            | <input type="checkbox"/> RGWV<br><input type="checkbox"/> GVWR |
| Sequence Of Events   | 35 Seq. 1                             | 35 Seq. 2  | 35 Seq. 3                            | 35 Seq. 4   | Total Num. Axles     | Total Num. Tires   |

| FACTORS & CONDITIONS | 36 Contributing Factors (Investigator's Opinion) |              | 37 Vehicle Defects (Investigator's Opinion) |              | Environmental and Roadway Conditions |                  |                |                   |                 |                      |                      |                    |
|----------------------|--|--------------|---|--------------|--------------------------------------|------------------|----------------|-------------------|-----------------|----------------------|----------------------|--------------------|
|                      | Unit Num.  | Contributing | May Have Contrib.                           | Contributing | May Have Contrib.                    | 38 Weather cond. | 39 Light Cond. | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |
|                      | 3  |              |   |              |                                      |                  |                |                   |                 |                      |                      |                    |
| 4                    |  |              |   |              |                                      |                  |                |                   |                 |                      |                      |                    |

Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)

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 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 peel 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 (24HRMM) | 1,8,2,7  | How Notified                | DPS Dispatch   | Time Arrived (24HRMM) | 1,8,4,0 | Report Date (MM/DD/YYYY) | 0,6,2,9,2,0,1,0  |
| Invest. Comp.          | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Investigator Name (Printed) | DEXTER BARKLEY | ID Num.               | 11097   | District/Area            | H, P, 1, A, 0, 6 |
| OH Num.                | T, X, D, P, S, 8, 6, 0, 0  | *Agency                     | TX DPS         |                       |         |                          |                  |



**COPY FROM CUSTODIAL FILE**

Law Enforcement and TxDOT Use Only

FATAL  CMV  SCHOOL BUS  RAILROAD  MAU  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 6 Total Num. Pts. 9 TxDOT Crash ID



Texas Peace Officer's Crash Report (Form CR-3 1/12/2010)  
 Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5700  
 Refer to Attached Code Sheet for Numbered Fields

Page 5 of 6

\* These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

|   |   |  |  |  |  |   |  |   |                        |   |   |                 |                            |                 |                         |  |
|---|---|--|--|--|--|---|--|---|------------------------|---|---|-----------------|----------------------------|-----------------|-------------------------|--|
| IDENTIFICATION AND LOCATION   | * Crash Date (MM/DD/YYYY) <u>05/28/2010</u>   |  | * Crash Time (24HRMM) <u>1825</u>          |  | Case ID  |   | Local Use  |   |                        |   |   |                 |                            |                 |                         |  |
|   | * County Name <u>Kaufman</u>  |  |  |  | * City Name  |   | <input checked="" type="checkbox"/> Outside City Limit |   |                        |   |   |                 |                            |                 |                         |  |
|   | In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | Latitude (decimal degrees) <u>32.40130</u> |  | Longitude (decimal degrees) <u>-96.08890</u>                               |   |  |   |                        |   |   |                 |                            |                 |                         |  |
|   | ROAD ON WHICH CRASH OCCURRED  |  |  |  |  |   |  |   |                        |   |   |                 |                            |                 |                         |  |
| 1 Rdwy. Sys. <u>IH</u>  |   | * Hwy. Num. <u>20</u>  |  | 2 Rdwy. Part <u>1</u>                        |  | Block Num.                                |  | 3 Street Prefix   |                        | * Street Name   |   | 4 Street Suffix |                            |                 |                         |  |
| <input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot |   |  |  | <input type="checkbox"/> Toll Road/Toll Lane |  | Speed Limit <u>65</u>                     |  | Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        | Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No     |   | Street Desc.    |                            |                 |                         |  |
| INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER            |   |  |  |  |  |   |  |   |                        |   |   |                 |                            |                 |                         |  |
| At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |   | 1 Rdwy. Sys.   |  | Hwy. Num.                                    |  | 2 Rdwy. Part                              |  | Block Num.  |                        | 3 Street Prefix   |   | Street Name     |                            | 4 Street Suffix |                         |  |
| Distance from Int. or Ref. Marker <u>0.4</u>  |   | <input type="checkbox"/> FT <input checked="" type="checkbox"/> MI |  | 3 Dir. From Int. or Ref. Marker <u>E</u>     |  | Reference Marker <u>509</u>               |  | Street Desc.  |                        | RRX Num.  |   |                 |                            |                 |                         |  |
| VEHICLE, DRIVER, & PERSONS  | Unit Num. <u>5</u>  |  | 5 Unit Desc. <u>1</u>                      |  | <input type="checkbox"/> Pkcd Vehicle <input type="checkbox"/> Hit and Run |   | LP State <u>MS</u>                                     |   | LP Num.                |   | VIN <u>1FUJJA6CV35</u>  |                 |                            |                 |                         |  |
|   | Veh. Year <u>2005</u>   |  | 6 Veh. Color <u>WHI</u>                    |  | Veh. Make <u>FREIGHTLINER</u>  |   | Veh. Model <u>TT</u>                                   |   | 7 Body Style <u>TT</u> |   | <input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked) |                 |                            |                 |                         |  |
|   | 8 DLAD Type <u>2</u>  |  | DLAD State <u>AL</u>                       |  | DLAD Num.  |   | 9 DL Class <u>98</u>                                   |   | 10 CDL End. <u>T N</u> |   | 11 CL Resit. <u>98</u>  |                 | DOB (MM/DD/YYYY)           |                 |                         |  |
|   | Address (Street, City, State, ZIP)  |  |  |  |  |   |  |   |                        |   |   |                 |                            |                 |                         |  |
|   | Name: Last, First, Middle<br>Enter Driver or Primary Person for this Unit on first line   |  |  |  |  |   |  |   |                        |   |   |                 |                            |                 |                         |  |
|   | Person Num. <u>1</u>  |  | 12 Psn. Type <u>1</u>                      |  | 13 Seat Position <u>1</u>  |   | 14 Injury Severity <u>N</u>                            |   | Age <u>46</u>          |   | 15 Ethnicity <u>W</u>   |                 | 16 Sex <u>1</u>            |                 | 17 Eject. <u>1</u>      |  |
|   |   |  |  |  |  |   |  |   |                        |   | 18 Restr. <u>1</u>  |                 | 19 Airbag <u>97</u>        |                 | 20 Helmet <u>97</u>     |  |
|   |   |  |  |  |  |   |  |   |                        |   | 21 Sol. <u>N</u>  |                 | 22 Alc. Spec. <u>96</u>    |                 | 23 Drug Spec. <u>96</u> |  |
|   |   |  |  |  |  |   |  |   |                        |   | 24 Drug Result <u>97</u>  |                 | 25 Drug Category <u>97</u> |                 |                         |  |
|   | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.  |  |  |  |  |   |  |   |                        |   |   |                 |                            |                 |                         |  |
| <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee                       |   | Owner/Lessee Name & Address  |  |  |  |   |  |   |                        |   |   |                 |                            |                 |                         |  |
| Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         |   | <input type="checkbox"/> Expired <input type="checkbox"/> Exempt   |  | 26 Fin. Resp. Type <u>2</u>                  |  | Fin. Resp. Name <u>VANLINER INS CO</u>    |  |   |                        | Fin. Resp. Num.   |   |                 |                            |                 |                         |  |
| Fin. Resp. Phone Num. <u>(228) 863-5362</u>   |   | 27 Vehicle Damage Rating 1   |  |  |  | 27 Vehicle Damage Rating 2                |  |   |                        | Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                 |                            |                 |                         |  |
| Towed by <u>N/A</u>   |   | Towed To <u>N/A</u>  |  |  |  |   |  |   |                        |   |   |                 |                            |                 |                         |  |
| VEHICLE, DRIVER, & PERSONS  | Unit Num. <u>6</u>  |  | 5 Unit Desc. <u>6</u>                      |  | <input type="checkbox"/> Pkcd Vehicle <input type="checkbox"/> Hit and Run |   | LP State <u>TN</u>                                     |   | LP Num.                |   | VIN <u>1S12E95324</u>   |                 |                            |                 |                         |  |
|   | Veh. Year <u>2004</u>   |  | 6 Veh. Color <u>WHI</u>                    |  | Veh. Make <u>STRI</u>  |   | Veh. Model <u>TR</u>                                   |   | 7 Body Style <u>TL</u> |   | <input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked) |                 |                            |                 |                         |  |
|   | 8 DLAD Type   |  | DLAD State                                 |  | DLAD Num.  |   | 9 DL Class   |   | 10 CDL End.            |   | 11 DL Resit.  |                 | DOB (MM/DD/YYYY)           |                 |                         |  |
|   | Address (Street, City, State, ZIP)  |  |  |  |  |   |  |   |                        |   |   |                 |                            |                 |                         |  |
|   | Name: Last, First, Middle<br>Enter Driver or Primary Person for this Unit on first line   |  |  |  |  |   |  |   |                        |   |   |                 |                            |                 |                         |  |
|   | Person Num.   |  | 12 Psn. Type                               |  | 13 Seat Position   |   | 14 Injury Severity                                     |   | Age                    |   | 15 Ethnicity  |                 | 16 Sex                     |                 | 17 Eject.               |  |
|   |   |  |  |  |  |   |  |   |                        |   | 18 Restr.   |                 | 19 Airbag                  |                 | 20 Helmet               |  |
|   |   |  |  |  |  |   |  |   |                        |   | 21 Sol.   |                 | 22 Alc. Spec.              |                 | 23 Drug Spec.           |  |
|   |   |  |  |  |  |   |  |   |                        |   | 24 Drug Result  |                 | 25 Drug Category           |                 |                         |  |
|   | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.  |  |  |  |  |   |  |   |                        |   |   |                 |                            |                 |                         |  |
| <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee                       |   | Owner/Lessee Name & Address  |  |  |  |   |  |   |                        |   |   |                 |                            |                 |                         |  |
| Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         |   | <input type="checkbox"/> Expired <input type="checkbox"/> Exempt   |  | 26 Fin. Resp. Type <u>2</u>                  |  | Fin. Resp. Name <u>VANLINER INS CO</u>    |  |   |                        | Fin. Resp. Num.   |   |                 |                            |                 |                         |  |
| Fin. Resp. Phone Num. <u>(228) 863-5362</u>   |   | 27 Vehicle Damage Rating 1 <u>6</u>                                |  |  |  | 27 Vehicle Damage Rating 2 <u>B, D, 3</u> |  |   |                        | Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                 |                            |                 |                         |  |
| Towed by <u>N/A</u>   |   | Towed To <u>N/A</u>  |  |  |  |   |  |   |                        |   |   |                 |                            |                 |                         |  |

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 1/1/2010

Case ID \_\_\_\_\_ TxDOT Crash ID \_\_\_\_\_ Page 6 of 6

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HRMM) |  |
|-------------------------------|-----------|------------|----------|----------|----------------------------|------------------------|--|
|                               |           |            |          |          |                            |                        |  |
|                               |           |            |          |          |                            |                        |  |
|                               |           |            |          |          |                            |                        |  |
|                               |           |            |          |          |                            |                        |  |
|                               |           |            |          |          |                            |                        |  |

| CHARGES | Unit Num. | Prsn. Num. | Charge | Citation/Reference Num. |
|---------|-----------|------------|--------|-------------------------|
|         |           |            |        |                         |
|         |           |            |        |                         |

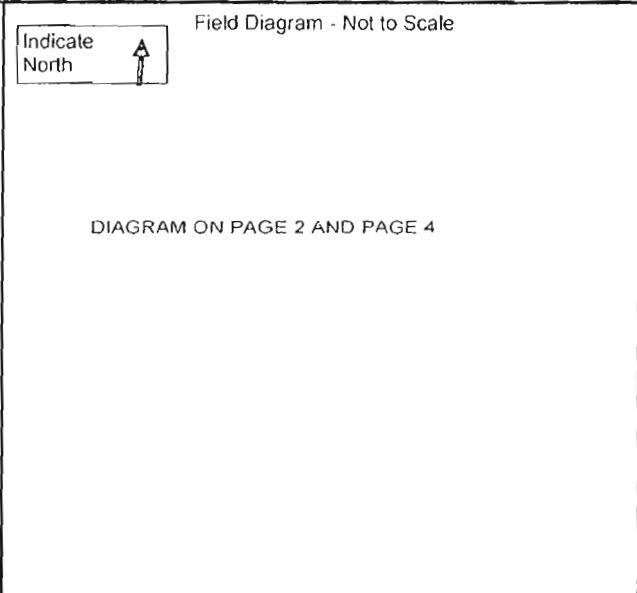
| DAMAGE | Damaged Property Other Than Vehicles | Owner's Name | Owner's Address |
|--------|--------------------------------------|--------------|-----------------|
|        |                                      |              |                 |

|                       |  |  |   |                            |  |  |
|-----------------------|--|--|---|----------------------------|--|--|
| Unit Num. 5           | <input checked="" type="checkbox"/> 10,001+ LBS. | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL                                       | <input type="checkbox"/> 9+ Capacity  | 28 Veh Oper. 1             | 29 Carrier ID Type 1   | Carrier ID Num. _____                            |
| Carrier's Corp. Name  | _____  |  | Carrier's Primary Addr.   | _____                      |  |  |
| 30 Rdwy. Access 1     | 31 Veh. Type 9                                   | <input checked="" type="checkbox"/> RGWW<br><input checked="" type="checkbox"/> GVWR 5,2,0,0,0 | HazMat Released <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 32 HazMat Class Num. _____ | 32 HazMat ID Num. _____  | 32 HazMat Class _____<br>32 HazMat ID Num. _____ |
| 33 Cargo Body Style 3 | Trailer 1 Unit Num. 6                            | <input checked="" type="checkbox"/> RGWW<br><input checked="" type="checkbox"/> GVWR 6,5,0,0,0 | 34 Trlr. Type 2   | Trailer 2 Unit Num. _____  | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GVWR _____ | 34 Trlr. Type _____                              |
| Sequence Of Events    | 35 Seq. 1 13                                     | 35 Seq. 2 _____  | 35 Seq. 3 _____   | 35 Seq. 4 _____            | Total Num. Axles 5   | Total Num. Tires 18                              |

| FACTORS & CONDITIONS | 36 Contributing Factors (Investigator's Opinion) |              |                   |  | 37 Vehicle Defects (Investigator's Opinion) |                   |  |  | Environmental and Roadway Conditions |                |                   |                 |                      |                      |                    |
|----------------------|--|--------------|-------------------|--|---|-------------------|--|--|--------------------------------------|----------------|-------------------|-----------------|----------------------|----------------------|--------------------|
|                      | Unit Num.  | Contributing | May Have Contrib. |  | Contributing                                | May Have Contrib. |  |  | 38 Weather cond.                     | 39 Light Cond. | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |
|                      | 5  |              |                   |  |   |                   |  |  |                                      |                |                   |                 |                      |                      |                    |
| 6                    |  |              |                   |  |   |                   |  |  |                                      |                |                   |                 |                      |                      |                    |

**Investigator's Narrative Opinion of What Happened**  
(Attach Additional Sheets If Necessary)

The impact broke off the ICC bar from the bottom of the 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 axle 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 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.



|              |  |  |                                |  |
|--------------|--|--|--------------------------------|--|
| INVESTIGATOR | Time Notified (24HRMM) 1,8,2,7   | How Notified DPS Dispatch                  | Time Arrived (24HRMM) 1,8,4,0  | Report Date (MM/DD/YYYY) 0,6,2,9,2,0,1,0 |
|              | Invest. <input checked="" type="checkbox"/> Yes<br>Corp. <input type="checkbox"/> No | Investigator Name (Printed) DEXTER BARKLEY | ID Num. 11097                  |  |
|              | ORI Num. TXDPS18600  | *Agency TX DPS                             | District/Area H, P, 1, A, 0, 6 |  |

Law Enforcement and DOT Use Only

FATAL  CMV  SCHOOL BUS  RA/ROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 6 Total Num. Prsns 9 TxDOT Crash ID



Texas Peace Officer's Crash Report (Form CR-3 1/12/2010)  
 Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780  
 Refer to Attached Code Sheet for Numbered Fields

\* These fields are required on all additional sheets submitted for this crash (ex: additional vehicles, occupants, injured, etc.)

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| * Crash Date (MM/DD/YYYY) <u>05/28/2010</u>  |  | * Crash Time (24-HRMM) <u>1825</u>  |  | Case ID  |  | Local Use  |  |
| * County Name <u>Kaufman</u>   |  |   |  | * City Name  |  | <input checked="" type="checkbox"/> Outside City Limit                                     |  |
| In your opinion, did this crash result in at least \$1,000 damage to any one person's property?      |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                     |  | Latitude (decimal degrees) <u>32.40130</u>                                   |  | Longitude (decimal degrees) <u>-96.08890</u>   |  |
| ROAD ON WHICH CRASH OCCURRED   |  |   |  |  |  |  |  |
| *1 Rdwy. Sys. <u>IH</u>  |  | * Hwy. Num. <u>20</u>   |  | 2 Rdwy. Part <u>1</u>  |  | Block Num.   |  |
| 3 Street Prefix  |  | * Street Name   |  | 4 Street Suffix  |  |  |  |
| <input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot      |  | <input type="checkbox"/> Toll Road/Toll Lane  |  | Speed Limit <u>65</u>  |  | Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  | Street Desc.  |  |  |  |  |  |
| INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER                 |  |   |  |  |  |  |  |
| At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |  | 1 Rdwy. Sys.  |  | Hwy. Num.  |  | 2 Rdwy. Part   |  |
| Block Num.   |  | 3 Street Prefix   |  | Street Name  |  | 4 Street Suffix  |  |
| Distance from Int. or Ref. Marker <u>0.4</u>   |  | <input type="checkbox"/> FT <input checked="" type="checkbox"/> MI                      |  | 3 Dir. From Int. or Ref. Marker <u>E</u>                                     |  | Reference Marker <u>509</u>  |  |
| Street Desc.   |  | RRX Num.  |  |  |  |  |  |
| VEHICLE, DRIVER, & PERSONS   |  |   |  |  |  |  |  |
| Unit Num. <u>1</u>   |  | 5 Unit Desc. <u>1</u>   |  | <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run |  | LP State <u>MS</u>   |  |
| LP Num.  |  | VIN <u>4V4NC9GH88</u>   |  |  |  |  |  |
| Veh. Year <u>2008</u>  |  | 6 Veh. Color <u>WHI</u>   |  | Veh. Make <u>VOLVO</u>   |  | Veh. Model <u>TR</u>   |  |
| 7 Body Style <u>TL</u>   |  | <input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked) |  |  |  |  |  |
| 8 DL/D Type <u>2</u>   |  | DL/D State <u>MS</u>  |  | DL/D Num.  |  | 9 DL Class <u>98</u>   |  |
| 10 CDL End. <u>98</u>  |  | 11 DL Rest. <u>98</u>   |  | DOB (MM/DD/YYYY)   |  |  |  |
| Address (Street, City, State, ZIP)   |  |   |  |  |  |  |  |
| Person Num.  |  | 12 Prin. Type   |  | 13 Seat Position   |  | Name: Last, First, Middle  |  |
| 14 Injury Severity   |  | Age   |  | 15 Ethnicity   |  | 16 Sex   |  |
| 17 Eject   |  | 18 Restr.   |  | 19 Airbag  |  | 20 Helmet  |  |
| 21 Sol.  |  | 22 Alc. Spec.   |  | Alc. Result  |  | 23 Drug Spec.  |  |
| 24 Drug Result   |  | 25 Drug Category  |  |  |  |  |  |
| 1  |  | 1   |  | 1  |  | Name: Last, First, Middle  |  |
| B  |  | 40  |  | B  |  | 1  |  |
| 1  |  | 1   |  | 1  |  | 1  |  |
| 97   |  | 97  |  | N  |  | 96   |  |
| 96   |  | 97  |  | 97   |  | 97   |  |
| Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |  |   |  |  |  |  |  |
| <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee                            |  | Owner/Lessee Name & Address   |  |  |  |  |  |
| Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No              |  | <input type="checkbox"/> Expired <input type="checkbox"/> Exempt                        |  | 26 Fin. Resp. Type <u>2</u>  |  | Fin. Resp. Name  |  |
| Fin. Resp. Name  |  | 27 Vehicle Damage Rating 1  |  | 27 Vehicle Damage Rating 2   |  | Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    |  |
| Phone Num. <u>(601) 544-8703</u>   |  | Towed by <u>Buster's</u>  |  | Towed To <u>303 W. Broad Forney TX (972) 564-1020</u>                        |  |  |  |
| VEHICLE, DRIVER, & PERSONS   |  |   |  |  |  |  |  |
| Unit Num. <u>2</u>   |  | 5 Unit Desc. <u>6</u>   |  | <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run |  | LP State <u>MS</u>   |  |
| LP Num.  |  | VIN <u>1UYFS24848</u>   |  |  |  |  |  |
| Veh. Year <u>2008</u>  |  | 6 Veh. Color <u>BLK</u>   |  | Veh. Make <u>UTILITY</u>   |  | Veh. Model <u>FST</u>  |  |
| 7 Body Style <u>TL</u>   |  | <input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked) |  |  |  |  |  |
| 8 DL/D Type  |  | DL/D State  |  | DL/D Num.  |  | 9 DL Class   |  |
| 10 CDL End.  |  | 11 DL Rest.   |  | DOB (MM/DD/YYYY)   |  |  |  |
| Address (Street, City, State, ZIP)   |  |   |  |  |  |  |  |
| Person Num.  |  | 12 Prin. Type   |  | 13 Seat Position   |  | Name: Last, First, Middle  |  |
| 14 Injury Severity   |  | Age   |  | 15 Ethnicity   |  | 16 Sex   |  |
| 17 Eject   |  | 18 Restr.   |  | 19 Airbag  |  | 20 Helmet  |  |
| 21 Sol.  |  | 22 Alc. Spec.   |  | Alc. Result  |  | 23 Drug Spec.  |  |
| 24 Drug Result   |  | 25 Drug Category  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |
| Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |  |   |  |  |  |  |  |
| <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee                            |  | Owner/Lessee Name & Address   |  |  |  |  |  |
| Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No              |  | <input type="checkbox"/> Expired <input type="checkbox"/> Exempt                        |  | 26 Fin. Resp. Type <u>2</u>  |  | Fin. Resp. Name  |  |
| Fin. Resp. Name  |  | 27 Vehicle Damage Rating 1  |  | 27 Vehicle Damage Rating 2   |  | Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    |  |
| Phone Num. <u>(601) 544-8703</u>   |  | Towed by <u>Buster's</u>  |  | Towed To <u>Forney</u>   |  |  |  |

