



**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:**

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

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

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