

Multiple Accident Report - Accident Report #: 35110 377

City			
Truck Number 2534	Vehicle Make and Year 94 FREIGHTLINER	License Plate #: State: TX R19322	Serial No. 1FVYBZYB 9RA602534
Truck Number 54732	Vehicle Make and Year	License Plate #: State:	Serial No.
Type of Damage to Penske Logistics Vehicle DE STRAILED ON RS SIDE		Penske Vehicle (#1) Towed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No. of Occupants 1
Leased Employee <input type="checkbox"/> Penske Employee		No. of years driving for Penske: 8 MOJ	
Driver's Name: HARRY MCAN		Driver's License No. 07503195	State TX
Date of Hire: 1/05/97 Age 41		Expiration Date 07/25/99	
		Social Security Number 213 - 72 - 6221	

Driver's Address 75 JAVOE LANE		City CUBOLA	State TX	ZIP 78708	Phone Number (210) 566-6018
Mo. 10	Day 10	Year 1997	Time - A.M. 11:45 - P.M. <input checked="" type="checkbox"/>	Location-Intersection-Street I-35 EXIT 221	City BUDA
			State TX		

Name of Investigating Police Officer, Badge No., & Police Department OFFICER AKER (TEXAS STATE TROOPER) BADGE NO. 6647	Name/Address/Phone # 1-512-853-7000	Report #
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Weather <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow		Roadway <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice		Visibility <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor		Temperature <input checked="" type="checkbox"/> Hot <input type="checkbox"/> Mild <input type="checkbox"/> Cold	
Owner's Name DAX TAYLOR	Address 6703 LANCASTER HILL	City AUSTIN	State TX	ZIP	Phone (512) 442-4172		
Driver's Name SAME	Address	City	State	ZIP	Phone		
Driver's License No. 149-866 57	State TX	Insurance Carrier FARMERS INSURANCE	Policy Number 182-245-0011 350-391-799-80				
Year/Make 95 MUSTANG	License No. PHF-290	State TX	Describe Damage PASS ON CURB SIDE (460 IN.) FRONT		Vehicle #2 Towed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

NOTE: USE SUPPLEMENTAL ACCIDENT REPORT FORM FOR ADDITIONAL VEHICLES INVOLVED

Owner's Name and Address

Describe Property Damage

NORTH BOUND (VEHICLE #2) EAST CONTROL AND SWERVED INTO SOUTH BOUND TRAFFIC. VEHICLE #1 WAS TRAVELING SOUTHBOUND, SWERVED TO AID VEHICLE #1. VEHICLE #2 HIT VEHICLE #1 AND TUMBLED OVER AS HE SWERVED. VEHICLE #3 HIT VEHICLE #1 &

EXHIBIT

116

DATE 7/2/03

Accident Date: 10/9/97 Accident Report #: 3511 1397

Accident Register Code: 508 Name of Accident: Action Involved: 603 Location of Accident: 204

Co-Driver Information: Co-Driver's name: Address: City: State: ZIP:

No. of Passengers in other vehicle: Vehicle #1: 1 Vehicle #3: 5




Name & Address	Injured?	Type of Injury?	Age	Ych #
?	Yes	NECK INJURY	2	3

People Hospitalized: Name of Hospitalized People: Hospital Name/Address:

Whose Cargo (ie; customer or other?): CUSTOMER ZENITH ELECTRONICS
 Description of Damage: CRT'S - STRUCK ON THE EXIT OF HIGHWAY 2-23
 Estimated \$ loss - Salvage information/Estimate:
 Where is cargo now?: SPECIAL AUTOMOTIVE WRECKER SERVICE 10162 FM 812 AUSTIN, TX 78719 1-800-218-1011

Was any fuel or hazardous materials spilled? Yes No If yes, how much? What type of hazardous material?
 Was hazardous material cleaned-up? Yes No If yes, what agency conducted the clean-up? 1-800-421-7911 Was hazmat incident report completed? Yes No
 COBE 03 INC.

VEHICLE #2 INSURANCE POC BOA CAMPBELL
 FARMERS INSURANCE, 512-445-1230 1800 225 COLL
 CASE # 48163 P96

- ▷ Vehicle #1  Pedestrian
- ▷ Vehicle #2  Stop Sign
- ▷ Vehicle #3  Stop Light

on Diagram:
 on diagram what happened
 heavy lines to show streets
 road numbers and street
 arrow indicating direction of travel