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 1/1/2010

Case ID \_\_\_\_\_ TxDOT Crash ID \_\_\_\_\_ Page 2 of 6

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn Num. | Taken To                     | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HRMM) |
|-------------------------------|-----------|-----------|------------------------------|----------|----------------------------|------------------------|
|                               | 1         | 1         | Renaissance Hospital Terrell | ETMC     |                            |                        |
|                               |           |           |                              |          |                            |                        |
|                               |           |           |                              |          |                            |                        |
|                               |           |           |                              |          |                            |                        |
|                               |           |           |                              |          |                            |                        |

| Unit Num. | Prsn Num. | Charge | Citation/Reference Num. |
|-----------|-----------|--------|-------------------------|
|           |           |        |                         |
|           |           |        |                         |
|           |           |        |                         |

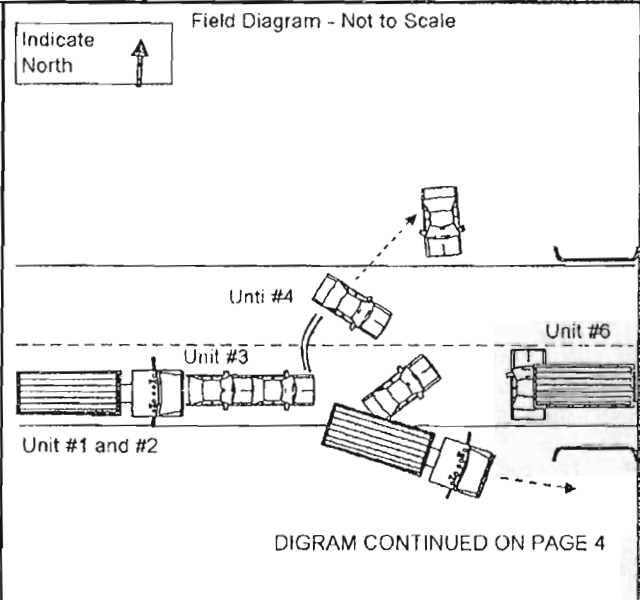
| Damaged Property Other Than Vehicles | Owner's Name | Owner's Address |
|--------------------------------------|--------------|-----------------|
|                                      |              |                 |
|                                      |              |                 |

|                            |  |  |  |  |                            |   |
|----------------------------|--|--|--|--|----------------------------|---|
| Unit Num. 1                | <input checked="" type="checkbox"/> 10,001+ LBS. | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL | <input type="checkbox"/> 9+ Capacity               | 28 Veh. Oper. 1  | 29 Carrier ID Type 1       | Carrier ID Num. _____   |
| Carrier's Corp. Name _____ | Carrier's Primary Addr. _____                    |  |  |  |                            |   |
| 30 Rdwy. Access 1          | 31 Veh. Type 9                                   | <input type="checkbox"/> RGWW                            | <input checked="" type="checkbox"/> GVWR 8,000,000 | HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No | 32 HazMat Class Num. _____ | HazMat ID Num. _____  |
| 33 Cargo Body Style 5      | Trailer 1 Unit Num. 2                            | <input type="checkbox"/> RGWW                            | <input checked="" type="checkbox"/> GVWR 3,630,000 | 34 Trlr. Type 2  | Trailer 2 Unit Num. _____  | <input type="checkbox"/> RGWW <input type="checkbox"/> GVWR _____ |
| Sequence Of Events         | 35 Seq. 1 13                                     | 35 Seq. 2 18   | 35 Seq. 3 _____                                    | 35 Seq. 4 _____  | Total Num. Axles 5         | Total Num. Tires 18   |

| 36 Contributing Factors (Investigator's Opinion) |              |                   | 37 Vehicle Defects (Investigator's Opinion) |                   | Environmental and Roadway Conditions |                |                   |                 |                      |                      |                    |  |
|--|--------------|-------------------|---|-------------------|--------------------------------------|----------------|-------------------|-----------------|----------------------|----------------------|--------------------|--|
| Unit Num.  | Contributing | May Have Contrib. | Contributing                                | May Have Contrib. | 38 Weather cond.                     | 39 Light Cond. | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |  |
| 1  | 22           | 72                |   |                   | 1                                    | 1              | 97                | 2               | 1                    | 1                    | 11                 |  |
| 2  |              |                   |   |                   |                                      |                |                   |                 |                      |                      |                    |  |

Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)

Unit #1 and towed unit (#2) were traveling east bound on IH 20 in the right lane. Unit #3 was traveling east bound on IH 20 in the right lane directly in front of Unit #1. Unit #4 was also traveling east bound IH 20 in front of Unit #3. Unit #5 and towed unit (#6) were traveling east bound on IH 20 in the right lane in front of Unit #4. Due to the holiday weekend, there was an extremely heavy volume of traffic on IH 20, the traffic had begun to slow in the area of mile marker 509. Units 3,4,5-6 had slowed to a near stop. The driver of Unit #1 stated that he was not paying attention to traffic and there is evidence that he was talking on a cellular phone at the time of the crash. Unit #1 failed to control speed and struck Unit #3 in the rear, smashing in the rear end. It appears that Unit #3 was pushed for a distance by Unit #1. Unit #3 then struck Unit #4 in the rear end smashing the rear end with enough force to crush it. Unit #4's rear end came around clock wise and Unit #4 skidded across the inside lane to the inside shoulder.



|   |  |                                 |   |
|---|--|---------------------------------|---|
| Time Notified (24HRMM) 1,8,2,7  | How Notified DPS Dispatch                  | Time Arrived (24HRMM) 1,8,4,0   | Report Date (MM/DD/YYYY) 0,5, / 2,8, / 2,0,1,0, |
| Invest. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) DEXTER BARKLEY | ID Num 11097                    |   |
| ORI Num. T, X, D, P, S, 8, 6, 0, 0  | *Agency TX DPS                             | District/Area H, P, 1, A, 0, 6, |   |

COPY FROM CUSTODIAL FILE

Law Enforcement and DOT Use Only

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Unis. 6 Total Num. Prins. 9 TxDOT Crash ID



Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)  
 Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780  
 Refer to Attached Code Sheet for Numbered Fields

Page 3 of 6

\* These fields are required on all additional sheets submitted for this crash (ex: additional vehicles, occupants, injured, etc.)

IDENTIFICATION AND LOCATION

\*Crash Date (MM/DD/YYYY) 05/28/2010 \*Crash Time (24-HRMM) 1825 Case ID \_\_\_\_\_ Local Use \_\_\_\_\_

\*County Name Kaufman \*City Name \_\_\_\_\_  Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?  Yes  No Latitude (decimal degrees) 32.40130 Longitude (decimal degrees) -96.08890

**ROAD ON WHICH CRASH OCCURRED**

\*1 Rdwy. Sys. IH \*Hwy. Num. 20 2 Rdwy. Part 1 Block Num. \_\_\_\_\_ 3 Street Prefix \_\_\_\_\_ \*Street Name \_\_\_\_\_ 4 Street Suffix \_\_\_\_\_

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane  Speed Limit 65 Const. Zone  Yes  No Workers Present  Yes  No Street Desc. \_\_\_\_\_

**INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER**

At Int.  Yes  No 1 Rdwy. Sys. \_\_\_\_\_ Hwy. Num. \_\_\_\_\_ 2 Rdwy. Part \_\_\_\_\_ Block Num. \_\_\_\_\_ 3 Street Prefix \_\_\_\_\_ Street Name \_\_\_\_\_ 4 Street Suffix \_\_\_\_\_

Distance from Int. or Ref. Marker 0.4  FT  MI 3 Dir. From Int. or Ref. Marker E Reference Marker 509 Street Desc. \_\_\_\_\_ RRX Num. \_\_\_\_\_

VEHICLE, DRIVER, & PERSONS

Unit Num. 3 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. \_\_\_\_\_ VIN JTEZU5JR9A

Veh. Year 2010 6 Veh. Color SIL Veh. Make TOYOTA Veh. Model 4-RUNNER 7 Body Style SV  Pol. Fire, EMS or Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State TX DL/ID Num. \_\_\_\_\_ 9 DL Class C 10 CDL End. 96 11 DL Rest. A DOB (MM/DD/YYYY) \_\_\_\_\_

Address (Street, City, State, ZIP) \_\_\_\_\_

| Person Num. | 12 Psn. Type | 13 Seat Position | Name: Last, First, Middle<br>Enter Driver or Primary Person for this Unit on first line | 14 Injury Severity | 15 Age | 15 Ethnicity | 16 Sex | 17 Eject | 18 Restr. | 19 Airbag | 20 Helmet | 21 Sol. | 22 Alc. Spec.  | 23 Drug Result | 24 Drug Result | 25 Drug Category |
|-------------|--------------|------------------|---|--------------------|--------|--------------|--------|----------|-----------|-----------|-----------|---------|--|----------------|----------------|------------------|
| 1           | 1            | 1                | [REDACTED]  | A                  | 34     | B            | 1      | 1        | 1         | 99        | 97        | N       | 96   | 96             | 97             | 97               |
| 2           | 2            | 3                | [REDACTED]  | K                  | 35     | B            | 2      | 2        | 99        | 99        | 97        | N       | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |                |                |                  |
| 3           | 2            | 6                | [REDACTED]  | K                  | 2      | B            | 1      | 1        | 99        | 97        | 97        | N       |  |                |                |                  |
| 4           | 2            | 4                | [REDACTED]  | K                  | 5      | B            | 2      | 1        | 99        | 97        | 97        | N       |  |                |                |                  |

Owner  Lessee Owner/Lessee Name & Address \_\_\_\_\_

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name FARMERS CO MUTUAL Fin. Resp. Num. \_\_\_\_\_

Fin. Resp. Phone Num. 1800-435-7764 27 Vehicle Damage Rating 1 6 B D 1 27 Vehicle Damage Rating 2 V B 1 Vehicle  Yes  No Inventoried  No

Towed by B&V Towed To \_\_\_\_\_

VEHICLE, DRIVER, & PERSONS

Unit Num. 4 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. \_\_\_\_\_ VIN 1NXBR30E06

Veh. Year 2006 6 Veh. Color BLK Veh. Make TOYOTA Veh. Model COROLLA 7 Body Style P4  Pol. Fire, EMS or Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State TX DL/ID Num. \_\_\_\_\_ 9 DL Class C 10 CDL End. 96 11 DL Rest. A DOB (MM/DD/YYYY) \_\_\_\_\_

Address (Street, City, State, ZIP) \_\_\_\_\_

| Person Num. | 12 Psn. Type | 13 Seat Position | Name: Last, First, Middle<br>Enter Driver or Primary Person for this Unit on first line | 14 Injury Severity | 15 Age | 15 Ethnicity | 16 Sex | 17 Eject | 18 Restr. | 19 Airbag | 20 Helmet | 21 Sol. | 22 Alc. Spec.  | 23 Drug Result | 24 Drug Result | 25 Drug Category |
|-------------|--------------|------------------|---|--------------------|--------|--------------|--------|----------|-----------|-----------|-----------|---------|--|----------------|----------------|------------------|
| 1           | 1            | 1                | [REDACTED]  | B                  | 45     | W            | 1      | 1        | 1         | 3         | 97        | N       | 96   | 96             | 97             | 97               |
| 2           | 2            | 3                | [REDACTED]  | B                  | 17     | W            | 2      | 1        | 1         | 3         | 97        | N       | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |                |                |                  |
| 3           | 2            | 6                | [REDACTED]  | B                  | 12     | W            | 2      | 1        | 1         | 3         | 97        | N       |  |                |                |                  |

Owner  Lessee Owner/Lessee Name & Address \_\_\_\_\_

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name STATE FARM Fin. Resp. Num. \_\_\_\_\_

Fin. Resp. Phone Num. (817) 478-9877 27 Vehicle Damage Rating 1 6 B D 5 27 Vehicle Damage Rating 2 \_\_\_\_\_ Vehicle  Yes  No Inventoried  No

Towed by FULLERS Towed To 1402 Hwy 34 Terrell TX 75160 (888) 712-3822

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To         | Taken By            | Date of Death (MM/DD/YYYY) | Time of Death (24HRMM) |
|-------------------------------|-----------|------------|------------------|---------------------|----------------------------|------------------------|
|                               | 3         | 1          | PARKLAND DALLAS  | AIR-EVAC GREENVILLE |                            |                        |
|                               | 3         | 2          | ME OFFICE DALLAS | ANDERSON-CLAYTON    | 05/28/2010                 | 1900                   |
|                               | 3         | 3          | ME OFFICE DALLAS | ANDERSON-CLAYTON    | 05/28/2010                 | 1900                   |
|                               | 3         | 4          | ME OFFICE DALLAS | ANDERSON-CLAYTON    | 05/28/2010                 | 1900                   |
|                               | 4         | 1          | BAYLOR DALLAS    | ETMC                |                            |                        |
|                               | 4         | 2          | BAYLOR DALLAS    | ETMC                |                            |                        |

| CHARGES | Unit Num. | Prsn. Num. | Charge | Citation/Reference Num. |
|---------|-----------|------------|--------|-------------------------|
|         |           |            |        |                         |

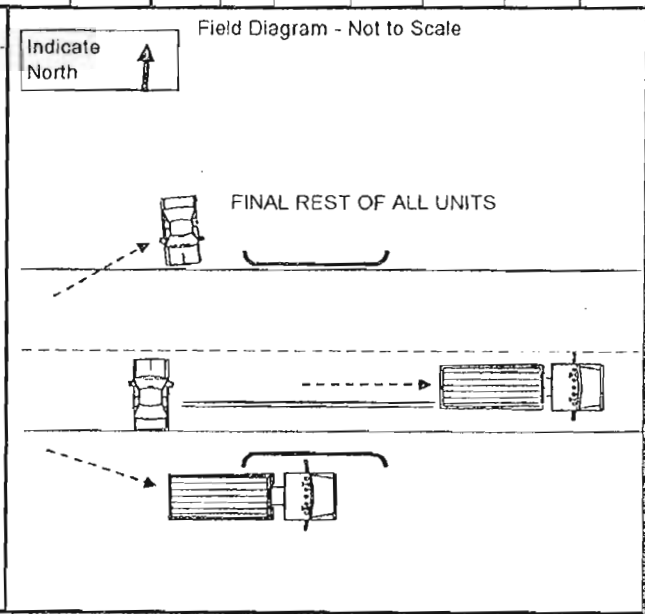
| DAMAGE | Damaged Property Other Than Vehicles |  | Owner's Name | Owner's Address |
|--------|--------------------------------------|--|--------------|-----------------|
|        |                                      |  |              |                 |

|                      |                                      |  |  |                      |  |                  |
|----------------------|--------------------------------------|--|--|----------------------|--|------------------|
| Unit Num.            | <input type="checkbox"/> 10,001+ LBS | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL       | <input type="checkbox"/> 9+ Capacity                                     | 28 Veh. Oper.        | 29 Carrier ID Type   | Carrier ID Num.  |
| Carrier's Corp. Name |                                      |  | Carrier's Primary Addr.  |                      |  |                  |
| 30 Rdw. Access       | 31 Veh. Type                         | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GVWR | HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No | 32 HazMat Class Num. | HazMat ID Num.   | 32 HazMat Class  |
| 33 Cargo Body Style  | Trailer 1 Unit Num.                  | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | Trailer 2 Unit Num.  | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GVWR | 34 Trlr. Type    |
| Sequence Of Events   | 35 Seq. 1                            | 35 Seq. 2  | 35 Seq. 3  | 35 Seq. 4            | Total Num. Axles   | Total Num. Tires |

| FACTORS & CONDITIONS | 36 Contributing Factors (Investigator's Opinion) |  |              |  | 37 Vehicle Defects (Investigator's Opinion) |  |              |  | Environmental and Roadway Conditions |  |                  |                |                   |                 |                      |                      |                    |
|----------------------|--|--|--------------|--|---|--|--------------|--|--------------------------------------|--|------------------|----------------|-------------------|-----------------|----------------------|----------------------|--------------------|
|                      | Unit Num.  |  | Contributing |  | May Have Contrib.                           |  | Contributing |  | May Have Contrib.                    |  | 38 Weather cond. | 39 Light Cond. | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |
|                      | 3  |  |              |  |   |  |              |  |                                      |  |                  |                |                   |                 |                      |                      |                    |
| 4                    |  |  |              |  |   |  |              |  |                                      |  |                  |                |                   |                 |                      |                      |                    |

Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)

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 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 peel 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 (24HRMM) | 1, 8, 2, 7   | How Notified                | DPS Dispatch   | Time Arrived (24HRMM) | 1, 8, 4, 0       | Report Date (MM/DD/YYYY) | 0, 5, / 2, 8, / 2, 0, 1, 0 |
| Invest. Comp.          | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Investigator Name (Printed) | DEXTER BARKLEY | ID Num.               | 11097            |                          |                            |
| ORI Num.               | T, X, D, P, S, 8, 6, 0, 0  |                             |                | *Agency               | TX DPS           |                          |                            |
|                        |  |                             |                | District/Area         | H, P, 1, A, 0, 6 |                          |                            |

COPY FROM CUSTODIAL FILE

Law Enforcement and TxDOT Use Only  
 FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 6 Total Num. Prsns. 9 TxDOT Crash ID

Texas Peace Officer's Crash Report (Form CR-3 1/12/10)  
 Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780  
 Refer to Attached Code Sheet for Numbered Fields  
 Page 5 of 6  
 \* These fields are required on all additional sheets submitted for this crash (ex: additional vehicles, occupants, injured, etc.)

