



HUMAN PERFORMANCE FACTORS GROUP CHAIRMAN'S FACTUAL REPORT
ATTACHMENT 11:

Florida Highway Patrol Post-Crash Motor Carrier Inspection Report

Williston, FL

HWY16FH018

(4 pages)

FLORIDA HIGHWAY PATROL
COMMERCIAL VEHICLE ENFORCEMENT

POST-CRASH INSPECTION REPORT

AGENCY CASE NUMBER FHPB16OFF012225	DRIVER VEHICLE EXAMINATION NO.	INVESTIGATING TROOPER TPR. JEREMY FAUL	FIELD OFFICE OCA
LOCATION OF CRASH US27 & NE 140TH AVE, WILLISTON, FL 32696		COUNTY LEVY	NO. OF FATALITIES 1
NO. OF INJURIES 0		DATE OF DISPATCH DATE 05/07/2016 TIME 1740 HRS	DATE OF ARRIVAL DATE 05/07/2016 TIME 1830 HRS
DATE INSPECTION STARTED DATE 05/12/2016 TIME 0755 HRS		DATE INSPECTION COMPLETED DATE 05/12/2016 TIME 1000 HRS	
COMPLIANCE REVIEW REQUESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHOTOGRAPHS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NAME OF PERSON TAKING PHOTOGRAPHS N/A	PERSON RECEIVING PHOTOGRAPHS N/A
PHOTOGRAPHS RECEIVED DATE TIME	HM INVOLVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PLACARDS REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HM DESCRIPTION N/A
CARGO TANK/BULK PACKAGE TYPE N/A	AMOUNT OF HM SPILLED N/A	REQUESTING AGENCY FHP	ADDRESS 600 SE 25TH AVE, OCALA, FL
TELEPHONE NO. [REDACTED]	INVESTIGATING TROOPER CPL. DAPHNE YUNCKER	TRAFFIC HOMICIDE INVESTIGATOR CPL. DAPHNE YUNCKER	THI CASE NO. FHP716-39-007
TELEPHONE NO. [REDACTED]	DATE OF CRASH DATE 05/07/2016 TIME 1642 HRS		

MOTOR CARRIER INFORMATION

NAME OF MOTOR CARRIER OKEMAH EXPRESS LLC	MOTOR CARRIER ADDRESS / CITY / STATE / ZIP [REDACTED]		
TELEPHONE NO. [REDACTED]	US / FLORIDA DOT NO. 1065141	<input checked="" type="checkbox"/> INTERSTATE <input type="checkbox"/> INTRASTATE	
NAME OF OWNER [REDACTED]	OWNER'S ADDRESS / CITY / STATE / ZIP [REDACTED]	TELEPHONE NO. [REDACTED]	
NAME OF INSURANCE CARRIER OODA RISK RETENTION GROUP INC.	INSURANCE CARRIER ADDRESS / CITY / STATE / ZIP 1 NW OODA Drive, Grain Valley, MO 64029	TELEPHONE NO. [REDACTED]	
NAME OF INSURANCE REPRESENTATIVE ON SCENE N/A	POLICY NUMBER [REDACTED]	POLICY EFFECTIVE DATE 05-17-15	

DRIVER INFORMATION

DRIVER'S NAME [REDACTED]	FATALITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CO-DRIVER'S NAME N/A	FATALITY <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS / CITY / STATE / ZIP [REDACTED]		ADDRESS / CITY / STATE / ZIP [REDACTED]	
DOB [REDACTED]	SEX M	HT 5 FT 10 IN	WT 245
DOB [REDACTED]	SEX FT	HT IN	WT IN
CDL NO. [REDACTED]	STATE FL	CLASS A	EXP. DATE [REDACTED]
ENDORSEMENTS NONE	CDL NO.	STATE	CLASS
MEDICAL CERTIFICATE ISSUE DATE 09/28/2015 EXP. DATE 09/28/2017	DOCTOR'S NAME [REDACTED]		ENDORSEMENTS
MEDICAL CERTIFICATE ISSUE DATE EXP. DATE	DOCTOR'S NAME		ENDORSEMENTS
DOCTOR'S / CLINIC ADDRESS / CITY / STATE FL 34689	MEDICAL REGISTRY NO. [REDACTED]		DOCTOR'S / CLINIC ADDRESS / CITY / STATE / ZIP
DOCTOR'S / CLINIC ADDRESS / CITY / STATE / ZIP	MEDICAL REGISTRY NO.		DOCTOR'S / CLINIC ADDRESS / CITY / STATE / ZIP
MEDICAL WAIVER/SPE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IN POSSESSION <input type="checkbox"/> YES <input type="checkbox"/> NO	EXP. DATE	MEDICAL WAIVER/SPE <input type="checkbox"/> YES <input type="checkbox"/> NO
IN POSSESSION <input type="checkbox"/> YES <input type="checkbox"/> NO	EXP. DATE	MEDICAL WAIVER/SPE <input type="checkbox"/> YES <input type="checkbox"/> NO	IN POSSESSION <input type="checkbox"/> YES <input type="checkbox"/> NO

