



**VEHICLE FACTORS GROUP CHAIRMAN'S  
FACTUAL REPORT**

**Vehicle Attachment #3 – Florida Highway Patrol Post-Crash Inspection Report**

**Williston, Florida**

**HWY16FH018**

**(6 pages)**

FLORIDA HIGHWAY PATROL  
COMMERCIAL VEHICLE ENFORCEMENT

**POST-CRASH INSPECTION REPORT**

AGENCY CASE NUMBER <b>FHPB16OFF012225</b>	DRIVER VEHICLE EXAMINATION NO.	INVESTIGATING TROOPER <b>TPR. JEREMY FAUL</b>	FIELD OFFICE <b>OCA</b>
LOCAT ON OF CRASH <b>US27 &amp; NE 140<sup>TH</sup> AVE, WILLISTON, FL 32696</b>		COUNTY <b>LEVY</b>	NO. OF FATALITIES <b>1</b>
NO. OF INJURIES <b>0</b>		DATE OF DISPATCH DATE <b>05/07/2016</b> TIME <b>1740 HRS</b>	DATE OF ARRIVAL DATE <b>05/07/2016</b> TIME <b>1830 HRS</b>
DATE INSPECTION STARTED DATE <b>05/12/2016</b> TIME <b>0755 HRS</b>		DATE INSPECTION COMPLETED DATE <b>05/12/2016</b> TIME <b>1000 HRS</b>	
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 <b>N/A</b>	PERSON RECEIVING PHOTOGRAPHS <b>N/A</b>
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 <b>N/A</b>
CARGO TANK/BULK PACKAGE TYPE <b>N/A</b>	AMOUNT OF HM SPILLED <b>N/A</b>		
REQUESTING AGENCY <b>FHP</b>	ADDRESS <b>600 SE 25<sup>TH</sup> AVE, Ocala, FL</b>	TELEPHONE NO. <b>(352) [REDACTED]</b>	INVESTIGATING TROOPER <b>CPL. DAPHNE YUNCKER</b>
TRAFFIC HOMICIDE INVESTIGATOR <b>CPL. DAPHNE YUNCKER</b>	THI CASE NO. <b>FHP716-39-007</b>	TELEPHONE NO. <b>(352) [REDACTED]</b>	DATE OF CRASH DATE <b>05/07/2016</b> TIME <b>1642 HRS</b>

**MOTOR CARRIER INFORMATION**

NAME OF MOTOR CARRIER <b>OKEMAH EXPRESS LLC</b>	MOTOR CARRIER ADDRESS / CITY / STATE / ZIP [REDACTED]		
TELEPHONE NO. [REDACTED]	US / FLORIDA DOT NO. <b>1065141</b>	<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 <b>OODA RISK RETENTION GROUP INC.</b>	INSURANCE CARRIER ADDRESS / CITY / STATE / ZIP <b>1 NW OODA Drive, Grain Valley, MO 64029</b>		TELEPHONE NO. [REDACTED]
NAME OF INSURANCE REPRESENTATIVE ON SCENE <b>N/A</b>	POLICY NUMBER [REDACTED]	POL CY EFFECTIVE DATE <b>05-17-15</b>	