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| * Crash Date (MM/DD/YYYY) <u>05/28/2010</u>   |  | * Crash Time (24HRMM) <u>1825</u>   |  | Case ID  |  | Local Use   |  |
| * County Name <u>Kaufman</u>  |  |   |  | * City Name  |  | <input checked="" type="checkbox"/> Outside City Limit                          |  |
| In your opinion, did this crash result in at least \$1,000 damage to any one person's property? |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                     |  | Latitude (decimal degrees) <u>32.40130</u>                                   |  | Longitude (decimal degrees) <u>-96.08890</u>                                    |  |
| ROAD ON WHICH CRASH OCCURRED  |  |   |  |  |  |   |  |
| *1 Rdwy. Sys. <u>IH</u>   |  | * Hwy. Num. <u>20</u>   |  | 2 Rdwy. Part <u>1</u>  |  | Block Num.  |  |
| 3 Street Prefix   |  | * Street Name   |  | 4 Street Suffix  |  |   |  |
| <input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot |  | <input type="checkbox"/> Toll Road/Toll Lane  |  | Speed Limit <u>65</u>  |  | Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Workers Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No             |  | Street Desc.  |  |  |  |   |  |
| INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER            |  |   |  |  |  |   |  |
| At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |  | 1 Rdwy. Sys.  |  | Hwy. Num.  |  | 2 Rdwy. Part  |  |
| Block Num.  |  | 3 Street Prefix   |  | Street Name  |  | 4 Street Suffix   |  |
| Distance from Int. or Ref. Marker <u>0.4</u>  |  | <input type="checkbox"/> FT <input checked="" type="checkbox"/> MI                      |  | 3 Dir. From Int. or Ref. Marker <u>E</u>                                     |  | Reference Marker <u>509</u>   |  |
| Street Desc.  |  | RRX Num.  |  |  |  |   |  |
| Unit Num. <u>5</u>  |  | 5 Unit Desc. <u>1</u>   |  | <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run |  | LP State <u>MS</u>  |  |
| LP Num.   |  | VIN <u>1FUJA6CV35D</u>  |  |  |  |   |  |
| Veh. Year <u>2005</u>   |  | 5 Veh. Color <u>WHI</u>   |  | Veh. Make <u>FREIGHTLINER</u>  |  | Veh. Model <u>TT</u>  |  |
| 7 Body Style <u>TT</u>  |  | <input type="checkbox"/> Emergency (Explain in Narrative if checked)                    |  |  |  |   |  |
| 8 DL/ID Type <u>2</u>   |  | DL/ID State <u>AL</u>   |  | DL/ID Num.   |  | 9 DL Class <u>98</u>  |  |
| 10 CDL End. <u>98 T N</u>   |  | 11 DL Rest. <u>98</u>   |  | DOB (MM/DD/YYYY)   |  |   |  |
| Address (Street, City, State, ZIP)  |  |   |  |  |  |   |  |
| Person Num. <u>1</u>  |  | 12 Psn. Type <u>1</u>   |  | 13 Seat Position <u>1</u>  |  | Name: Last, First, Middle   |  |
| Enter Driver or Primary Person for this Unit on first line                                      |  | 14 Injury Severity  |  | Age  |  | 15 Ethnicity  |  |
| 16 Sex  |  | 17 Eject  |  | 18 Restr.  |  | 19 Airbag   |  |
| 20 Helmet   |  | 21 Sol.   |  | 22 Alc. Spec.  |  | Alc. Result   |  |
| 23 Drug Spec.   |  | 24 Drug Result  |  | 25 Drug Result   |  | Drug Category   |  |
| 26 Fin. Resp. Type <u>2</u>   |  | Fin. Resp. Name <u>VANLINER INS CO</u>  |  | Fin. Resp. Num.  |  | 27 Vehicle Damage Rating 1  |  |
| 28 Vehicle Damage Rating 2  |  | Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |   |  |
| Towed by <u>N/A</u>   |  | Towed To <u>N/A</u>   |  |  |  |   |  |
| UNIT 6  |  |   |  |  |  |   |  |
| Unit Num. <u>6</u>  |  | 5 Unit Desc. <u>6</u>   |  | <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run |  | LP State <u>TN</u>  |  |
| LP Num.   |  | VIN <u>1S12E95324E</u>  |  |  |  |   |  |
| Veh. Year <u>2004</u>   |  | 6 Veh. Color <u>WHI</u>   |  | Veh. Make <u>STRI</u>  |  | Veh. Model <u>TR</u>  |  |
| 7 Body Style <u>TL</u>  |  | <input type="checkbox"/> Emergency (Explain in Narrative if checked)                    |  |  |  |   |  |
| 8 DL/ID Type  |  | DL/ID State   |  | DL/ID Num.   |  | 9 DL Class  |  |
| 10 CDL End.   |  | 11 DL Rest.   |  | DOB (MM/DD/YYYY)   |  |   |  |
| Address (Street, City, State, ZIP)  |  |   |  |  |  |   |  |
| Person Num.   |  | 12 Psn. Type  |  | 13 Seat Position   |  | Name: Last, First, Middle   |  |
| Enter Driver or Primary Person for this Unit on first line                                      |  | 14 Injury Severity  |  | Age  |  | 15 Ethnicity  |  |
| 16 Sex  |  | 17 Eject  |  | 18 Restr.  |  | 19 Airbag   |  |
| 20 Helmet   |  | 21 Sol.   |  | 22 Alc. Spec.  |  | Alc. Result   |  |
| 23 Drug Spec.   |  | 24 Drug Result  |  | 25 Drug Result   |  | Drug Category   |  |
| 26 Fin. Resp. Type <u>2</u>   |  | Fin. Resp. Name <u>VANLINER INS CO</u>  |  | Fin. Resp. Num.  |  | 27 Vehicle Damage Rating 1  |  |
| 28 Vehicle Damage Rating 2  |  | Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |   |  |
| Towed by <u>N/A</u>   |  | Towed To <u>N/A</u>   |  |  |  |   |  |

Law Enforcement and TxDOT Use ONLY  
Form CR-3 1/1/2010

Case ID \_\_\_\_\_ TxDOT Crash ID \_\_\_\_\_ Page 6 of 6

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn Num. | Taken To | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HRMM) |  |
|-------------------------------|-----------|-----------|----------|----------|----------------------------|------------------------|--|
|                               |           |           |          |          |                            |                        |  |
|                               |           |           |          |          |                            |                        |  |
|                               |           |           |          |          |                            |                        |  |
|                               |           |           |          |          |                            |                        |  |
|                               |           |           |          |          |                            |                        |  |

| CHARGES | Unit Num. | Prsn Num. | Charge | Citation/Reference Num |
|---------|-----------|-----------|--------|------------------------|
|         |           |           |        |                        |
|         |           |           |        |                        |
|         |           |           |        |                        |

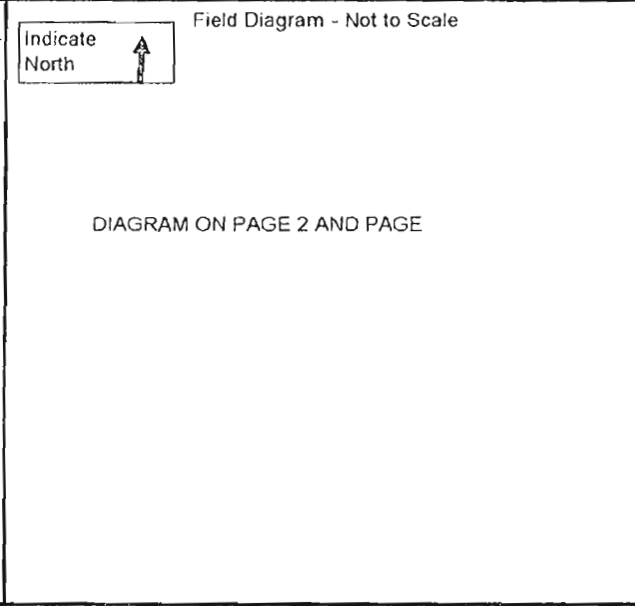
| DAMAGE | Damaged Property Other Than Vehicles |  | Owner's Name | Owner's Address |
|--------|--------------------------------------|--|--------------|-----------------|
|        |                                      |  |              |                 |
|        |                                      |  |              |                 |

|                       |  |  |  |                   |                              |                             |
|-----------------------|--|--|--|-------------------|------------------------------|-----------------------------|
| Unit Num. 5           | <input checked="" type="checkbox"/> 10,001+ LBS. | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL | <input type="checkbox"/> 9+ Capacity     | 28 Veh. Oper. 1   | 29 Carrier ID Type 1         | Carrier ID Num 1043597      |
| Carrier's Corp. Name  | [REDACTED]                                       |  | Carrier's Primary Addr.                  | [REDACTED]        |                              |                             |
| 30 Rdw. Access 1      | 31 Veh. Type 9                                   | <input type="checkbox"/> RGWW                            | <input checked="" type="checkbox"/> GWWR | 1 HazMat Released | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 32 HazMat Class Num.  | 33 HazMat ID Num.                                | 34 HazMat Class  | 35 HazMat ID Num.                        |                   |                              |                             |
| 33 Cargo Body Style 3 | Trailer 1 Unit Num. 6                            | <input type="checkbox"/> RGWW                            | <input checked="" type="checkbox"/> GWWR | 34 Trlr. Type 2   | Trailer 2 Unit Num.          | 35 Trlr. Type               |
| Sequence of Events    | 35 Seq. 1 13                                     | 35 Seq. 2  | 35 Seq. 3                                | 35 Seq. 4         | Total Num. Axles 5           | Total Num. Tires 18         |

| FACTORS & CONDITIONS | 36 Contributing Factors (Investigator's Opinion) |              |                   | 37 Vehicle Defects (Investigator's Opinion) |                   | Environmental and Roadway Conditions |                |                   |                 |                      |                      |                    |  |
|----------------------|--|--------------|-------------------|---|-------------------|--------------------------------------|----------------|-------------------|-----------------|----------------------|----------------------|--------------------|--|
|                      | Unit Num.  | Contributing | May Have Contrib. | Contributing                                | May Have Contrib. | 38 Weather cond.                     | 39 Light Cond. | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |  |
|                      | 5  |              |                   |   |                   |                                      |                |                   |                 |                      |                      |                    |  |
| 6                    |  |              |                   |   |                   |                                      |                |                   |                 |                      |                      |                    |  |

**Investigator's Narrative Opinion of What Happened**  
(Attach Additional Sheets If Necessary)

The impact broke off the ICC bar from the bottom of the 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 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.



|   |  |                                   |  |
|---|--|-----------------------------------|--|
| Time Notified (24HRMM) 1, 8, 2, 7               | How Notified DPS Dispatch                  | Time Arrived (24-RRMM) 1, 8, 4, 0 | Report Date (MM/DD/YYYY) 0, 5, / 2, 8, / 2, 0, 1, 0, |
| Invest. <input checked="" type="checkbox"/> Yes | Investigator Name (Printed) DEXTER BARKLEY | ID Num. 11097                     |  |
| ORI Num. T, X, D, P, S, 8, 6, 0, 0              | *Agency TX DPS                             | District/Area H, P, 1, A, 0, 6,   |  |



|   |  |  |   |  |   |  |  |  |   |  |  |  |
|---|--|--|---|--|---|--|--|--|---|--|--|--|
| IDENTIFICATION AND LOCATION   | <b>1. Roadway System</b><br>IH = Interstate<br>US = US Highway<br>SH = State Highway<br>FM = Farm to Market<br>RR = Ranch Road<br>RM = Ranch to Market<br>BI = Business Interstate<br>BU = Business US<br>BS = Business State<br>BF = Business FM<br>SL = State Loop<br>TL = Toll Road<br>AL = Alternate<br>SP = Spur<br>CR = County Road<br>PR = Park Road<br>PV = Private Road<br>RC = Recreational Road<br>LR = Local Road/Street (Street, Road, Ave., Blvd., Pl., Trl., Beach, Alley, Boat Ramp, etc.) |  | <b>2. Roadway Part</b><br>1 = Main/Proper Lane<br>2 = Service/Frontage Road<br>3 = Entrance/On Ramp<br>4 = Exit/Off Ramp<br>5 = Connector/Flyover<br>98 = Other (Explain in Narrative)  |  | <b>3. Street Prefix, Direction from Int. or Ref. Marker</b><br>N = North<br>NE = Northeast<br>E = East<br>SE = Southeast<br>S = South<br>SW = Southwest<br>W = West<br>NW = Northwest   |  | <b>4. Street Suffix</b><br>RD = Road<br>ST = Street<br>DR = Drive<br>AVE = Avenue<br>BLVD = Boulevard<br>PKWY = Parkway<br>LN = Lane<br>FWY = Freeway<br>HWY = Highway<br>WAY = Way<br>TRL = Trail<br>LOOP = Loop<br>EXPY = Expressway<br>CT = Court<br>CIR = Circle<br>PL = Place<br>PARK = Park<br>CV = Cove |  |   |  |  |  |
|   | <b>5. Unit Description</b><br>1 = Motor Vehicle<br>2 = Train<br>3 = Pedalcyclist<br>4 = Pedestrian<br>5 = Motorized Conveyance<br>6 = Towed/Trailer<br>7 = Non-Contact<br>98 = Other (Explain in Narrative)  |  | <b>6. Vehicle Color</b><br>BGE = Beige<br>BLK = Black<br>BLU = Blue<br>BRZ = Bronze<br>BRC = Brown<br>CAM = Camouflage<br>CPR = Copper<br>GLD = Gold<br>GRY = Gray<br>GRN = Green<br>MAR = Maroon<br>MUL = Multicolored<br>ONG = Orange<br>PNK = Pink<br>PLE = Purple<br>RED = Red<br>SIL = Silver<br>TAN = Tan<br>TEA = Teal (green)<br>TRQ = Turquoise (blue)<br>WHI = White<br>YEL = Yellow<br>98 = Other (Explain in Narrative)<br>99 = Unknown |  | <b>7. Body Style</b><br>P2 = Passenger Car, 2-Door<br>P4 = Passenger Car, 4-Door<br>PK = Pickup<br>AM = Ambulance<br>BU = Bus<br>SB = Yellow School Bus<br>FE = Farm Equipment<br>FT = Fire Truck<br>MC = Motorcycle<br>SV = Sport Utility Vehicle<br>PC = Police Car/Truck<br>PM = Police Motorcycle<br>TL = Trailer, Semi-Trailer, or Pole Trailer<br>TR = Truck<br>TT = Truck Tractor<br>VN = Van<br>98 = Other (Explain in Narrative)<br>99 = Unknown   |  | <b>8. Driver License/ID Type</b><br>1 = Driver License<br>2 = Commercial Driver Lic.<br>3 = Occupational<br>4 = ID Card<br>5 = Unlicensed<br>98 = Other<br>99 = Unknown  |  |   |  |  |  |
| <b>9. Driver License Class</b><br>A = Class A<br>AM = Class A and M<br>B = Class B<br>BM = Class B and M<br>C = Class C<br>CM = Class C and M<br>M = Class M<br>5 = Unlicensed<br>98 = Other/Out of State<br>99 = Unknown |  | <b>10. Commercial Driver License Endorsements</b><br>H = Hazardous Materials<br>N = Tank Vehicles<br>P = Passengers<br>S = School Bus<br>T = Double/Triple Trailer<br>X = Tank Vehicle with HazMat<br>5 = Unlicensed<br>96 = None<br>98 = Other/Out of State<br>99 = Unknown |   | <b>11. Driver License Restrictions</b><br>A = With Corrective Lenses<br>B = LOFS Age 21 or Over<br>C = Daytime Only<br>D = Not to Exceed 45 MPH<br>E = No Expressway Driving<br>F = Must Hold Valid Learner Lic. to MM/DD/YY<br>G = TRC 545.424 Applies until MM/DD/YY<br>H = Vehicle Not to Exceed 26,000 lbs GVWR<br>I = Motorcycle Not to Exceed 250 CC<br>J = Licensed Motorcycle Operator Age 21 or Over in Sight<br>K = Moped<br>L = Vehicle w/o Air Brakes -- Applies to Vehicles Requiring CDL<br>M = CDL Intrastate Commerce Only<br>N = Ignition Interlock Required<br>O = Occ./Essent. Need DL-No CMV-See Court Order<br>P = Stated on License<br>Q = LOFS 21 or Over Vehicle Above Class B<br>R = LOFS 21 or Over Vehicle Above Class C<br>S = Outside Rear View Mirror or Hearing Aid<br>T = Automatic Transmission<br>U = Applicable Prosthetic Devices<br>V = Applicable Vehicle Devices<br>W = Power Steering<br>X = Vehicle Not to Exceed Class C<br>Y = Valid TX Vision or Limb Waiver Req'd.<br>Z = Valid Fed. Vision or Limb Waiver Req'd.<br>5 = Unlicensed<br>96 = None<br>98 = Other/Out of State<br>99 = Unknown |   |  |  |  |   |  |  |  |
| VEHICLE, DRIVER, AND PERSONS  | <b>12. Person Type</b><br>1 = Driver<br>2 = Passenger/Occupant<br>3 = Pedalcyclist<br>4 = Pedestrian<br>5 = Driver of Motorcycle Type Vehicle<br>6 = Passenger/Occupant on Motorcycle Type Vehicle<br>98 = Other (Explain in Narrative)<br>99 = Unknown  |  | <b>13. Seat Position</b><br>1 = Front Left<br>2 = Front Center<br>3 = Front Right<br>4 = Second Seat Left<br>5 = Second Seat Center<br>6 = Second Seat Right<br>7 = Third Seat Left<br>8 = Third Seat Center<br>9 = Third Seat Right<br>10 = Cargo Area<br>11 = Outside Vehicle<br>13 = Other in Vehicle<br>14 = Passenger in Bus<br>16 = Pedestrian, Pedalcyclist, or Motorized Conveyance<br>98 = Other (Explain in Narrative)<br>99 = Unknown    |  | <b>14. Injury Severity</b><br>A = Incapacitating Injury<br>B = Non-Incapacitating Injury<br>C = Possible Injury<br>K = Killed<br>N = Not Injured<br>99 = Unknown  |  | <b>15. Ethnicity</b><br>W = White<br>B = Black<br>H = Hispanic<br>A = Asian<br>I = Amer. Indian/Alaskan Native<br>98 = Other<br>99 = Unknown   |  | <b>16. Sex</b><br>1 = Male<br>2 = Female<br>99 = Unknown  |  | <b>17. Ejected</b><br>1 = No<br>2 = Yes<br>3 = Yes, Partial<br>97 = Not Applicable<br>99 = Unknown |  |
|   | <b>18. Restraint Used</b><br>1 = Shoulder and Lap Belt<br>2 = Shoulder Belt Only<br>3 = Lap Belt Only<br>4 = Child Seat, Facing Forward<br>5 = Child Seat, Facing Rear<br>6 = Child Seat, Unknown<br>7 = Child Booster Seat<br>96 = None<br>97 = Not Applicable<br>98 = Other (Explain in Narrative)<br>99 = Unknown   |  | <b>19. Airbag</b><br>1 = Not Deployed<br>2 = Deployed, Front<br>3 = Deployed, Side<br>4 = Deployed, Rear<br>5 = Deployed, Multiple<br>97 = Not Applicable<br>99 = Unknown   |  | <b>27. Vehicle Damage Rating</b><br>In most cases, enter in the format XX-ABC-Y, where XX is the Direction of Force (1-12), ABC is the Damage Description 2- or 3-letter code), and Y is the Damage Severity (0-7).<br>In special cases, use:<br>VB-1 = vehicle burned, NOT due to collision<br>VB-7 = vehicle catches fire due to the collision<br>TP-0 = top damage only<br>VX-0 = undercarriage damage only<br>MC-1 = motorcycle, moped, scooter, etc.<br>NA = Not Applicable (Farm Tractor, etc.) |  |  |  |   |  |  |  |
|   | <b>20. Helmet Use</b><br>1 = Not Worn<br>2 = Worn, Damaged<br>3 = Worn, Not Damaged<br>4 = Worn, Unk. Damage<br>97 = Not Applicable<br>99 = Unknown if Worn  |  | <b>21. Solicitation</b><br>Y = Solicit<br>N = No Solicit  |  | <b>22. Alcohol Specimen Type</b><br>1 = Breath<br>2 = Blood<br>3 = Urine<br>4 = Refused<br>96 = None<br>98 = Other (Explain in Narrative)   |  | <b>23. Drug Specimen Type</b><br>2 = Blood<br>3 = Urine<br>4 = Refused<br>96 = None<br>98 = Other (Explain in Narrative)   |  | <b>25. Drug Category</b><br>2 = CNS Depressants<br>3 = CNS Stimulants<br>4 = Hallucinogens<br>6 = Narcotic Analgesics<br>7 = Inhalants<br>8 = Cannabis<br>10 = Disassociative Anesthetics<br>11 = Multiple Drugs (Explain in Narrative)<br>97 = Not Applicable<br>98 = Other Drugs (Explain in Narrative)<br>99 = Unknown |  |  |  |
|   | <b>24. Drug Test Result</b><br>1 = Positive<br>2 = Negative<br>97 = Not Applicable<br>99 = Unknown   |  | <b>26. Financial Responsibility Type</b><br>1 = Liability Insurance Policy<br>2 = Proof of Liability Insurance<br>3 = Insurance Binder<br>4 = Surety Bond<br>5 = Certificate of Deposit with Comptroller<br>6 = Certificate of Deposit with County Judge<br>7 = Certificate of Self-Insurance   |  |   |  |  |  |   |  |  |  |

