

Veritas Administrators LLC

National Claims Management

P. O. Box 215

Mokena, IL 60448

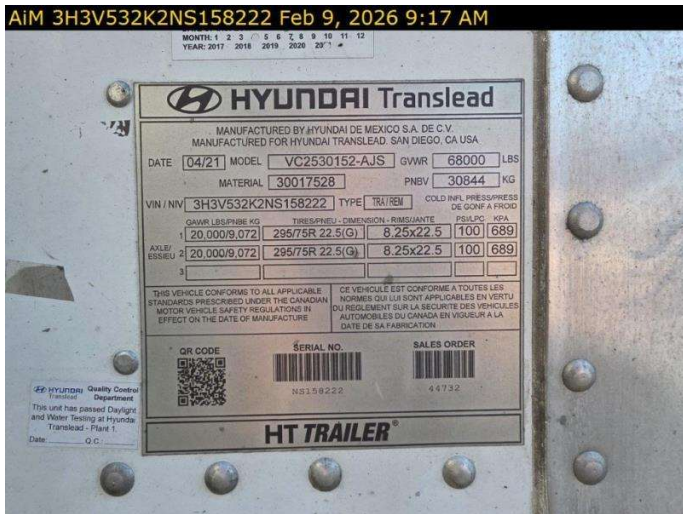
Phone: (815) 280-5400 Fax: (815) 230-1336

Email: appraisals@veritasclaims.com

Carrier: 233



Date:	2/12/2026	Year:	2022
Reference #:	043410014416	Make:	HYUNDAI TRANSEAD TRAILERS
Estimated By:	Ashley Stull	Model:	Hyundai Translead Trailers
Name:	Relax Transportation, LLC	Unit #:	



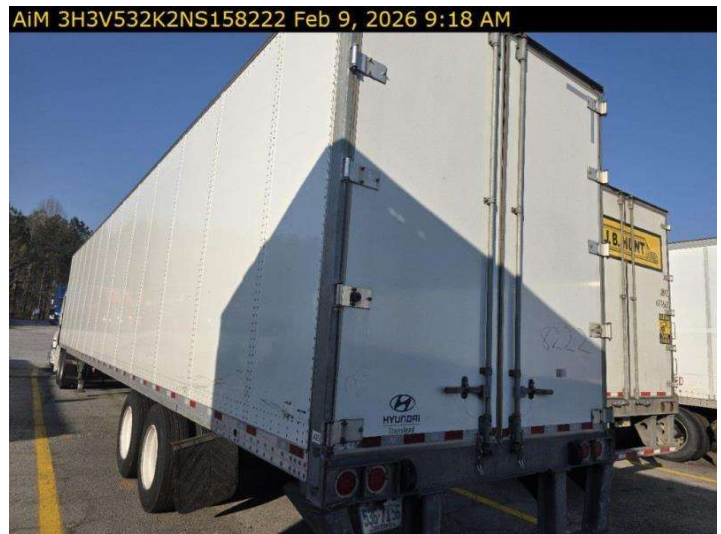
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L REAR.jpg

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Date:	2/12/2026	Year:	2022
Reference #:	043410014416	Make:	HYUNDAI TRANSLEAD TRAILERS
Estimated By:	Ashley Stull	Model:	Hyundai Translead Trailers
Name:	Relax Transportation, LLC	Unit #:	



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Date: 2/12/2026
Reference #: 043410014416
Estimated By: Ashley Stull
Name: Relax Transportation, LLC

Year: 2022
Make: HYUNDAI TRANSLEAD TRAILERS
Model: Hyundai Translead Trailers
Unit #:



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DAMAGE 2.jpg



DAMAGE 3.jpg



DAMAGE 4.jpg

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Name: Relax Transportation, LLC

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DAMAGE 7.jpg



DAMAGE 8.jpg

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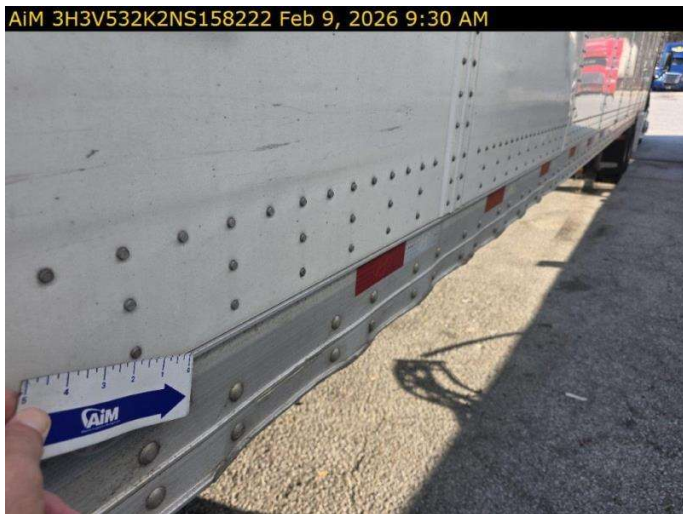
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DAMAGE 12.jpg