VEHICLE INFORMATION

TRACTOR MAKE FREIGHTLINER	UNIT NO. 14	YEAR 2014	VIN NO. [REDACTED]
LICENSE NO. [REDACTED]	STATE FL	GROSS WEIGHT 80000	GWR 52350
NO. OF AXLES 3	TRACTOR MAKE UTILITY	UNIT NO. 2004	YEAR 2003
VIN NO. [REDACTED]	LICENSE NO. [REDACTED]	STATE FL	GROSS WEIGHT 14000
GWR 29500	NO. OF AXLES 2	TRACTOR MAKE N/A	UNIT NO.
YEAR	VIN NO.	LICENSE NO.	STATE
GROSS WEIGHT	GWR	NO. OF AXLES	

RADAR DETECTOR POLICE SCANNER BUSINESS RADIO RADIO/CD PLAYER CB RADIO CELL PHONE ELECTRONIC LOGS TYPE

HOURS OF SERVICE

DRIVER'S NAME [REDACTED]					CO-DRIVER'S NAME N/A				
HOURS OF SERVICE RULES					HOURS OF SERVICE RULES				
<input checked="" type="checkbox"/> INTERSTATE <input type="checkbox"/> INTRASTATE					<input type="checkbox"/> INTERSTATE <input type="checkbox"/> INTRASTATE				
DATE	TOTAL HRS ON DUTY	DRIVING	ON-DUTY NOT DRIVING	TOTAL MLS DRIVEN	DATE	TOTAL HRS ON DUTY	DRIVING	ON-DUTY NOT DRIVING	TOTAL MLS DRIVEN
04/30/2016	9.5	9	.5	526					
05/01/2016	0	0	0	0					
05/02/2016	0	0	0	0					
05/03/2016	0	0	0	0					
05/04/2016	0	0	0	0					
05/05/2016	0	0	0	0					
05/06/2016	0	0	0	0					
05/07/2016	5.5	5.25	.25	117					
TOTALS	15	14.25	.75	643					

ATTACHMENTS

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PERSONS ASSISTING WITH INSPECTION

NAME N/A	ADDRESS / CITY / STATE / ZIP	TELEPHONE NO.	CELL/PAGER NO.
OCCUPATION		REASON FOR ASSISTING	
NAME	ADDRESS / CITY / STATE / ZIP	TELEPHONE NO.	CELL/PAGER NO.
OCCUPATION		REASON FOR ASSISTING	

SUBMITTED BY

PRINTED NAME TPR. JEREMY FAUL	SIGNATURE	DATE
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REVIEWING POST-CRASH TROOPER

PRINTED NAME TPR. JEREMY FAUL	SIGNATURE	DATE
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REVIEWING SUPERVISOR

PRINTED NAME SGT. PAT EARP	SIGNATURE	DATE
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BRAKE FORCE CALCULATIONS

AXLE	PUSHROD TRAVEL	SLACK ADJUSTER LENGTH	BRAKE LINING *CODE NOT THICKNESS	DRUM RADIUS	CAM RADIUS	TIRE ROLLING RADIUS	VERTICAL WEIGHT ON WHEEL
Steer/Left	NM /DISK BRAKES						
Steer/Right	NM /DISK BRAKES						
1 st Drive/Left	NM /DISK BRAKES						
1 st Drive/Right	NM /DISK BRAKES						
2 nd Drive/Left	NM /DISK BRAKES						
2 nd Drive/Right	NM /DISK BRAKES						
1 st Trailer/Left	2 INCH						
1 st Trailer/Right	2 1/8 INCH						
2 nd Trailer/Left	1 3/4 INCH						
2 nd Trailer/Right	1 1/2 INCH						

*Pushrods length: 5 inch, 5.5 inch or 6 inch

*Standard Drums size: 16.5 inch diameter on the steer and 18 inch diameter on the rear

*Code letter for coefficient of friction: C, D, E, F, G or H. The final 2 letters of the brake edge codes.