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.

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

|                          |  |  |   |  |   |
|--------------------------|--|--|---|--|---|
| COMMERCIAL MOTOR VEHICLE | <b>28. Vehicle Operation</b><br>1 = Interstate Commerce<br>2 = Intrastate Commerce<br>3 = Not in Commerce<br>4 = Government<br>5 = Personal  | <b>29. Carrier ID Type</b><br>1 = US DOT<br>2 = TxDOT<br>3 = ICC/MC<br>96 = None<br>98 = Other (Explain in Narrative)  | <b>30. Roadway Access</b><br>1 = Full Access Control<br>2 = Partial Access Control<br>3 = No Access Control   | <b>31. Vehicle Type</b><br>1 = Passenger Car<br>2 = Light Truck<br>3 = Bus (9-15)<br>4 = Bus (>15)<br>5 = Single Unit Truck 2 Axles 6 Tires<br>6 = Single Unit Truck 3 or More Axles<br>7 = Truck Trailer<br>8 = Truck Tractor (Bobtail)<br>9 = Tractor/Semi Trailer<br>10 = Tractor/Double Trailer<br>11 = Tractor/Triple Trailer<br>98 = Other (Explain in Narrative)<br>99 = Unknown Heavy Truck  | <b>32. Hazardous Material Class Number</b><br>1 = Explosives<br>2 = Gases<br>3 = Flammable Liquids<br>4 = Flammable Solids<br>5 = Oxidizers and Organic Peroxides<br>6 = Toxic Materials and Infectious Substances<br>7 = Radioactive Materials<br>8 = Corrosive Materials<br>9 = Miscellaneous Dangerous Goods |
|                          | <b>33. Cargo Body Style</b><br>1 = Bus (9-15)<br>2 = Bus (>15)<br>3 = Van/Enclosed Box<br>4 = Cargo Tank<br>5 = Flatbed<br>6 = Dump<br>7 = Concrete Mixer  | 8 = Auto Transporter<br>9 = Garbage Refuse<br>10 = Grain Chips Gravel<br>11 = Pole<br>13 = Intermodal<br>14 = Logging  | 15 = Vehicle Towing Another Vehicle<br>97 = Not Applicable<br>98 = Other (Explain in Narrative)   | <b>34. Trailer Type</b><br>1 = Full Trailer<br>2 = Semi-Trailer<br>3 = Pole Trailer  |   |
| FACTORS AND CONDITIONS   | <b>35. Sequence of Events</b><br>1 = Non-Collision: Ran Off Road<br>2 = Non-Collision: Jackknife<br>3 = Non-Collision: Overturn Rollover<br>4 = Non-Collision: Downhill Runaway<br>5 = Non-Collision: Cargo Loss Or Shift<br>6 = Non-Collision: Explosion Or Fire<br>7 = Non-Collision: Separation of Units<br>8 = Non-Collision: Cross Median/Centerline<br>9 = Non-Collision: Equipment Failure<br>10 = Non-Collision: Other<br>11 = Non-Collision: Unknown<br>12 = Collision Involving Pedestrian<br>13 = Collision Involving Motor Vehicle in Transport<br>14 = Collision Involving Parked Motor Vehicle<br>15 = Collision Involving Train<br>16 = Collision Involving Pedalcycle<br>17 = Collision Involving Animal<br>18 = Collision Involving Fixed Object<br>19 = Collision With Work Zone Maintenance Equipment<br>20 = Collision With Other Movable Object<br>21 = Collision With Unknown Movable Object<br>98 = Other (Explain in Narrative)  |  |   |  |   |
|                          | <b>36. Factors and Conditions</b><br>1 = Animal on Road - Domestic<br>2 = Animal on Road - Wild<br>3 = Backed without Safety<br>4 = Changed Lane when Unsafe<br>14 = Disabled in Traffic Lane<br>15 = Disregard Stop and Go Signal<br>16 = Disregard Stop Sign or Light<br>17 = Disregard Turn Marks at Intersection<br>18 = Disregard Warning Sign at Construction<br>19 = Distraction in Vehicle<br>20 = Driver Inattention<br>21 = Drove Without Headlights<br>22 = Failed to Control Speed<br>23 = Failed to Drive in Single Lane<br>24 = Failed to Give Half of Roadway<br>25 = Failed to Heed Warning Sign<br>26 = Failed to Pass to Left Safely<br>27 = Failed to Pass to Right Safely<br>28 = Failed to Signal or Gave Wrong Signal<br>29 = Failed to Stop at Proper Place<br>30 = Failed to Stop for School Bus<br>31 = Failed to Stop for Train<br>32 = Failed to Yield ROW - Emergency Vehicle<br>33 = Failed to Yield ROW - Open Intersection<br>34 = Failed to Yield ROW - Private Drive<br>35 = Failed to Yield ROW - Stop Sign<br>36 = Failed to Yield ROW - To Pedestrian<br>37 = Failed to Yield ROW - Turning Left<br>38 = Failed to Yield ROW - Turn on Red<br>39 = Failed to Yield ROW - Yield Sign<br>40 = Fatigued or Asleep<br>41 = Faulty Evasive Action<br>42 = Fire in Vehicle<br>43 = Fleeing or Evading Police<br>44 = Followed Too Closely<br>45 = Had Been Drinking<br>46 = Handicapped Driver (Explain in Narrative)<br>47 = Ill (Explain in Narrative)<br>48 = Impaired Visibility (Explain in Narrative)<br>49 = Improper Start from Parked Position<br>50 = Load Not Secured<br>51 = Opened Door Into Traffic Lane<br>52 = Oversized Vehicle or Load<br>53 = Overtake and Pass Insufficient Clearance<br>54 = Parked and Failed to Set Brakes<br>55 = Parked in Traffic Lane<br>56 = Parked without Lights<br>57 = Passed in No Passing Lane<br>58 = Passed on Right Shoulder<br>59 = Pedestrian FTYROW to Vehicle<br>60 = Unsafe Speed<br>61 = Speeding - (Over Limit)<br>62 = Taking Medication (Explain in Narrative)<br>63 = Turned Improperly - Cut Corner on Left<br>64 = Turned Improperly - Wide Right<br>65 = Turned Improperly - Wrong Lane<br>66 = Turned when Unsafe<br>67 = Under Influence - Alcohol<br>68 = Under Influence - Drug<br>69 = Wrong Side - Approach or Intersection<br>70 = Wrong Side - Not Passing<br>71 = Wrong Way - One Way Road<br>72 = Cell/Mobile Phone Use<br>73 = Road Rage<br>98 = Other (Explain in Narrative) |  |   |  |   |
|                          | <b>37. Vehicle Defects</b><br>5 = Defective or No Headlamps<br>6 = Defective or No Stop Lamps<br>7 = Defective or No Tail Lamps<br>8 = Defective or No Turn Signal Lamps<br>9 = Defective or No Trailer Brakes<br>10 = Defective or No Vehicle Brakes<br>11 = Defective Steering Mechanism<br>12 = Defective or Slick Tires<br>13 = Defective Trailer Hitch<br>98 = Other (Explain in Narrative)   | <b>38. Weather Condition</b><br>1 = Clear<br>2 = Cloudy<br>3 = Rain<br>4 = Sleet/Hail<br>5 = Snow<br>6 = Fog<br>7 = Blowing Sand/Snow<br>8 = Severe Crosswinds<br>98 = Other (Explain in Narrative)<br>99 = Unknown        | <b>39. Light Condition</b><br>1 = Daylight<br>2 = Dark, Not Lighted<br>3 = Dark, Lighted<br>4 = Dark, Unknown Lighting<br>5 = Dawn<br>6 = Dusk<br>98 = Other (Explain in Narrative)<br>99 = Unknown | <b>40. Entering Roads</b><br>2 = Three Entering Roads - T<br>3 = Three Entering Roads - Y<br>4 = Four Entering Roads<br>5 = Five Entering Roads<br>6 = Six Entering Roads<br>7 = Traffic Circle<br>8 = Cloverleaf<br>97 = Not Applicable<br>98 = Other (Explain in Narrative)  |   |
|                          | <b>41. Roadway Type</b><br>1 = Two-Way, Not Divided<br>2 = Two-Way, Divided, Unprotected Median<br>3 = Two-Way, Divided, Protected Median<br>4 = One-Way<br>98 = Other (Explain in Narrative)  | <b>42. Roadway Alignment</b><br>1 = Straight, Level<br>2 = Straight, Grade<br>3 = Straight, Hillcrest<br>4 = Curve, Level<br>5 = Curve, Grade<br>6 = Curve, Hillcrest<br>98 = Other (Explain in Narrative)<br>99 = Unknown | <b>43. Surface Condition</b><br>1 = Dry<br>2 = Wet<br>3 = Standing Water<br>4 = Snow<br>5 = Slush<br>6 = Ice<br>7 = Sand, Mud, Dirt<br>98 = Other (Explain in Narrative)<br>99 = Unknown            | <b>44. Traffic Control</b><br>2 = Inoperative (Explain in Narrative)<br>3 = Officer<br>4 = Flagman<br>5 = Signal Light<br>6 = Flashing Red Light<br>7 = Flashing Yellow Light<br>8 = Stop Sign<br>9 = Yield Sign<br>10 = Warning Sign<br>11 = Center Stripe/Divider<br>12 = No Passing Zone<br>13 = RR Gate/Signal<br>15 = Crosswalk<br>16 = Bike Lane<br>17 = Marked Lanes<br>18 = Signal Light With Red Light Running Camera<br>96 = None<br>98 = Other (Explain in Narrative) |   |

EA12-005

TOYOTA

2/15/2013

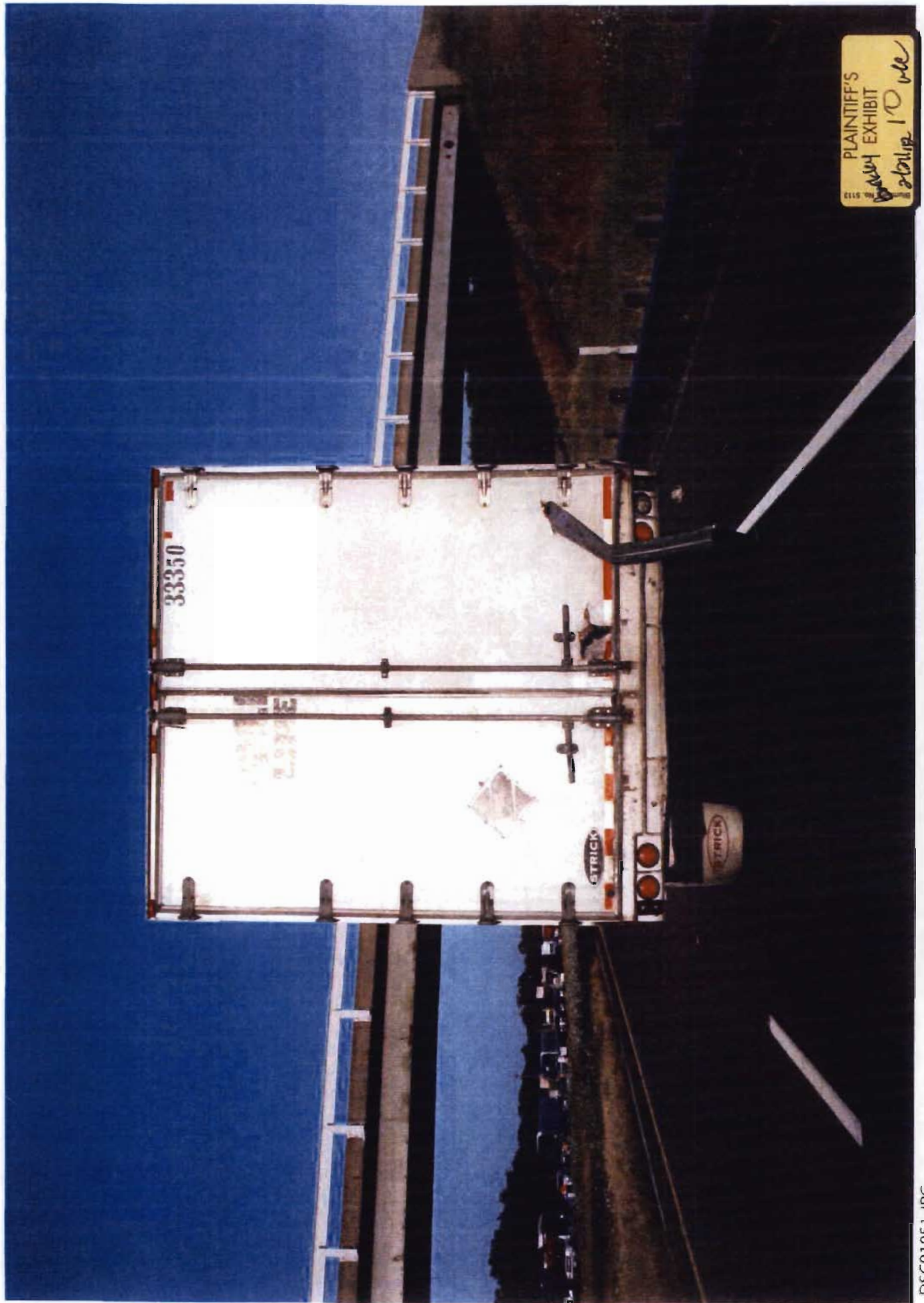
Attachment-Response 4

d. Expert Deposition  
Transcripts

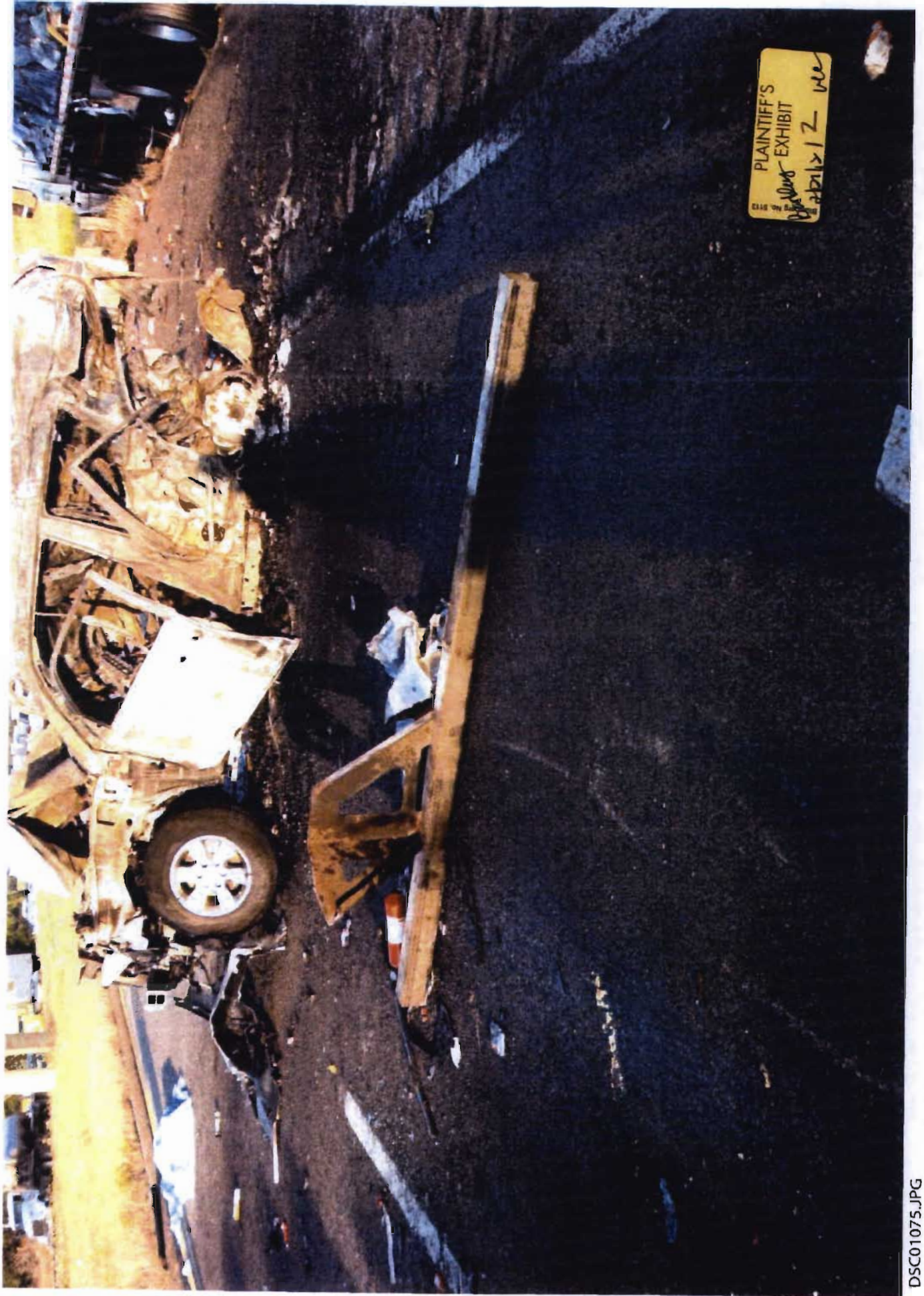
Trooper Baughman

1734202-WE - 1 - Plaintiff

Exhibit 001



PLAINTIFF'S  
EXHIBIT  
10/10/06  
10/10/06



PLAINTIFF'S  
EXHIBIT  
12-12-02



PLAINTIFF'S  
EXHIBIT  
P. 10/10/10  
13 100



010079

Greene v. Toyota

DSC01103.JPG

Ex. 14

FILE COPY

DN

Law Enforcement and TxDOT Use Only

FATAL  CMV  SCHOOL BUS  RAILROAD  MAD  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num Units 6 Total Num Inj 9 TxDOT Crash ID

Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 140340 Austin, TX 78714 Questions? Call (512)408-6780 Refer to Attachment Code Sheet for Numbered Fields

Page 1 of 6

These fields are required on all additional sheets submitted for this crash (ex. additional vehicles, occupants injured, etc.)