**DRIVER INFORMATION**

DRIVER'S NAME <b>FRANK BARESSI</b>	FATALITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CO-DRIVER'S NAME <b>N/A</b>	FATALITY <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS / CITY / STATE / ZIP [REDACTED]		ADDRESS / CITY / STATE / ZIP [REDACTED]	
DOB [REDACTED]	SEX <b>M</b>	HT <b>5 FT 10 IN</b>	WT <b>245</b>
DOB [REDACTED]	SEX [REDACTED]	HT <b>FT IN</b>	WT [REDACTED]
CDL NO. [REDACTED]	STATE <b>FL</b>	CLASS <b>A</b>	EXP. DATE [REDACTED]
ENDORSEMENTS <b>NONE</b>		ENDORSEMENTS	ENDORSEMENTS
MEDICAL CERTIFICATE ISSUE DATE <b>09/28/2015</b> EXP. DATE <b>09/28/2017</b>		DOCTOR'S NAME <b>TRACY GREEN ARNP</b>	
DOCTOR'S / CLINIC ADDRESS / CITY / STATE <b>1000 E. TARPON AVE, TARPON SPRINGS, FL 34689</b>		MEDICAL REGISTRY NO. <b>8557666228</b>	
MEDICAL WAIVER/SPE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IN POSSESSION <input type="checkbox"/> YES <input type="checkbox"/> NO	
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 <b>FREIGHTLINER</b>	UNIT NO. <b>14</b>	YEAR <b>2014</b>	VIN NO. [REDACTED]		
LICENSE NO. [REDACTED]	STATE <b>FL</b>	GROSS WEIGHT <b>80000</b>	GWR <b>52350</b>	NO. OF AXLES <b>3</b>	
TRAILER MAKE <b>UTILITY</b>	UNIT NO. <b>2004</b>	YEAR <b>2003</b>	VIN NO. [REDACTED]		
LICENSE NO. [REDACTED]	STATE <b>FL</b>	GROSS WEIGHT <b>14000</b>	GWR <b>29500</b>	NO. OF AXLES <b>2</b>	
TRAILER MAKE <b>N/A</b>	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 <b>FRANK BARESSI</b>					CO-DRIVER'S NAME <b>N/A</b>				
HOURS OF SERVICE RULES <input checked="" type="checkbox"/> INTERSTATE <input type="checkbox"/> INTRASTATE					HOURS OF SERVICE RULES <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					
<b>TOTALS</b>	<b>15</b>	<b>14.25</b>	<b>.75</b>	<b>643</b>					

## ATTACHMENTS

1		7	
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6		12	

## PERSONS ASSISTING WITH INSPECTION

NAME <b>N/A</b>	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 <b>TPR. JEREMY FAUL</b>	SIGNATURE	DATE
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## REVIEWING POST-CRASH TROOPER

PRINTED NAME <b>TPR. JEREMY FAUL</b>	SIGNATURE	DATE
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## REVIEWING SUPERVISOR

PRINTED NAME <b>SGT. PAT EARP</b>	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 <sup>st</sup> Drive/Left	NM /DISK BRAKES						
1 <sup>st</sup> Drive/Right	NM /DISK BRAKES						
2 <sup>nd</sup> Drive/Left	NM /DISK BRAKES						
2 <sup>nd</sup> Drive/Right	NM /DISK BRAKES						
1 <sup>st</sup> Trailer/Left	2 INCH						
1 <sup>st</sup> Trailer/Right	2 1/8 INCH						
2 <sup>nd</sup> Trailer/Left	1 3/4 INCH						
2 <sup>nd</sup> 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.

FLORIDA HIGHWAY PATROL  
COMMERCIAL VEHICLE ENFORCEMENT

POST CRASH INSPECTION REPORT  
SUMMARY/SUPPLEMENT

On 05/07/16, at approximately 1730 Hours, I received a phone call from Florida Highway Patrol (FHP) Communications Center. I was requested to respond to US27 and NE 140<sup>TH</sup> Avenue in Williston, Levy County, Florida in reference to a vehicle crash involving one commercial vehicle and one passenger vehicle with one fatality.

Florida Highway Patrol Lieutenant Michael Blair and Sergeant Pat Earp were notified of the incident. A Post Crash notification was emailed through the proper chain of command on 05-07-16.

I arrived at the above location at approximately 1830 Hours and made contact with FHP Corporal Daphne Yuncker, who was conducting the traffic homicide investigation, case number FHP-B16-OFF-012225, and Traffic Homicide Investigation case number FHP 716-39-007. I was advised that at approximately 1642 Hours a red, 2014, Freightliner Tractor (North bound on US 27)) hauling a 2003 Utility trailer turned West on NE 140<sup>th</sup> Avenue in Williston, FL. While turning West on NE 140<sup>th</sup> Ave, a black in color Tesla passenger vehicle ran under the center part of the trailer causing the passenger vehicle to crash. The driver of the passenger vehicle sustained injuries which were fatal.

A CVSA level one inspection (FL3122005025) was conducted on 05-12-16 at 0755 hours on the 2014 Freightliner tractor and 2003 Utility trailer. A copy of the inspection was mailed to Owner [REDACTED].

