

**OHIO TURNPIKE COMMISSION
LONG DOUBLE TRAILER MONTHLY REPORT**

COMPANY NAME: _____

SUBMITTED BY: _____ **PHONE NUMBER:** _____

FAX NUMBER: _____ **E-MAIL ADDRESS:** _____

REPORTING PERIOD

MONTH: _____ **YEAR:** _____

NUMBER OF TRIPLE BREAKDOWNS ON THE OHIO TURNPIKE: _____

NUMBER OF TRIPLE ACCIDENTS ON THE OHIO TURNPIKE:

AVOIDABLE: _____ **UNAVOIDABLE:** _____

NUMBER OF ALL DRIVER MOVING VIOLATIONS IN ALL STATES:

COMMERCIAL: _____ **NON-COMMERCIAL:** _____

REMARKS:

Send page 2 with this report.
(driver accidents in any vehicle, in any state)

Send page 3 with this report: one page per driver as needed
(triple drivers list of suspensions, violations or citations)

**Long double trailer operators are to complete this report, on a monthly basis, and e-mail as an attachment to amy.dickinson@ohioturnpike.org or mail to:
Kerry Ferrier, Traffic Engineer, Ohio Turnpike Commission, 682 Prospect Street, Berea, Ohio 44017**

**OHIO TURNPIKE COMMISSION
LONG DOUBLE TRAILER MONTHLY REPORT
MONTHLY DRIVER ACCIDENT LIST**

COMPANY NAME: _____

PLEASE LIST ALL OF YOUR LCV DRIVERS ACCIDENTS THAT OCCURRED THIS MONTH, IN ANY VEHICLE, IN ANY STATE:

DRIVER NAME (FIRST-MIDDLE INITIAL-LAST)	STATE & LICENSE NUMBER
LOCATION OF ACCIDENT-(STREET-CITY-STATE)	DATE ACCIDENT OCCURRED
COMMERCIAL OR PASSENGER VEHICLE	DRIVER AT FAULT? YES OR NO

DRIVER NAME (FIRST-MIDDLE INITIAL-LAST)	STATE & LICENSE NUMBER
LOCATION OF ACCIDENT-(STREET-CITY-STATE)	DATE ACCIDENT OCCURRED
COMMERCIAL OR PASSENGER VEHICLE	DRIVER AT FAULT? YES OR NO

DRIVER NAME (FIRST-MIDDLE INITIAL-LAST)	STATE & LICENSE NUMBER
LOCATION OF ACCIDENT-(STREET-CITY-STATE)	DATE ACCIDENT OCCURRED
COMMERCIAL OR PASSENGER VEHICLE	DRIVER AT FAULT? YES OR NO

DRIVER NAME (FIRST-MIDDLE INITIAL-LAST)	STATE & LICENSE NUMBER
LOCATION OF ACCIDENT-(STREET-CITY-STATE)	DATE ACCIDENT OCCURRED
COMMERCIAL OR PASSENGER VEHICLE	DRIVER AT FAULT? YES OR NO

DRIVER NAME (FIRST-MIDDLE INITIAL-LAST)	STATE & LICENSE NUMBER
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COMMERCIAL OR PASSENGER VEHICLE	DRIVER AT FAULT? YES OR NO