\*Crash Date (MMDDYYYY) 05/28/2010 \*Crash Time (24HRMM) 1825 Case ID \_\_\_\_\_ Local Use \_\_\_\_\_

\*County Name Kaufman \*City Name \_\_\_\_\_  Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?  Yes  No

Latitude (decimal degrees) 32.40130 Longitude (decimal degrees) -96.08890

ROAD ON WHICH CRASH OCCURRED

\*1 Rdwy Sys IM \*Hwy Num 20 2 Rdwy Part 1 Block Num \_\_\_\_\_ 3 Street Prefix \_\_\_\_\_ \*Street Name \_\_\_\_\_ 4 Street Suffix \_\_\_\_\_

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit 65 Const. Zone  Yes  No Worked Present  Yes  No Street Cops \_\_\_\_\_

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER

At Int.  Yes  No 1 Rdwy Sys \_\_\_\_\_ Hwy Num \_\_\_\_\_ 2 Rdwy Part \_\_\_\_\_ Block Num \_\_\_\_\_ 3 Street Prefix \_\_\_\_\_ Street Name \_\_\_\_\_ 4 Street Suffix \_\_\_\_\_

Distance from Int. or Ref. Marker 0.4  FT  MI 3 Dir. From Int. or Ref. Marker E Reference Marker 508 Street Desc. \_\_\_\_\_ RRX Num. \_\_\_\_\_

Unit Num 1 5 Unit Desc 1  Parked Vehicle  Hit and Run LP State MS LP Num \_\_\_\_\_ VIN 4V4NC9GH8B8N

Veh Year 2008 Color WHI Veh Make VOLVO Veh Model TR 7 Body Style TL  Pol, Fire, EMB on Emergency (Explain in Narrative if checked)

8 DLID Type 2 DLID State MS DLID Num \_\_\_\_\_ 9 DL Class 98 10 CDL End 98 11 DL Roat 98 DOB (MM/DD/YYYY) \_\_\_\_\_

Address (Street, City, State, ZIP) \_\_\_\_\_ COLUMBIA MS \_\_\_\_\_

| Person Name  | 12 Psn. Type | 13 Seat Position | Name Last, First, Middle<br>Enter Driver or Primary Person for this Unit on first line | 14 Injury Severity | Age       | 15 Fatality | 15 Sex   | 17 Eped. | 18 Resor. | 19 Act/eg | 20 H-H-H  | 21 Sol.  | 22 Alt. Spec. | Alt. Result | 23 Drug Spec. | 24 Drug Result | 25 Drug Category |
|--|--------------|------------------|--|--------------------|-----------|-------------|----------|----------|-----------|-----------|-----------|----------|---------------|-------------|---------------|----------------|------------------|
| <u>1</u>   | <u>1</u>     | <u>1</u>         |  | <u>B</u>           | <u>40</u> | <u>B</u>    | <u>1</u> | <u>1</u> | <u>1</u>  | <u>97</u> | <u>97</u> | <u>N</u> | <u>96</u>     |             | <u>96</u>     | <u>97</u>      | <u>97</u>        |
| Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |              |                  |  |                    |           |             |          |          |           |           |           |          |               |             |               |                |                  |

Owner  Lessee Owner/Lessee Name & Address \_\_\_\_\_

Proof of Fin. Resp.  Yes  No  Exempt 20 Fin. Resp. Type 2 Fin. Resp. Name GREAT WEST CASUALTY Fin. Resp. Num. \_\_\_\_\_

Fin. Resp. Phone Num. (601) 544-8703 27 Vehicle Damage Rating 1 1, 2, F, D, 5 27 Vehicle Damage Rating 2 \_\_\_\_\_ Vehicle Invented  Yes  No

Towed by Buster's Toward To 303 W. Broad Forney TX (972) 584-1020

Unit Num 2 5 Unit Desc 8  Parked Vehicle  Hit and Run LP State MS LP Num \_\_\_\_\_ VIN 1UYFS24848

Veh Year 2008 Color BLK Veh Make UTILITY Veh Model FST 7 Body Style TL  Emergency (Explain in Narrative if checked)

8 DLID Type \_\_\_\_\_ DLID State \_\_\_\_\_ DLID Num \_\_\_\_\_ 9 DL Class \_\_\_\_\_ 10 CDL End \_\_\_\_\_ 11 DL Roat \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_

Address (Street, City, State, ZIP) \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

| Person Name  | 12 Psn. Type | 13 Seat Position | Name Last, First, Middle<br>Enter Driver or Primary Person for this Unit on first line | 14 Injury Severity | Age | 15 Fatality | 15 Sex | 17 Eped. | 18 Resor. | 19 Act/eg | 20 H-H-H | 21 Sol. | 22 Alt. Spec. | Alt. Result | 23 Drug Spec. | 24 Drug Result | 25 Drug Category |
|--|--------------|------------------|--|--------------------|-----|-------------|--------|----------|-----------|-----------|----------|---------|---------------|-------------|---------------|----------------|------------------|
|  |              |                  |  |                    |     |             |        |          |           |           |          |         |               |             |               |                |                  |
| Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |              |                  |  |                    |     |             |        |          |           |           |          |         |               |             |               |                |                  |

Owner  Lessee Owner/Lessee Name & Address \_\_\_\_\_

Proof of Fin. Resp.  Yes  No  Exempt 28 Fin. Resp. Type 2 Fin. Resp. Name GREAT WEST CASUALTY Fin. Resp. Num. \_\_\_\_\_

Fin. Resp. Phone Num. (601) 544-8703 27 Vehicle Damage Rating 1 V, B, 1 27 Vehicle Damage Rating 2 \_\_\_\_\_ Vehicle Invented  Yes  No

Towed by Buster's Toward To Forney

Blumberg No. 5113 PLAINTIFF'S EXHIBIT 69



Case ID

TxDOT Crash ID

| DISPOSITION OF INJURED/DECEASED | Unit Num | Prsn Num | Taken To                     | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HRMM) |
|---------------------------------|----------|----------|------------------------------|----------|----------------------------|------------------------|
|                                 | 1        | 1        | Renaissance Hospital Terrell | ETMC     |                            |                        |
|                                 |          |          |                              |          |                            |                        |
|                                 |          |          |                              |          |                            |                        |
|                                 |          |          |                              |          |                            |                        |
|                                 |          |          |                              |          |                            |                        |

| CHARGES | Unit Num | Prsn Num | Charge | Citation/Reference Num. |
|---------|----------|----------|--------|-------------------------|
|         |          |          |        |                         |

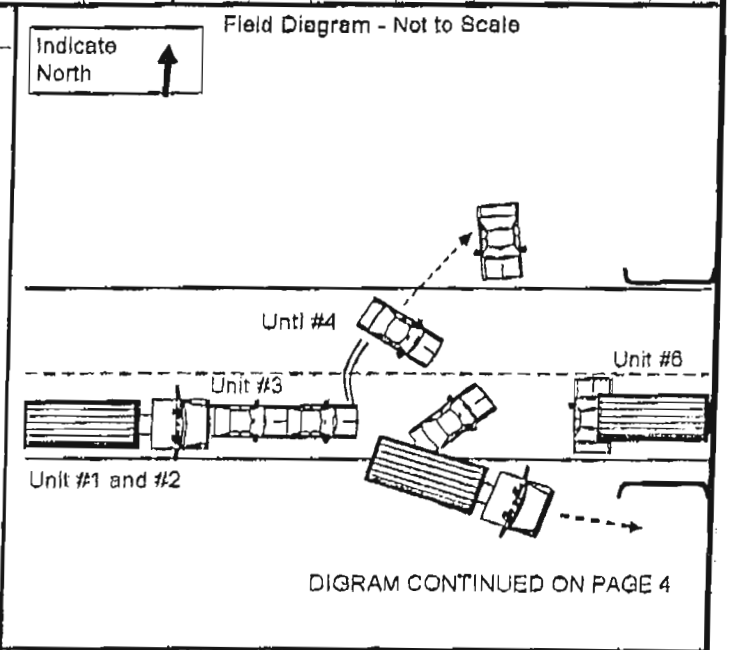
| DAMAGE | Damaged Property Other Than Vehicles |  | Owner's Name | Owner's Address |
|--------|--------------------------------------|--|--------------|-----------------|
|        |                                      |  |              |                 |

|                      |           |   |  |                                      |  |  |                    |                              |                             |                     |             |               |                               |                               |  |               |  |
|----------------------|-----------|---|--|--------------------------------------|--|--|--------------------|------------------------------|-----------------------------|---------------------|-------------|---------------|-------------------------------|-------------------------------|--|---------------|--|
| Unit Num             | 1         | <input checked="" type="checkbox"/> 10,001+ LBS | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL | <input type="checkbox"/> Pr Capacity | 28 Veh Oper                              | 1  | 29 Carrier ID Type | 1                            | Carrier ID Num              | 0087823             |             |               |                               |                               |  |               |  |
| Carrier's Corp. Name |           |   |  | Carrier's Primary Addr               | COLUMBIA MS                              |  |                    |                              |                             |                     |             |               |                               |                               |  |               |  |
| 30 Rwy. Access       | 1         | 31 Veh. Type                                    | 9  | <input type="checkbox"/> RGWW        | <input checked="" type="checkbox"/> GWWR | 8,000,000                                | HazMat Released    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 32 HazMat Class Num |             | HazMat ID Num |                               | 32 HazMat Class               |  | HazMat ID Num |  |
| 33 Cargo Body Style  | 5         | Trailer 1                                       | Unit Num   | 2                                    | <input type="checkbox"/> RGWW            | <input checked="" type="checkbox"/> GWWR | 3,630,000          | 34 Trlr Type                 | 2                           | Trailer 2           | Unit Num    |               | <input type="checkbox"/> RGWW | <input type="checkbox"/> GWWR |  | 34 Trlr Type  |  |
| Sequence Of Events   | 35 Seq. 1 | 13  | 36 Seq. 2  | 18                                   | 35 Seq. 3                                |  | 36 Seq. 4          |                              | Total Num Axles             | 5                   | Total Tires | 18            |                               |                               |  |               |  |

| FACTORS & CONDITIONS | 38 Contributing Factors (Investigator's Opinion) |              |  |                   | 37 Vehicle Defects (Investigator's Opinion) |  |                   |                  | Environmental and Roadway Conditions |                   |                 |                      |                      |                    |  |
|----------------------|--|--------------|--|-------------------|---|--|-------------------|------------------|--------------------------------------|-------------------|-----------------|----------------------|----------------------|--------------------|--|
|                      | Unit Num   | Contributing |  | May Have Contrib. | Contributing                                |  | May Have Contrib. | 38 Weather cond. | 39 Light Cond.                       | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |  |
|                      | 1  | 22           |  | 72                |   |  |                   | 1                | 1                                    | 97                | 2               | 1                    | 1                    | 11                 |  |
| 2                    |  |              |  |                   |   |  |                   |                  |                                      |                   |                 |                      |                      |                    |  |

Investigator's Narrative Opinion of What Happened  
(Attach Additional Sheets if Necessary)

Unit #1 and towed unit (#2) were traveling east bound on IH 20 in the right lane. Unit #3 was traveling east bound on IH 20 in the right lane directly in front of Unit #1. Unit #4 was also traveling east bound IH 20 in front of Unit #3. Unit #5 and towed unit (#6) were travelling east bound on IH 20 in the right lane in front of Unit #4. Due to the holiday weekend, there was an extremely heavy volume of traffic on IH 20, the traffic had begun to slow in the area of mile marker 508. Units 3,4,5-6 had slowed to a near stop. The driver of Unit #1 stated that he was not paying attention to traffic and there is evidence that he was talking on a cellular phone at the time of the crash. Unit #1 failed to control speed and struck Unit #3 in the rear, smashing in the rear end. It appears that Unit #3 was pushed for a distance by Unit #1. Unit #3 then struck Unit #4 in the rear end smashing the rear end with enough force to crush it. Unit #4's rear end came around clockwise and Unit #4 skidded across the inside lane to the inside shoulder.



|              |                        |   |                             |                |                       |                  |                          |                              |
|--------------|------------------------|---|-----------------------------|----------------|-----------------------|------------------|--------------------------|------------------------------|
| INVESTIGATOR | Time Notified (24HRMM) | 1, 8, 2, 7                              | How Notified                | DPS Dispatch   | Time Arrived (24HRMM) | 1, 8, 4, 0       | Report Date (MM/DD/YYYY) | 0, 5, /, 2, 8, /, 2, 0, 1, 0 |
|              | Invest. Comp.          | <input checked="" type="checkbox"/> Yes | Investigator Name (Printed) | DEXTER BARKLEY | ID Num                | 11087            |                          |                              |
|              | ORI Num                | T, X, D, P, S, 8, 8, 0, 0               | *Agency                     | TX DPS         | District Area         | H, P, 1, A, 0, 6 |                          |                              |

Law Enforcement and TxDOT Use Only

FATAL  CMV  SCHOOL BUS  RAILROAD  MAD  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Non Units 6 Total Non Prints 8 TxDOT Crash ID



Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Reports, P.O. Box 140340, Austin, TX 78714. Questions? Call (512) 480-5760. Refer to Attached Code Sheet for Numbered Fields.

\* These fields are required on all additional sheets submitted for this crash (ex. additional vehicles, occupants, injured, etc.)

**IDENTIFICATION AND LOCATION**

\* Crash Date (MM/DD/YYYY) 05/28/2010 \* Crash Time (24HRMM) 1825 Case ID \_\_\_\_\_ Local Use \_\_\_\_\_

\* County Name Kaufman \* City Name \_\_\_\_\_  Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?  Yes  No Latitude (decimal degrees) 32.40130 Longitude (decimal degrees) -98.08890

**ROAD ON WHICH CRASH OCCURRED**

\* 1 Rdwy Sys IH \* Hwy Num 20 2 Rdwy Part 1 Block Num \_\_\_\_\_ 3 Street Prefix \_\_\_\_\_ \* Street Name \_\_\_\_\_ 4 Street Suffix \_\_\_\_\_

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit 65 Const Zone  Yes  No Workouts Present  Yes  No Street Desc. \_\_\_\_\_

**INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER**

At Int  Yes  No 1 Rdwy Sys \_\_\_\_\_ Hwy Num \_\_\_\_\_ 2 Rdwy Part \_\_\_\_\_ Block Num \_\_\_\_\_ 3 Street Prefix \_\_\_\_\_ Street Name \_\_\_\_\_ 4 Street Suffix \_\_\_\_\_

Distance from Int or Ref. Marker 04  FT  MI 3 Dir From Int or Ref. Marker E Reference Marker 500 Street Desc. \_\_\_\_\_ RRX Num \_\_\_\_\_

Unit Num 3 5 Unit Desc 1  Parked Vehicle  Hit and Run LP State TX LP Num \_\_\_\_\_ VIN JTEZU5JR9A5

Veh. Year 2010 8 Veh Color SIL Veh. Make TOYOTA Veh. Model 4-RUNNER 7 Body Style SV  Emergency (Explain in Narrative if checked)

8 DLID Type 1 DLID State TX DLID Num. 21880302 9 DL Class C 10 CDL End 06 11 DL Resl. A DOB (MM/DD/YYYY) \_\_\_\_\_

Address (Street, City, State, ZIP) \_\_\_\_\_

| Person Num. | 12 Plan. Type | 13 Seat Position | Name Last, First, Middle<br>Enter Driver or Primary Person for this Unit on first line | 14 Injury Severity | Age | 15 Ethnicity | 16 Sex | 17 Hgt. | 18 Resl. | 19 Airbag | 20 Helmet | 21 Scl. | 22 Alt. Spec. | Alt. Result  | 23 Drug Spec. | 24 Drug Result | 25 Drug Category |
|-------------|---------------|------------------|--|--------------------|-----|--------------|--------|---------|----------|-----------|-----------|---------|---------------|--|---------------|----------------|------------------|
| 1           | 1             | 1                | [REDACTED]   | A                  | 34  | B            | 1      | 1       | 1        | 99        | 97        | N       | 96            |  | 96            | 97             | 97               |
| 2           | 2             | 3                | [REDACTED]   | K                  | 35  | B            | 2      | 2       | 00       | 00        | 97        | N       |               | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |               |                |                  |
| 3           | 2             | 6                | [REDACTED]   | K                  | 2   | B            | 1      | 1       | 99       | 97        | 97        | N       |               |  |               |                |                  |
| 4           | 2             | 4                | [REDACTED]   | K                  | 5   | B            | 2      | 1       | 00       | 97        | 97        | N       |               |  |               |                |                  |

Owner  Lessee Owner/Lessee Name & Address \_\_\_\_\_

Proof of Fin. Resp.  Yes  No  Exempt 28 Fin. Resp. Type 2 Fin. Resp. Name FARMERS CO MUTUAL Fin. Resp. Num. \_\_\_\_\_

Fin. Resp. Phone Num 1800-435-7764 27 Vehicle Damage Rating 1 6 B D 1 27 Vehicle Damage Rating 2 V B 1 Vehicle Inventoried  Yes  No

Towed by B&V Towed To 900 E. Moore Ave Terrell TX 75160 (972) 563-3232

Unit Num 4 5 Unit Desc 1  Parked Vehicle  Hit and Run LP State TX LP Num \_\_\_\_\_ VIN 1NXBR30E06Z

Veh. Year 2008 8 Veh Color BLK Veh. Make TOYOTA Veh. Model COROLLA 7 Body Style P4  Emergency (Explain in Narrative if checked)

