

**OHIO TURNPIKE AND INFRASTRUCTURE COMMISSION
LONG COMBINATION VEHICLES (LCV) MONTHLY REPORT**

COMPANY NAME: _____

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

E-MAIL ADDRESS: _____

REPORTING PERIOD

MONTH: _____ **YEAR:** _____

NUMBER OF LCV BREAKDOWNS ON THE OHIO TURNPIKE: _____

NUMBER OF LCV 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.
(accidents in any vehicle, in any state)

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

LCV operators are to complete this report, on a monthly basis, and e-mail as an attachment to permitting@ohioturnpike.org or mail to:
Ohio Turnpike Commission, LCV Permits, 682 Prospect Street, Berea, Ohio 44017

**OHIO TURNPIKE AND INFRASTRUCTURE COMMISSION
LONG COMBINATION VEHICLES (LCV) MONTHLY REPORT
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
LOCATION OF ACCIDENT-(STREET-CITY-STATE)	DATE ACCIDENT OCCURRED
COMMERCIAL OR PASSENGER VEHICLE	DRIVER AT FAULT? YES OR NO

OHIO TURNPIKE AND INFRASTRUCTURE COMMISSION
INDIVIDUAL DRIVER MOVING VIOLATIONS/CITATIONS/SUSPENSIONS

COMPANY NAME: _____

DRIVER NAME: _____

PERMIT NUMBER: _____ **TERMINAL:** _____

PLEASE LIST ALL VIOLATIONS, CITATIONS, AND SUSPENSIONS IN THE SPACE BELOW STARTING WITH THE MOST CURRENT DATE:

Start Date	End Date	State	Type of Violation	Commercial or Passenger Vehicle	#Points

Start Date	End Date	State	Type of Violation	Commercial or Passenger Vehicle	#Points

Start Date	End Date	State	Type of Violation	Commercial or Passenger Vehicle	#Points

Start Date	End Date	State	Type of Violation	Commercial or Passenger Vehicle	#Points

Start Date	End Date	State	Type of Violation	Commercial or Passenger Vehicle	#Points

Start Date	End Date	State	Type of Violation	Commercial or Passenger Vehicle	#Points