I observed the tractor to be a red, 2014, Freightliner, with vehicle identification number [REDACTED], bearing Florida tag number [REDACTED], and unit number 14. The tractor is registered to Okemah Express LLC (DOT# 1065141). The trailer is an aluminum, 2003 Utility trailer, with identification number [REDACTED], bearing Florida tag [REDACTED], and unit number 2004. The trailer is also registered to Okemah Express LLC.

I observed the carrier to be Okemah Express LLC (DOT# 1065141) out of Palm Harbor, Florida. I did a query central search and determined the carrier has no out of service vehicles or drivers in their profile. The carrier has the proper authority and insurance.

I then made contact with driver of the Commercial Vehicle, [REDACTED], who provided me with License and registration for both truck and trailer. He also provided me with log book, medical card and annual inspections for both truck and trailer. He verbally provided me with his daily activity which I wrote in my notes at the scene of the accident. Mr. [REDACTED] had a valid Florida Class A CDL with no endorsements.

Mr. [REDACTED] advised on scene that on this date (05-07-16), at approximately 0800 hours, he left his home in Tampa, Florida driving his tractor/trailer to pick up a load of Blueberries in Plant City, Florida. He stated that he arrived in Plant City at approximately 0930 hours to load. He then left Plant City at 1300 hours traveling to Williston, FL to pick up more Blueberries to transport to Boston, MA. I then inspected Mr. [REDACTED] log book and observed that he was off duty not driving from 04-31-16 through 05-06-16 and that on 05-07-16 (Date of accident) he had only driven for 5.25 hours and was in compliance with the hours of service regulations.

Mr. [REDACTED] asked that due to being loaded with perishable blueberries and us putting a 5 day hold on the vehicle, if he could unload the blueberries at the packing house which was 2 miles from the accident scene. After conferring with Cpl. Yuncker, we allowed Mr. Baressi to drive his vehicle to the packing house located at HSMV 61513 (08/11)

3250 NE 140<sup>th</sup> Ave, Williston, FL unload. After unloading the vehicle, we secured the vehicle at the loading house until we could return to complete the inspection of the CMV.

On 05-12-16, at approximately 0755 hours, I completed a CVSA level 1 inspection on the truck and trailer. During my inspection of the power unit, I discovered no violations. During my inspection of the trailer I observed damage to the middle part of the trailer where the passenger vehicle went under the trailer. I observed that the left and right side lower frame rail was broken on the middle part of the trailer (Out of Service Violation). I observed that 1 cross member was missing at the same location that the frame rail was broken on the trailer and that 1 cross member was bent at the front of the trailer about the fifth wheel assembly. I observed 1 audible air leak at a proper connection between axle 4 and 5 on the trailer (Vehicle was able to maintain adequate air pressure during air pressure test) and I observed the left and right intermediate marker lamps broken on the trailer also due to passenger vehicle hitting the middle part of the trailer. All violations were due to the accident except the air leak at proper connection which I am unable to determine if the violation existed prior to the accident.

During my inspection of the power unit and trailer, Driver [REDACTED] assisted with the controls of the vehicle. He was instructed to build air pressure to 100 psi when inspecting the braking system of the vehicle. Axle's 1, 2 and 3 of the power unit were Disc brakes and no measurement was obtained. Axle's 3 and 4 of the trailer were regular air brakes with no violations discovered.

I then inspected the annual inspections on the truck and trailer and observed both to be completed on January 2016, by [REDACTED] of All Around Repairs, located at [REDACTED], Clearwater, FL.

The carrier has active insurance with OOIDA Risk Retention Group Inc., with policy # [REDACTED], current through 05-17-16. The carrier's policy was in compliance with the federal regulations at the time of the accident.

Mr. [REDACTED] provided me with a current and valid medical card which was issued on 09-28-15 and expires on 09-28-17. The medical card was issued by Advanced Registered Nurse Practitioner [REDACTED] at [REDACTED] Tarpon Springs, FL. I confirmed the medical card by telephone on 05-23-16 at approximately 1130 hrs.

On 05-07-16, Mr. [REDACTED] provided local paramedics with a sample of his blood for drug and alcohol test at the request of Cpl. Yuncker. I am still waiting on the results from said drug and alcohol test.