8 DLID Type 1 DLID State TX DLID Num. \_\_\_\_\_ 9 DL Class C 10 CDL End 06 11 DL Resl. A DOB (MM/DD/YYYY) \_\_\_\_\_

Address (Street, City, State, ZIP) \_\_\_\_\_

| Person Num. | 12 Plan. Type | 13 Seat Position | Name Last, First, Middle<br>Enter Driver or Primary Person for this Unit on first line | 14 Injury Severity | Age | 15 Ethnicity | 16 Sex | 17 Hgt. | 18 Resl. | 19 Airbag | 20 Helmet | 21 Scl. | 22 Alt. Spec. | Alt. Result  | 23 Drug Spec. | 24 Drug Result | 25 Drug Category |
|-------------|---------------|------------------|--|--------------------|-----|--------------|--------|---------|----------|-----------|-----------|---------|---------------|--|---------------|----------------|------------------|
| 1           | 1             | 1                | [REDACTED]   | B                  | 45  | W            | 1      | 1       | 1        | 3         | 97        | N       | 96            |  | 96            | 97             | 97               |
| 2           | 2             | 3                | [REDACTED]   | B                  | 17  | W            | 2      | 1       | 1        | 3         | 97        | N       |               | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |               |                |                  |
| 3           | 2             | 6                | [REDACTED]   | B                  | 12  | W            | 2      | 1       | 1        | 3         | 97        | N       |               |  |               |                |                  |

Owner  Lessee Owner/Lessee Name & Address \_\_\_\_\_

Proof of Fin. Resp.  Yes  No  Exempt 28 Fin. Resp. Type 2 Fin. Resp. Name STATE FARM Fin. Resp. Num. 278 8655-E06-43T

Fin. Resp. Phone Num (817) 478-9877 27 Vehicle Damage Rating 1 6 B D 5 27 Vehicle Damage Rating 2 \_\_\_\_\_ Vehicle Inventoried  Yes  No

Towed by FULLERS Towed To 1402 Hwy 34 Terrell TX 75160 (888) 712-3022

| DISPOSITION OF<br>REMOVED/ROLLED | Unit Num | Plan Num | Taken To         | Taken By            | Date of Death (MM/DD/YYYY) | Time of Death (24HRMM) |
|----------------------------------|----------|----------|------------------|---------------------|----------------------------|------------------------|
|                                  | 3        | 1        | PARKLAND DALLAS  | AIR-EVAC GREENVILLE | ____/____/____             | ____:____              |
|                                  | 3        | 2        | ME OFFICE DALLAS | ANDERSON-CLAYTON    | 05/28/2010                 | 1900                   |
|                                  | 3        | 3        | ME OFFICE DALLAS | ANDERSON-CLAYTON    | 05/28/2010                 | 1900                   |
|                                  | 3        | 4        | ME OFFICE DALLAS | ANDERSON-CLAYTON    | 05/28/2010                 | 1900                   |
|                                  | 4        | 1        | BAYLOR DALLAS    | ETMC                | ____/____/____             | ____:____              |
|                                  | 4        | 2        | BAYLOR DALLAS    | ETMC                | ____/____/____             | ____:____              |

| CHARGES | Unit Num | Plan Num | Charge | Citation/Reference Num |
|---------|----------|----------|--------|------------------------|
|         |          |          |        |                        |
|         |          |          |        |                        |

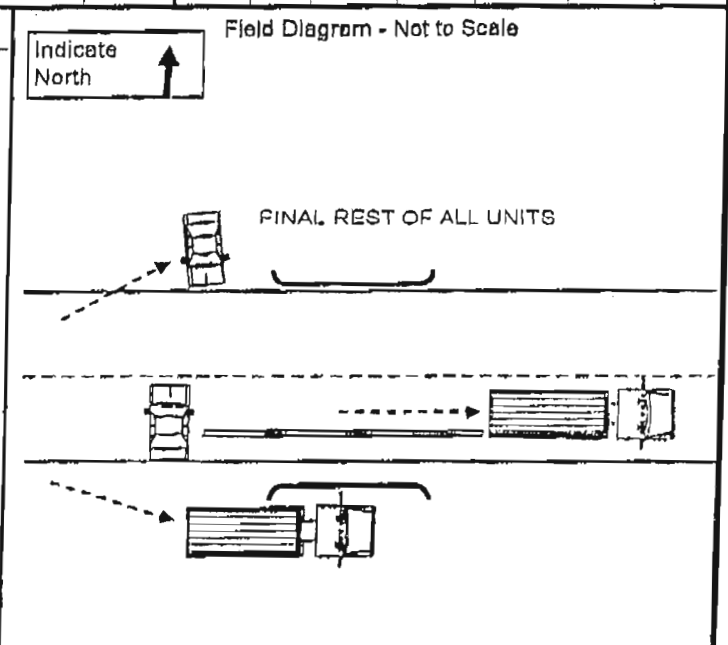
| DAMAGE | Damaged Property Other Than Vehicles | Owner's Name | Owner's Address |
|--------|--------------------------------------|--------------|-----------------|
|        |                                      |              |                 |

|                     |                                       |  |   |                     |  |                 |
|---------------------|---------------------------------------|--|---|---------------------|--|-----------------|
| Unit Num            | <input type="checkbox"/> 10,001+ LBS. | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL       | <input type="checkbox"/> 9+ Capacity  | 20 Veh. Oper        | 20 Carrier ID Type   | Carrier ID Num. |
| Carrier's Corp Name | Carrier's Primary Addr                |  |   |                     |  |                 |
| 30 Rdw Access       | 31 Veh Type                           | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GVWR | HazMat Released <input type="checkbox"/> Yes<br><input type="checkbox"/> No | 32 HazMat Class Num | HazMat ID Num  | 32 HazMat Class |
| 33 Cargo Body Style | Trailer 1 Unit Num                    | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GVWR | 34 Trlr Type  | Trailer 2 Unit Num  | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GVWR | 34 Trlr Type    |
| Sequence Of Events  | 35 Seq 1                              | 35 Seq 2   | 35 Seq 3  | 35 Seq 4            | Total Num Axles  | Total Num Tires |

| FACTORS & CONDITIONS | 38 Contributing Factors (Investigator's Opinion) |              | 37 Vehicle Defects (Investigator's Opinion) |              | Environmental and Roadway Conditions |                  |               |                   |                 |                      |                      |                    |
|----------------------|--|--------------|---|--------------|--------------------------------------|------------------|---------------|-------------------|-----------------|----------------------|----------------------|--------------------|
|                      | Unit Num   | Contributing | May Have Contrib                            | Contributing | May Have Contrib                     | 38 Weather cond. | 39 Light Cond | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |
|                      | 3  |              |   |              |                                      |                  |               |                   |                 |                      |                      |                    |
| 4                    |  |              |   |              |                                      |                  |               |                   |                 |                      |                      |                    |

**Investigator's Narrative Opinion of What Happened**  
(Attach Additional Sheets if Necessary)

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 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 peel 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.



|              |                        |  |                             |                |                       |         |                          |                     |
|--------------|------------------------|--|-----------------------------|----------------|-----------------------|---------|--------------------------|---------------------|
| INVESTIGATOR | Time Notified (24HRMM) | 1 8 2 7  | How Notified                | DPS Dispatch   | Time Arrived (24HRMM) | 1 8 4 0 | Report Date (MM/DD/YYYY) | 0 6 / 2 8 / 2 0 1 0 |
|              | Invest. Comp.          | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Investigator Name (Printed) | DEXTER BARKLEY | ID Num                | 11097   | District/Area            | H P 1 A 0 6         |
|              | ORI Num                | T X D P S B 8 0 0  | *Agency                     | TX DPS         |                       |         |                          |                     |
|              |                        |  |                             |                |                       |         |                          |                     |

Law Enforcement and TxDOT Use Only

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE  SCHOOL ZONE

Total Num Units 6 Total Num Prints 9 TxDOT Crash ID

Texas Peace Officer's Crash Report (Form CR-3 1/1/2019)

Mail to: Texas Department of Transportation, Crash Reports, P.O. Box 140340 Austin TX 78714 Questions? Call (512)488-5700 Refer to Attachment Code Sheet for Numbered Fields

Page 5 of 6

\* These fields are required on all additional sheets submitted for this crash; (ex., additional vehicles, occupants, injured, etc.)

**IDENTIFICATION AND LOCATION**

\* Crash Date (MM/DD/YYYY) 05/28/2010 \* Crash Time (24HRMM) 1826 Case ID \_\_\_\_\_ Local Use \_\_\_\_\_

\* County Name Kaufman \* City Name \_\_\_\_\_  Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?  Yes  No

Latitude (decimal degrees) 32.40130 Longitude (decimal degrees) -98.08890

**ROAD ON WHICH CRASH OCCURRED**

#1 Hwy Sys IH #1 Hwy Num 20 #2 Hwy Part 1 Block Num \_\_\_\_\_ #3 Street Prefix \_\_\_\_\_ #4 Street Name \_\_\_\_\_ #5 Street Buffer \_\_\_\_\_

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane  Speed Limit 65 Const. Zone  Yes  No Workers Present  Yes  No Street Code \_\_\_\_\_

**INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER**

At Int  Yes  No #1 Hwy Sys \_\_\_\_\_ Hwy Num \_\_\_\_\_ #2 Hwy Part \_\_\_\_\_ Block Num \_\_\_\_\_ #3 Street Prefix \_\_\_\_\_ Street Name \_\_\_\_\_ #4 Street Buffer \_\_\_\_\_

Distance from Int or Ref Marker 0.4  FT  MI #3 Dir. from Int or Ref Marker E Reference Marker 509 Street Name \_\_\_\_\_ RRX Num \_\_\_\_\_

**VEHICLE, DRIVER, & PERSONS**

Unit Num 5 # Unit Desc 1  Parked Vehicle  Hit and Run LP State MS LP Num \_\_\_\_\_ VIN 1FUJA6CV35D

Veh Year 2005 Color WHI Veh Make FREIGHTLINER Veh Model TT # Body Style TT  Emergency (Explain in Narrative if checked)

# DLID Type 2 # DLID State AL # DLID Num \_\_\_\_\_ # DL Class 98 # DL End 98 TN # DL Res. 98 DOB (MM/DD/YYYY) 02/14/1984

Address (Street, City, State, ZIP) \_\_\_\_\_

| Person Num. | 12 Perm. Type | 13 Seat Position | Name: Last, First, Middle<br>Enter Driver or Primary Person for this Unit on first line | 14 Injury Severity | 15 Age | 15 Ethnicity | 16 Sex | 17 Height | 18 Weight | 19 Airbag | 20 Helmet | 21 Sex | 22 Acc. Spec. | 23 Alc. Result | 23 Drug Spec. | 24 Drug Result | 25 Drug Category |
|-------------|---------------|------------------|---|--------------------|--------|--------------|--------|-----------|-----------|-----------|-----------|--------|---------------|----------------|---------------|----------------|------------------|
| 1           | 1             | 1                | [REDACTED]  | N                  | 48     | W            | 1      | 1         | 1         | 97        | 97        | N      | 98            |                | 96            | 97             | 97               |

Owner  Lessee Owner/Lessee Name & Address \_\_\_\_\_

Proof of Fin Resp.  Yes  No  Expired  Exempt #28 Fin Resp. Type 2 Fin Resp. Name VANLINER INS CO Fin. Resp. Num \_\_\_\_\_

Fin Resp. Phone Num (228) 863-5362 #27 Vehicle Damage Rating 1 \_\_\_\_\_ #27 Vehicle Damage Rating 2 \_\_\_\_\_ Vehicle Inventoried  Yes  No

Towed by N/A Towed To N/A

**VEHICLE, DRIVER, & PERSONS**

Unit Num 6 # Unit Desc 8  Parked Vehicle  Hit and Run LP State TN LP Num \_\_\_\_\_ VIN 1S12E95324

Veh Year 2004 Color WHI Veh Make STRI Veh Model TR # Body Style TL  Emergency (Explain in Narrative if checked)

# DLID Type \_\_\_\_\_ # DLID State \_\_\_\_\_ # DLID Num \_\_\_\_\_ # DL Class \_\_\_\_\_ # DL End \_\_\_\_\_ # DL Res. \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_

Address (Street, City, State, ZIP) \_\_\_\_\_

| Person Num. | 12 Perm. Type | 13 Seat Position | Name: Last, First, Middle<br>Enter Driver or Primary Person for this Unit on first line | 14 Injury Severity | 15 Age | 15 Ethnicity | 16 Sex | 17 Height | 18 Weight | 19 Airbag | 20 Helmet | 21 Sex | 22 Acc. Spec. | 23 Alc. Result | 23 Drug Spec. | 24 Drug Result | 25 Drug Category |
|-------------|---------------|------------------|---|--------------------|--------|--------------|--------|-----------|-----------|-----------|-----------|--------|---------------|----------------|---------------|----------------|------------------|
|             |               |                  |   |                    |        |              |        |           |           |           |           |        |               |                |               |                |                  |

Owner  Lessee Owner/Lessee Name & Address \_\_\_\_\_

Proof of Fin Resp.  Yes  No  Expired  Exempt #28 Fin Resp. Type 2 Fin Resp. Name VANLINER INS CO Fin. Resp. Num \_\_\_\_\_

Fin Resp. Phone Num (228) 863-5362 #27 Vehicle Damage Rating 1 8 #27 Vehicle Damage Rating 2 B D 3 Vehicle Inventoried  Yes  No

Towed by N/A Towed To N/A

Case ID

TxDOT Crash ID

| DISPOSITION OF INJURED/ILLED | Unit Num | Prnt Num | Taken To | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HRMM) |  |
|------------------------------|----------|----------|----------|----------|----------------------------|------------------------|--|
|                              |          |          |          |          |                            |                        |  |
|                              |          |          |          |          |                            |                        |  |
|                              |          |          |          |          |                            |                        |  |
|                              |          |          |          |          |                            |                        |  |
|                              |          |          |          |          |                            |                        |  |

| CHARGES | Unit Num | Prnt Num | Charge | Citation/Reference Num |
|---------|----------|----------|--------|------------------------|
|         |          |          |        |                        |
|         |          |          |        |                        |
|         |          |          |        |                        |

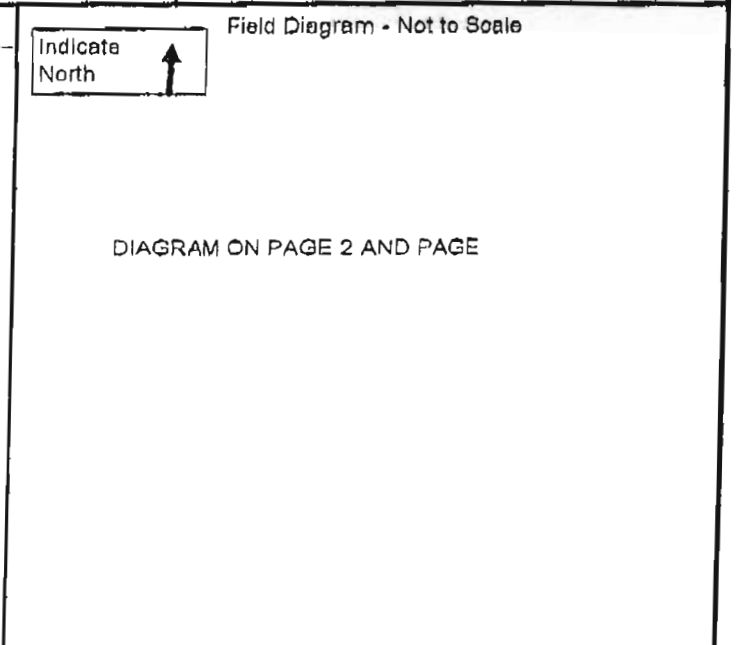
| DAMAGE | Damaged Property Other Than Vehicles | Owner's Name | Owner's Address |
|--------|--------------------------------------|--------------|-----------------|
|        |                                      |              |                 |
|        |                                      |              |                 |

|                      |          |  |  |                                      |  |                               |  |                              |                             |                     |                 |               |          |              |                               |                               |  |              |  |
|----------------------|----------|--|--|--------------------------------------|--|-------------------------------|--|------------------------------|-----------------------------|---------------------|-----------------|---------------|----------|--------------|-------------------------------|-------------------------------|--|--------------|--|
| Unit Num             | 6        | <input checked="" type="checkbox"/> 10,001+ LBS. | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL | <input type="checkbox"/> H+ Capacity | 25 Veh Oper                              | 1                             | 28 Carrier ID Type                       | 1                            | Carrier ID Num              | 1043597             |                 |               |          |              |                               |                               |  |              |  |
| Carrier's Corp. Name |          |  |  | Carrier's Primary Addr               |  |                               |  |                              |                             |                     |                 |               |          |              |                               |                               |  |              |  |
| 30 Rdwy Access       | 1        | 31 Veh Type                                      | 9  | <input type="checkbox"/> RGWW        | <input checked="" type="checkbox"/> GVWR | 5, 2, 0, 0, 0                 | HazMat Released                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 32 HazMat Class Num |                 | HazMat ID Num |          | HazMat Clean |                               | HazMat ID Num                 |  |              |  |
| 33 Cargo Body Style  | 3        | Trailer 1  |  | Unit Num                             | 6  | <input type="checkbox"/> RGWW | <input checked="" type="checkbox"/> GVWR | 6, 5, 0, 0, 0                | 34 Trlr Type                | 2                   | Trailer 2       |               | Unit Num |              | <input type="checkbox"/> RGWW | <input type="checkbox"/> GVWR |  | 34 Trlr Type |  |
| Sequence of Events   | 35 Seq 1 | 13   | 35 Seq 2   |                                      | 35 Seq 3                                 |                               | 35 Seq 4                                 |                              | Total Num Axles             | 5                   | Total Num Tires | 18            |          |              |                               |                               |  |              |  |

| FACTORS & CONDITIONS | 36 Contributing Factors (Investigator's Opinion) |              |                   |  | 37 Vehicle Defects (Investigator's Opinion) |                   |  |  | Environmental and Roadway Conditions |               |                   |                 |                      |                      |                    |  |
|----------------------|--|--------------|-------------------|--|---|-------------------|--|--|--------------------------------------|---------------|-------------------|-----------------|----------------------|----------------------|--------------------|--|
|                      | Unit Num   | Contributing | May Have Contrib. |  | Contributing                                | May Have Contrib. |  |  | 38 Weather cond                      | 39 Light Cond | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |  |
|                      | 5  |              |                   |  |   |                   |  |  |                                      |               |                   |                 |                      |                      |                    |  |
| 6                    |  |              |                   |  |   |                   |  |  |                                      |               |                   |                 |                      |                      |                    |  |

Investigator's Narrative Opinion of What Happened  
(Attach Additional Sheets if Necessary)

The impact broke off the ICC bar from the bottom of the 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 axle 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 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.



|                        |   |                             |                |                       |                  |                          |                            |
|------------------------|---|-----------------------------|----------------|-----------------------|------------------|--------------------------|----------------------------|
| Time Notified (24HRMM) | 1, 8, 2, 7                              | How Notified                | DPS Dispatch   | Time Arrived (24HRMM) | 1, 8, 4, 0       | Report Date (MM/DD/YYYY) | 0, 5, / 2, 8, / 2, 0, 1, 0 |
| Invest Comp            | <input checked="" type="checkbox"/> Yes | Investigator Name (Printed) | DEXTER BARKLEY | ID Num                | 11097            |                          |                            |
| ORI Num                | T, X, D, P, S, B, 6, 0, 0               | *Agency                     | TX DPS         | District Area         | H, P, 1, A, 0, 6 |                          |                            |

TX10440EAQ01

TXDPS COMMERCIAL VEHICLE ENFORCEMENT

CP#: 0798253

LEVEL

1

- ARREST TKT
- COH. VEH.
- ACCIDENT
- CDL
- 9 - 15 PASS. FOR HIRE
- 16 PASS. FOR HIRE
- 16 PASS. NOT FOR HIRE
- SCHEDULE
- CHARTER

- SP PROG:  INTERSTATE  INTRASTATE
- CONSTRUCTION ZONE:  YES  NO
- OCCUPIED

- CONSTRUCTION ZONE:  FIXED  ROADSIDE
- SCALE HOUSE:  ALCH  DS
- SW  TE

DATE: 05/28/2010 TIME: 7:00PM COUNTY: KAUFMAN HWY: (1) IH-0020 IN KAUFMAN CO. (487-513) MPH: 509

Lessee/ID: [REDACTED] USIDPH: 1043597  
 Ack/City/ST/Zip: [REDACTED] ICC/MCH: 432066  
 CAME: [REDACTED] TXDOT#: [REDACTED]  
 ADD/CITY/ST/Zip: [REDACTED] PHONED: [REDACTED]  
 Operator: [REDACTED] RACE/SEX: WM DOB: [REDACTED] MID CARD: 10/15/10  
 Add/City/ST/Zip: [REDACTED] DL #: [REDACTED] ST: AL DL CLASS: A

VEH SEARCH:  YES  NO REASON FOR STOP:  WARN  CITATION  INSPECTION CONTRABAND LOCATED:  YES  NO  
 TYPE OF SEARCH:  CONSENT  PC  INC. TO ARREST  INVENTORY TYPE OF CONTRABAND:  DRUGS  WEAPONS  CURRENCY  OTHER

| Unit | TYPE | MAKE | CO#   | Plate   | Stat | VIN        |
|------|------|------|-------|---------|------|------------|
| 1    | TT   | FRHT | 26205 | A164904 | MS   | 1FUJA6CV35 |
| 2    | ST   | STRI | 33350 | T650872 | TN   | 1S12E95324 |

X

SIGNATURE:

I HEREBY PROMISE TO APPEAR AT THE TIME AND PLACE DESIGNATED IN THIS NOTICE. (THIS IS NOT A PLEA OF GUILTY)

X(8450) --OO (11250) --OO (10050)

COPY RECEIVED BY GROSS WEIGHT: 29,750 GROUP WEIGHT: 21,300

YOU ARE HEREBY NOTIFIED TO APPEAR

JUDGE: COURT: PCT./PLACE: LOAD DISP:  
 PHONE: ON/BEFORE AT PERMIT #:  
 ADDRESS: TX RG WT #1 80000 CVWR #1 52000  
 RG WT #2 GWR #2 65000

SEAL #'S REMOVED: DEPT. SEAL #; INSTALLED CVSA DECAL-TT CVSA DECAL-ST CVSA DECAL-ST

SHIPPING #: NONE CONSIGNOR: CONSIGNER:  
 COMMODITY: EMPTY ORIGIN: OKLAHOMA CITY OK DESTINATION: GULFPORT MS

| IM CATEGORY CODE | RQ? | HW? | PLACARDS REQ? | 1 | 1 1/8 | 1 1/2 | 1 1/4 | 1     | 0 3/4 | ALLEGED SPEED |      |      |
|------------------|-----|-----|---------------|---|-------|-------|-------|-------|-------|---------------|------|------|
| NA               |     |     |               |   |       |       |       |       |       |               |      |      |
|                  |     |     |               |   | AX 1  | AX 2  | AX 3  | AX 4  | AX 5  | AX 6          | AX 7 | AX 8 |
|                  |     |     |               |   | 1 1/4 | 1 1/4 | 1 1/2 | 0 3/4 | 0 3/4 |               |      |      |

| TICKET | VIOL.      | CITE # | Unit No. | OOS Y/N | OOS DISP | POST ACC | VIOLATIONS DISCOVERED  |
|--------|------------|--------|----------|---------|----------|----------|--|
|        | 393.47 (A) |        | 2        |         |          |          | DRIVER: PLEASE COMPLY WITH DIRECTIONS ON BACK SIDE OF THIS FORM<br>BRAKES NOT MAINTAINED IN GOOD WORKING ORDER (GENERAL) - axle 4 left drum worn - unable to measure |
|        | 393.45     |        | 1        |         |          |          | BRAKES - AUDIBLE AIR LEAK (AT OTHER THAN CONNECTION) - relay valve between axles 2 & 3 small leak  |
|        | 393.60 (C) |        | 1        |         |          |          | DAMAGED/DISCOLORED WINDSHIELD - large vert. crack passenger side   |
|        |            |        | 1        |         |          |          | NO VALID INSPECTION CERTIFICATE - EXPIRED (#) - faded - unable to read - no inspection report  |
|        |            |        | 2        |         |          |          | NO VALID INSPECTION CERTIFICATE - EXPIRED (U) - faded - unable to read   |

VEHICLE/DRIVER OUT OF SERVICE NOTICE

VEHICLE: Pursuant to authority contained in 78C 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.

DRIVER: Pursuant to authority contained in 78C Chapter 644 I hereby certify and declare the driver named on this report out of service. No motor carrier shall permit or require driver to drive or operate any motor vehicle until

- "OOS" Dispositions
- A. Repaired at Scene / Obtained Oper. Auth.
  - B. Towed/Escorted to Repair Service
  - C. Other
  - D. Unknown
  - H. Driver OOS

SEE CONTINUATION SHEET  PROPER COMMENTS:

2005, 2004 - Inspection result of fatality accident involving above vehicle. - Driver sent to TA truck stop in Terrell for repairs.

X



COPY RECEIVED BY  
 REPORT PREPARED BY: C BAUGHMAN  
 REFERRAL ID: A Cummins  
 BRAKES INSPECTED BY: 06857 E A 02

INSPECTED BY: C BAUGHMAN ID/REGION/DISTRICT/AREA: 09848 1 A 02 TIME COMPLETED: 11:19PM  
 CHARGES FILED BY:



ISEAQ24553450001

CVR-3 (Rev. 12/03)

|   |   |                |            |                     |
|---|---|----------------|------------|---------------------|
| CVR-3a 112/031  |  | INSPECTION #   | CP #       | DATE                |
|  | TXDPS COMMERCIAL<br>VEHICLE ENFORCEMENT   | TX10440EAG01-0 |            | 5/28/2010 7:00:00PM |
| CONTINUATION SHEET  |   | MOTOR CARRIER  |            |                     |
|   |   | OPERATOR       |            |                     |
|   |   | LAST NAME      | FIRST NAME | MI                  |

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

| VIOLATIONS |               |          |         |          |          |  |
|------------|---------------|----------|---------|----------|----------|--|
| TICKET     | VIOL. CITE #  | Unit No. | OOS Y/N | OOS DISP | POST ACC | VIOLATIONS DISCOVERED  |
|            | 393.75(a) (3) | 2        | Yes     | U        | Yes      | TIRE-FLAT - axle 5 right inside flat                               |
|            | 393.9         | 2        | Yes     | D        | Yes      | DEFECTIVE TURN SIGNAL LAMP (#) - rear right - hanging              |
|            | 393.205(a)    | 2        | Yes     | D        | Yes      | WHEEL/RIM CRACKED/BROKEN - axle 5 right inside - bent due to crash |
|            | 393.86        | 2        |         |          | Yes      | NO REAR END PROTECTION-BUMPERS - missing due to accident           |

| VEHICLE/DRIVER OUT OF SERVICE NOTICE  |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> VEHICLE Pursuant to authority contained in TRC Chapter 644 I hereby declare "Out of Service" the vehicle/s with defects followed by "YES" in the Out of Service column of this report. No person shall remove the out of service stickers applied to these vehicles or operate such vehicles until the out of service defects have been repaired and the vehicles have been restored to safe operating condition, or proper operating authority has been obtained. |  | <input type="checkbox"/> DRIVER Pursuant to authority contained in TRC Chapter 644 I hereby notify and declare the driver named on this report Out of Service. No motor carrier shall permit or require driver to drive or operate any motor vehicle until |   |
| SEE CONTINUATION SHEET <input checked="" type="checkbox"/>  | TROOPER COMMENTS:<br>2005, 2004 - Inspection result of fatality accident involving above vehicle. - Driver sent to TA truck stop in Terrell for repairs. |  |   |
|   |  | COS DISPOSITIONS<br>A. Repaired at Scene / Obtained Cper. Auth.<br>B. Towed/Encorled to Repair Service<br>C. Other<br>D. Unknown<br>N. Driver COS  |   |
|   |  | <input type="checkbox"/> Log Book Exemption  |   |
| COPY RECEIVED BY  |  |  |   |
| INSPECTED BY:<br>C BAUGHMAN   | ID/REGION/DISTRICT/AREA<br>09840 1 A 02  | TIME COMPLETED<br>11:19PM  | REPORT PREPARED BY:<br>C BAUGHMAN<br>REFERRAL ID<br>A Cummins |
| CHARGES FILED BY:   | BRAKES INSPECTED BY:<br>06857 1 A 02   |  |   |

TX10440EAQ01

TXDPS COMMERCIAL VEHICLE ENFORCEMENT

CP#: 0798253

LEVEL

1

ARREST TKT     9 - 15 PASS. FOR HIRE  
 COM. VEH.     16 PASS. FOR HIRE  
 ACCIDENT     16 PASS. NOT FOR HIRE  
 CDL     SCHEDULE     CHARTER

SP PROG:     INTERSTATE     YES     NO  
 INTRASTATE     OCCUPIED

CONSTRUCTION ZONE:     FIXED     ROADSIDE  
 SCALE HOUSE

ALCH     DS  
 SW     TE

DATE: 05/28/2010    TIME: 7:00PM    COUNTY: KAUFMAN    HWY: (1) IH-0020 IN KAUFMAN CO (487-513)    MPH: 509

Lessee/HC: [REDACTED]    USIDPH: 1043597  
 Act/City/ST/Zip: [REDACTED]    ICC/MCH: 432066  
 OWNER: [REDACTED]    TXIDPH: [REDACTED]  
 ADD/CITY/ST/Zip: [REDACTED]    PHONE: [REDACTED]  
 Operator: [REDACTED]    RACE/SEX: FM    DOB: [REDACTED]    MED CARD: 10/15/10  
 Add/City/ST/Zip: [REDACTED]    DL #: [REDACTED]    ST: AL    DL CLASS: A

VEH SEARCH:     YES     NO    REASON FOR STOP:     WARN     CITATION     INSPECTION    CONTRABAND LOCATED:     YES     NO

TYPE OF SEARCH:     CONSENT     PC     INC. TO ARREST     INVENTORY    TYPE OF CONTRABAND:     DRUGS     WEAPONS     CURRENCY     OTHER

| Unit | TYPE | MAKE | CO#   | Plate   | Stat | VIN        |
|------|------|------|-------|---------|------|------------|
| 1    | TT   | FRHT | 26205 | A164904 | MS   | 1FUJA6CV35 |
| 2    | ST   | STRI | 33350 | T650872 | TN   | 1S12E95324 |

X

SIGNATURE:

I HEREBY PROMISE TO APPEAR AT THE TIME AND PLACE DESIGNATED IN THIS NOTICE. (THIS IS NOT A PLEA OF GUILTY)

X(8450) --OO (11250) --OO (10050)

COPY RECEIVED BY    GROSS WEIGHT: 29,750    GROUP WEIGHT: 21,300

YOU ARE HEREBY NOTIFIED TO APPEAR    LOAD DISP:

JUDGE:    COURT:    PCT./PLACE:    PERMIT #:

PHONE:    ON/BEFORE    AT    RG WT #1: 8000    GVWR #1: 52000

ADDRESS: TX    RG WT #2:    GVWR #2: 65000

SEAL #'S REMOVED:    DEPT. SEAL #; INSTALLED    CVSA DECAL-TT    CVSA DECAL-ST    CVSA DECAL-ST

SHIPPING #: NONE    CONSIGNOR:    CONSIGNER:

COMMODITY: EMPTY    ORIGIN: OKLAHOMA CITY    OK    DESTINATION: CULFPORT    MS

| BM | CATEGORY | CODE | RQ? | HW? | PLACARDS REQ? | 1 | 1 1/8 | 1 1/2 | 1 1/4 | 1 | 0 3/4 | ALLEGED SPEED |
|----|----------|------|-----|-----|---------------|---|-------|-------|-------|---|-------|---------------|
| NA |          |      |     |     |               |   |       |       |       |   |       |               |

SPEC. TANK    AX 1    AX 2    AX 3    AX 4    AX 5    AX 6    AX 7    AX 8    SPEED LIMIT    RADAR CAL.

| TICKET | VIOL.     | CITE # | Unit No. | OOS Y/N | OOS DISP | POST ACC | VIOLATIONS DISCOVERED  |
|--------|-----------|--------|----------|---------|----------|----------|--|
|        | 393.47(A) |        | 2        |         |          |          | DRIVER: PLEASE COMPLY WITH DIRECTIONS ON BACK SIDE OF THIS FORM<br>BRAKES NOT MAINTAINED IN SAFE WORKING ORDER (GENERAL) - axle 4 left drum worn - unable to measure |
|        | 393.45    |        | 1        |         |          |          | BRAKES - AUDIBLE AIR LEAK (AT OTHER THAN CONNECTION) - relay valve between axles 2 & 3 small leak  |
|        | 393.60(C) |        | 1        |         |          |          | DAMAGED/DISCOLORED WINDSHIELD - large vert. crack passenger side   |
|        |           |        | 1        |         |          |          | NO VALID INSPECTION CERTIFICATE - EXPIRED (#) - faded - unable to read - no inspection report  |
|        |           |        | 2        |         |          |          | NO VALID INSPECTION CERTIFICATE - EXPIRED (#) - faded - unable to read   |

VEHICLE/DRIVER OUT OF SERVICE NOTICE

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.

DRIVER: Pursuant to authority contained in TRC Chapter 644 I hereby notify and declare the driver named on this report Out of Service. No motor carrier shall permit or require driver to drive or operate any motor vehicle until

SEE CONTINUATION SHEET     PROPER COMMENTS:

2005, 2004 - Inspection result of fatality accident involving above vehicle. - Driver sent to TA truck stop in Terrell for repairs.

005 Dispositions  
 A. Repaired at Scene / Obtained Oper. Auth.  
 B. Towed/Escorted to Repair Service  
 C. Other  
 U. Unknown  
 N. Driver DOS

Log Book Exception

INSPECTED BY: C BAUGHMAN    ID/REGION/DISTRICT/AREA: 09848 1 A 02    TIME COMPLETED: 11:19PM

REPORT PREPARED BY: C BAUGHMAN    REFERRAL ID: A Curming

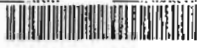

CHARGES FILED BY:    DRIVES INSPECTED BY: 06857 1 A 02

PLAINTIFFS EXHIBIT 71



ISEAQ245534500001

CVR-3 (Rev. 12/03)

|   |   |                |            |                     |
|---|---|----------------|------------|---------------------|
| CVR-3a (12/03)  |  | INSPECTION #   | CP #       | DATE                |
|  | TXDPS COMMERCIAL<br>VEHICLE ENFORCEMENT   | TX10440EAG01-0 | 0798253    | 5/28/2010 7:00:00PM |
| CONTINUATION SHEET  |   | MOTOR CARRIER  |            |                     |
|   |   | OPERATOR       |            |                     |
|   |   | LAST NAME      | FIRST NAME | MI                  |

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

| VIOLATIONS |              |          |         |          |          |  |
|------------|--------------|----------|---------|----------|----------|--|
| TICKET     | VIOL. CITE   | Unit No. | OOS Y/N | OOS DISP | POST ACC | VIOLATIONS DISCOVERED  |
|            | 393.75(a)(3) | 2        | Yes     | D        | Yes      | TIRE-FLAT - axle 5 right inside flat                               |
|            | 393.9        | 2        | Yes     | D        | Yes      | DEFECTIVE TURN SIGNAL LAMP (#) - rear right - hanging              |
|            | 393.205(a)   | 2        | Yes     | D        | Yes      | WHEEL/RIM CRACKED/BROKEN - axle 5 right inside - bent due to crash |
|            | 393.86       | 2        |         |          | Yes      | NO REAR END PROTECTION-BUMPERS - missing due to accident           |

| VEHICLE/DRIVER OUT OF SERVICE NOTICE  |  |  |                      |
|---|--|--|----------------------|
| <input type="checkbox"/> VEHICLE Pursuant to authority contained in TRC Chapter 644 I hereby declare "Out of Service" the vehicle/s with defects followed by "YES" in the Out of Service column of this report. No person shall remove the out of service stickers applied to these vehicles or operate such vehicles until the out of service defects have been repaired and the vehicles have been restored to safe operating condition, or proper operating authority has been obtained. | <input type="checkbox"/> DRIVER Pursuant to authority contained in TRC Chapter 644 I hereby notify and declare the driver named on this report Out of Service. No motor carrier shall permit or require driver to drive or operate any motor vehicle until | OOS DISPOSITIONS<br>A. Repaired at Scene /<br>Obtained Oper. Auth.<br>B. Towed/Encorried to<br>Repair Service<br>C. Other<br>D. Unknown<br>E. Driver OOS |                      |
| SEE CONTINUATION SHEET  | <input checked="" type="checkbox"/> TROOPER COMMENTS:  | <input type="checkbox"/> Log Book Exemption  |                      |
| 2005, 2004 - Inspection result of fatality accident involving above vehicle. - Driver sent to TA truck stop in Terrell for repairs.   |  |  |                      |
| INSPECTED BY:   | ID/REGION/DISTRICT/AREA  | TIME COMPLETED   | REPORT PREPARED BY:  |
| C BAUGHMAN  | 09840 1 A 02   | 11:19PM  | C DAUGHMAN           |
| CHARGES FILED BY:   |  | REFERRAL ID  | BRAKES INSPECTED BY: |
|   |  | A Cummins  | 06857 1 A 02         |

# ANNUAL VEHICLE INSPECTION REPORT

| VEHICLE HISTORY RECORD |                |
|------------------------|----------------|
| REPORT NUMBER          | FLEET UNIT NUM |
|                        | 33350          |
| DATE                   | 5-6-09         |

|  |    |
|--|----|
| MOTOR OPERATOR   | IN |
| ADDRESS  |    |
| CITY, ST.  |    |
| VEHICLE TYPE <input type="checkbox"/> TRACTOR <input checked="" type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK |    |
| <input type="checkbox"/> (OTHER)   |    |

| VEHICLE COMPONENTS INSPECTED |              |               |  |    |              |               |  |    |              |               |  |
|------------------------------|--------------|---------------|--|----|--------------|---------------|--|----|--------------|---------------|--|
| OK                           | NEEDS REPAIR | REPAIRED DATE | ITEM   | OK | NEEDS REPAIR | REPAIRED DATE | ITEM   | OK | NEEDS REPAIR | REPAIRED DATE | ITEM   |
| X                            |              |               | 1. BRAKE SYSTEM  | X  |              |               | 4. FUEL SYSTEM   | X  |              |               | 1. FRAME   |
| X                            |              |               | a. Service Brakes  | X  |              |               | a. Visible leak  | X  |              |               | a. Frame Members   |
| X                            |              |               | b. Parking Brake System  | X  |              |               | b. Fuel tank filler cap missing  | X  |              |               | b. Tire and Wheel Clea   |
| X                            |              |               | c. Brake Drums or Rotors   | X  |              |               | c. Fuel tank securely attached   | X  |              |               | c. Adjustable Axle Assemblies (Sliding Subframes)  |
| X                            |              |               | d. Brake Hose  | X  |              |               | 5. LIGHTING DEVICES  | X  |              |               | 4. TIRES   |
| X                            |              |               | e. Brake Tubing  | X  |              |               | All lighting devices and reflectors required by Section 393 shall be operable.   | X  |              |               | a. Tires on any steeri of a power unit.  |
| X                            |              |               | f. Low Pressure Warning Device   | X  |              |               | 6. SAFE LOADING  | X  |              |               | b. All other tires.  |
| X                            |              |               | g. Tractor Protection Valve  | X  |              |               | a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.                               | X  |              |               | 11. WHEELS AND RIMS  |
| X                            |              |               | h. Air Compressor  | X  |              |               | b. Protection against shifting cargo   | X  |              |               | a. Lock or Side Ring   |
| X                            |              |               | i. Electric Brakes   | X  |              |               | 7. STEERING MECHANISM  | X  |              |               | b. Wheels and Rims   |
| X                            |              |               | j. Hydraulic Brakes  | X  |              |               | a. Steering Wheel Free Play  | X  |              |               | c. Fasteners   |
| X                            |              |               | k. Vacuum Assistance   | X  |              |               | b. Steering Column   | X  |              |               | d. Welds   |
| X                            |              |               | 2. COUPLING DEVICES  | X  |              |               | c. Front Axle Beam and All Steering Components Other Than Steering Column  | X  |              |               | 12. WINDSHIELD GLAZING   |
| X                            |              |               | a. Fifth Wheels  | X  |              |               | d. Steering Gear Box   | X  |              |               | Requirements and exc as stated pertaining to crack, discoloration or reducing matter (refer 393.60 for exceptions) |
| X                            |              |               | b. Pintle Hooks  | X  |              |               | e. Pitman Arm  | X  |              |               | 1. WINDSHIELD WIPER  |
| X                            |              |               | c. Drawbar/Towbar Eye  | X  |              |               | f. Power Steering  | X  |              |               | Any power unit that h inoperative wiper, or r or damaged parts that it ineffective.                                |
| X                            |              |               | d. Drawbar/Towbar Tongue   | X  |              |               | g. Ball and Socket Joints  | X  |              |               | List any other condition wh prevent safe operation of vehicle.   |
| X                            |              |               | e. Safety Devices  | X  |              |               | h. Tie Rods and Drag Links   | X  |              |               |  |
| X                            |              |               | f. Saddle Mounts   | X  |              |               | i. Nuts  | X  |              |               |  |
| X                            |              |               | 3. EXHAUST SYSTEM  | X  |              |               | j. Steering System   | X  |              |               |  |
| X                            |              |               | a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.   | X  |              |               | 8. SUSPENSION  | X  |              |               |  |
| X                            |              |               | b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).  | X  |              |               | a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position. | X  |              |               |  |
| X                            |              |               | c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle. | X  |              |               | b. Spring Assembly   | X  |              |               |  |
| X                            |              |               |  | X  |              |               | c. Torque, Radius or Tracking Components.  | X  |              |               |  |

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: X OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, REPAIR

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

Plaintiff's Exhibit  
 72  
 Number No. 5113



**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:



*Crash Investigation Report*

Date: 05/28/10

Time: 6:25 PM

Location: IH-20 EB 509 MM KAUFMAN CO.

**MOTOR CARRIER INFORMATION**

Name of Motor Carrier: [REDACTED]

Street Address: [REDACTED]

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

State Carrier ID:

US DOT#: 1043597

MC#: 432866

Owner: [REDACTED]

Address: SAME AS ABOVE

Vehicle Operated Under Lease: N/A

Type of carriage being performed:  
Common

Name of Motor Carrier Officer:

Title: NOT PRESENT

Phone: [REDACTED]

At scene: NO

**INSURANCE INFORMATION**

Company: MISSISSIPPI INSURANCE COMPANY

Local Agent: STEWART SNEED HEWES

Address: PO BOX 250, GULFPORT MS 39502

Phone: 228-863-5362

Representative on Scene: N/A

Policy #: [REDACTED]

Effective Date of Policy: 12/7/2009

LOAD

Cargo: N/A - EMPTY

Weight: N/A

Shipper/Location: N/A

Destination: N/A

Manifest #: N/A

Manifest Date: N/A

Hazardous Material? Yes    No X

DRIVER

Name:

Address:

Date of Birth:

Sex: M

Height: 5-05

Weight: 155

Eye Color: BROWN

Business Phone:

Home Phone:

Co-Driver

DRIVER'S LICENSE

DL Number:

State: AL

Class: A

Endorsements: NT

Restrictions: NONE

Expiration Date: 07/03/2011

MEDICAL CERTIFICATE

Date of Examination: 10/15/08

Date of Expiration: 10/15/10

Lenses: N/A

Hearing Aid: N/A

Waiver: N/A

Medic Alert: N/A

Examining Doctor: T. ASHTON BLASSEX

Clinic: SPRINGHILL MEDICAL CENTER CLINIC

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

SEAT BELT

Type:

Lap Belt

Lap Belt w/Shoulder Harness X

Driver wearing belt at time of accident? YES

PASSENGER

Name: N/A - NONE

Authorized by Carrier?

### DRIVER'S HOURS OF SERVICE

Driver's Name [REDACTED] \_\_\_\_\_

Date 05/28/2010 \_\_\_\_\_

Vehicle # 26205 \_\_\_\_\_

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

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

11 Hour Rule: NO VIOLATIONS

14 Hour Rule: NO VIOLATIONS

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

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

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

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

Driver History: NO VIOLATIONS OR ACCIDENTS LISTED ON DRIVING RECORD

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

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

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

Previous Accidents: NONE

NOTES:



**VEHICLE INFORMATION:**

**Power Unit**

Company Unit #: 26205

Year and Make: 2005 FREIGHTLINER

Type: TT – DAY CAB

Model: COLUMBIA

Body Style: TT

VIN: 1FUJA6CV35[REDACTED]

Color: WHITE

License Plate/State: [REDACTED]

Registered Gross Weight: 80,000

GVWR: 52,000

Actual Gross Weight: 19,700

MVI Certificate#/State/Date: UNREADABLE

Transmission: STANDARD

Gear: NONE - STOPPED

Mileage: 202,131

Number of Axles: Up \_\_\_0\_\_\_ Down \_\_\_3\_\_\_

Air Conditioning: YES - ON

Windows: UP

Automatic On Board Recording Device: UNKNOWN

Sealed?: UNKNOWN

AM/FM/Tape Player: PRESENT – NOT ON

CB Radio: PRESENT – NOT ON

Business Band Radio: - PRESENT - ON

Mobile Telephone: PRESENT – NOT IN USE

Radar Detector: NONE

Police Scanner: NONE

Trailer

Company Unit #: 33350

Vehicle Owner: DOLPHINE LINE INC.

Address: 1120 VISCO DR., NASHVILLE, TN 37210

Year and Make: 2004

Type: SEMI

Model: 1S1

Body Style: SEMI

VIN: 1S12E95324 [REDACTED]

Color: WHITE

License Plate/State: [REDACTED]

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

Number of Axles: Up   0   Down   2  

Registered Gross Weight: N/A

GVWR: 65,000

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

VEHICLE CONDITION

PAPERWORK

Daily Vehicle Inspection Report: PRESENT - NO DEFECTS NOTED

Registration/Trip Permit: PRESENT - CURRENT

Fuel License/Trip Permit: PRESENT - CURRENT

Name & Address Displayed: [REDACTED]

EQUIPMENT

Condition of Driver's Compartment: - GOOD

Glass: LARGE VERTICAL CRACK THROUGHOUT PASSENGER SIDE WINDSHIELD

Windshield Wiper/Washer: - GOOD

Heater/Defroster: - GOOD

Rear Vision Mirrors: - GOOD

Horn: - GOOD

Speedometer: - GOOD

Wheels: - GOOD

Lugs: - GOOD

STEERING

Power/Manual: - POWER

Condition of Components: - GOOD

Condition of Joints: - GOOD

Steering Wheel Diameter: - UNKNOWN

Lash: - GOOD

Front Bumper:

Ground Clearance: 15.5"

Width: 7.5'

Height: 19"

Rear Bumper:

Ground Clearance: N/A

Width: N/A

Height: N/A

LIGHTING DEVICES

Power Unit

Headlamps: - GOOD

Front Turn Signals: - GOOD

Front Marker: - GOOD

Front ID: - GOOD

Front Clearance: - GOOD

Rear Turn Signals: - GOOD

Stop Lamps: - GOOD

Rear Marker: - GOOD

Rear ID: - GOOD

Rear Clearance: - GOOD

Tail Lamps: - GOOD

Four Way Flashers: - GOOD

Reflectors: - GOOD

Back-up Lamp: - UNKNOWN

Conspicuity Tape Installed: - N/A

Towed Unit

Rear Turn Signals: REAR RIGHT - DANGLING

Stop Lamps: - GOOD

Front Marker: - GOOD

Side Marker: - GOOD

Rear Marker: - GOOD

Rear ID: - GOOD

Rear Clearance: - GOOD

Tail Lamps: - GOOD

Four Way Flashers: - GOOD

Reflectors: - GOOD

License Plate Lamp: - GONE ... POST ACCIDENT

Conspicuity Tape Installed: - GOOD

## Brake System

Who is responsible for brake adjustments? COMPANY MAINTAINANCE

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

## Air Brake System

Type:

S-Cam X  
Disc  
Wedge

Air Loss on Brake Application: NORMAL

Low Air/Vacuum Warning Device: GOOD

Engine Brake: UNKNOWN

Type: UNKNOWN

Operative: UNKNOWN

Parking Brake: - GOOD

Tractor Protection Valve: - GOOD

Auto Trailer Brake Application: - GOOD

Air Tank Securement: - GOOD

Air Lines: - GOOD

Glad Hands: - GOOD

## Hydraulic Brake System – N/A

Master Cylinder Fluid Level: N/A

Fluid Leaks:

Master Cylinder  
Wheel Cylinders  
Brake Lines

Brake Indicator Lamps:

## AIR BRAKE SYSTEM MEASUREMENTS

Date 5/28/10

Vehicle # 2G205 & 33350

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

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

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

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

**Loading and Securement of Cargo**

Number of Tie Downs: N/A -- NO CARGO

Type and Size of Tie Downs: N/A

Load Cover: N/A

**Other Equipment/Components**

Wheel Flaps: GOOD

Battery Installation: GOOD

Exhaust System: GOOD

Fuel Tanks: GOOD

Header Board: NONE



Power Unit Suspension/Frame: GOOD  
Trailer Suspension/Frame: GOOD  
Wiring: GOOD  
Fire Extinguisher: USED DURING ACCIDENT - EMPTY  
Triangular Warning Devices: GOOD  
Hood: GOOD

**Coupling Device**

Type: 5<sup>TH</sup> 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

2<sup>nd</sup> TRAILER

Converter Dolly

Trailer # 2

Company Unit #: N/A – NO SECOND TRAILER

Vehicle Owner:

Address:

Year and Make:

Type:

Model:

Body Style:

VIN:

Color:

License Plate/State:

Tab #:

MVI Certificate#/State/Date:

Number of Axles: Up \_\_\_\_\_ Down \_\_\_\_\_

Registered Gross Weight:

GVWR:

Actual Gross Weight:

Hazardous Materials Information Sheet

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

SHIPPER

Name:

Address:

Phone:

RECEIVER (Destination)

Name:

Address:

Phone:

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

- >
- >
- >
- >
- >

Name of party signing shipping paper, if signed:

Certification Plate Information:

Tank Manufacturer:

Serial Number:

Tank Specification:

Date of Manufacture:

Design Pressure/MAWP:

Number of Compartments:

Tank Capacity (per compartment): 1>

4>

2>

5>

3>

6>

Head Material:

Shell Material:

Weld Material:

Max. Design Density:

Max. Product Load:

Damage Protection:

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

NON-BULK PACKAGES

Blocking and Bracing

- \_\_\_\_\_ No Failure
- \_\_\_\_\_ Securement failed

Type of Securement:

Separation & Segregation

- \_\_\_\_\_ Improper loading--Hazardous reaction
- \_\_\_\_\_ Improper loading--No hazardous reaction

Package Failure

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

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.

EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

d. Expert Deposition  
Transcripts

Trooper Baughman

1734203-WE - 1 - Toyota

Exhibit 001



EXHIBIT  
Toyota 1

lbbkes

EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

d. Expert Deposition  
Transcripts

Trooper Baughman

1734204-WE - 1 - Toyota

Exhibit 002



EXHIBIT  
Toyota 2  
EVIDENCE



EA12-005

TOYOTA

2/15/2013

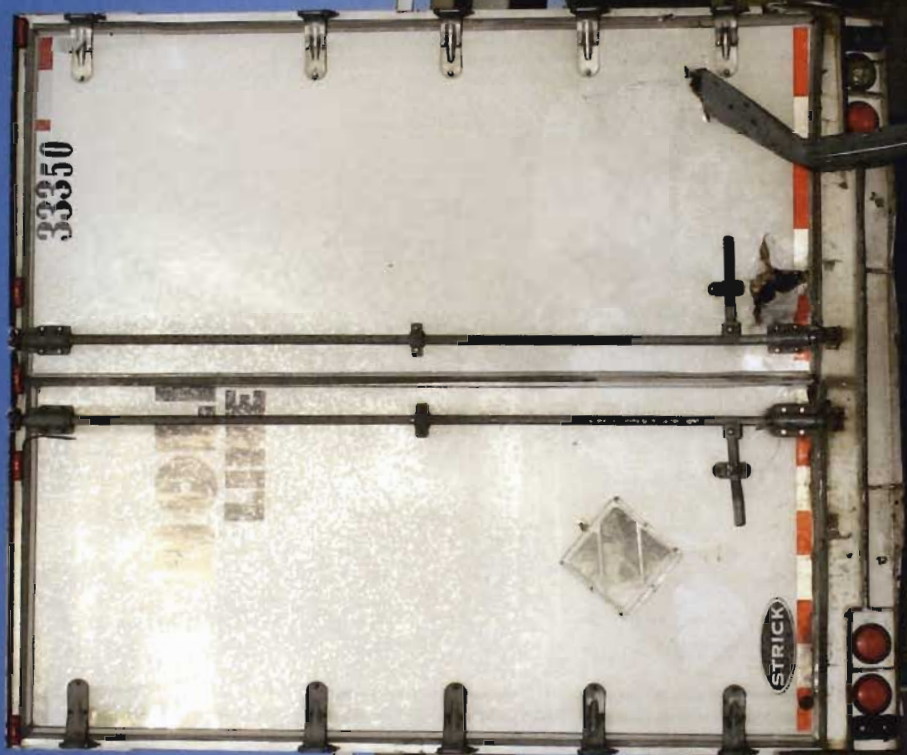
Attachment-Response 4

d. Expert Deposition  
Transcripts

Trooper Baughman

1734205-WE - 1 - Toyota

Exhibit 003



33350

STRICK

STRICK

EXHIBIT

Toysota 3

tabbles

EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

d. Expert Deposition  
Transcripts

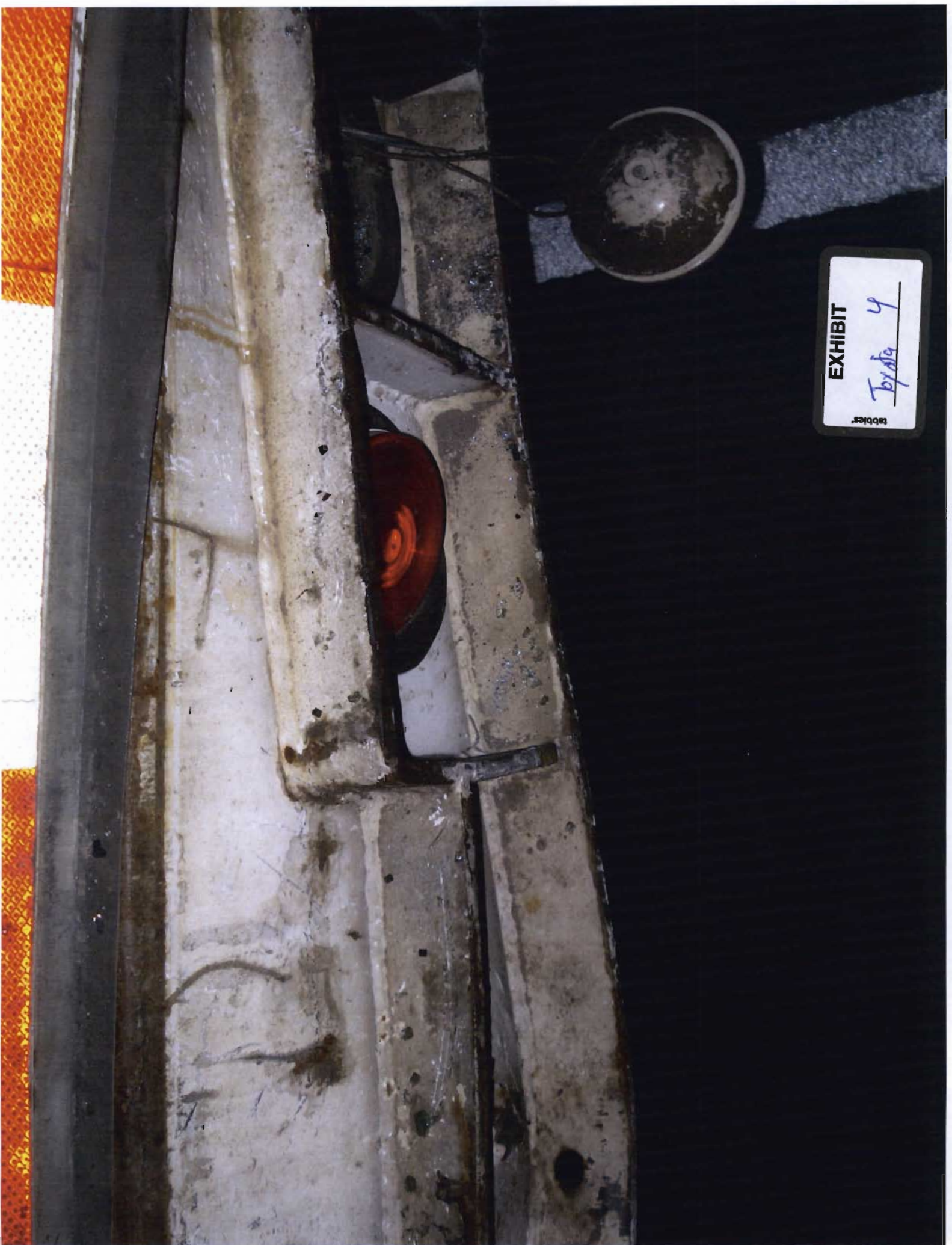
Trooper Baughman

1734206-WE - 1 - Toyota

Exhibit 004

EXHIBIT  
Toyota 4

Labels



EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

d. Expert Deposition  
Transcripts

Trooper Baughman

1734207-WE - 1 - Toyota

Exhibit 005

EXHIBIT

Toyota S

Abbles



EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

d. Expert Deposition  
Transcripts

Trooper Baughman

1734208-WE - 1 - Toyota

Exhibit 006



EXHIBIT

9  
Kopel  
Kopel

Labels



EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

d. Expert Deposition  
Transcripts

Trooper Baughman

1734209-WE - 1 - Toyota

Exhibit 007



EXHIBIT  
*Kapriel*  
Ebbeler

STRICK

EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

d. Expert Deposition  
Transcripts

Trooper Baughman

1734210-WE - 1 - Toyota

Exhibit 008

EXHIBIT 8  
Kopel  
bbbles

STRICTLY