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DAMAGE.jpg



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Year: 2022
Make: HYUNDAI TRANSLEAD TRAILERS
Model: Hyundai Translead Trailers
Unit #:

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TREAD 2.jpg

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TREAD 4.jpg

AiM 3H3V532K2NS158222 Feb 9, 202



TREAD 5.jpg

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AIM 3H3V532K2NS158222 Feb 9, 202



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Estimated By:	Ashley Stull	Model:	Hyundai Translead Trailers
Name:	Relax Transportation, LLC	Unit #:	

TERMS & CONDITIONS

>>>>> IMPORTANT NOTICE <<<<<

This appraisal covers only documented damage. Additional damage may be discovered in the process of repairs. Any changes or additions to this estimate must be supported by verifiable documentation. Please contact the Veritas Appraiser for pre-authorization on any supplement so that proper documentation can be secured prior to performing additional repairs. Supplements that are not pre-approved and/or do not have adequate documentation may not qualify for payment.

FLORIDA CLAIMS

THIS ESTIMATE REPRESENTS OUR CURRENT EVALUATION OF THE COVERED DAMAGES TO YOUR INSURED PROPERTY AND MAY BE REVISED AS WE CONTINUE TO EVALUATE YOUR CLAIM. IF YOU HAVE QUESTIONS, CONCERNS, OR ADDITIONAL INFORMATION REGARDING YOUR CLAIM, WE ENCOURAGE YOU TO CONTACT US

Signed _____ Date _____

COMMERCIAL TRAILER

BASIC CLAIM INFORMATION FORM

PHONE: (800) 621-8070		In Illinois: (312) CCC-INFO		FAX: (888) 832-1750	
* Indicates Required Fields					
CRV Office ID Number*					
Report Retrieval Method*	<input checked="" type="checkbox"/> Email	Fax		Other (specify)	
Claim Representative Last Name* Harder			Claim Representative First Name Flo		
Claim Representative Email flo.harder@us.davies-group.com			Claim Representative Contact 469-965-2035		
Date of loss (mm/dd/yyyy) 1/9/2025			Claim Number 281.153		
Policy Number TTI100341		Type of Loss*	Collision x		
Insured Name Relax Transportation, LLC		Insured Phone Number (404) 808-5670			
Claimant Name NA		Claimant Phone Number NA			
Loss State PA		Loss ZIP Code			
VIN 3H3V532K2NS158222					
Year 2022	Make Hyundai	Model Translead			
Length* 53 FT.		Height 96"		Width* 102"	
Overall Condition Ratings*	(1) Below Average	(2) Average		(3) Exceptional	
Trailer Type*					
Flatbed	Log Trailer	Car Hauler (Open)		Car Hauler (Enclosed)	
Dry Van	Refrigerator Van	Enclosed Utility		Horse/Livestock	
V-Deck	Motorcycle	Low Boy		Tank	
Landscape	Dump	Snowmobile		ATV	
Boat	Tilt Deck	Personal Watercraft		Curtain Side	
Walking Floor	Drop Deck Flatbed	Drop Frame (moving van)		Utility Bed	
Hitch Type					
Goose Neck	Bumper Pull	Pintle	King Pin	Hydraulic Goose Neck	
Lift Gate Yes No	Manufacturer		Lift Gate Year	Capacity lbs.	
Exterior Construction					

Frame	Steel	Aluminum	Other			
Deck	Steel	Aluminum	Steel Rail	Diamond Plate	Wood	Other
Sides	Steel	Aluminum	Wood	Fiberglass	Other	
Roof	Steel	Aluminum	Wood	Translucent	Other	
Interior Lining		Plywood		Kemlite		Insulated
Insulated Yes No						
Side Door Type	Swing	Rollup	Curbside	Ramp	Roadside	Other
Rear Door Type	Swing	Ramp	Rollup	Other		
Axles 2	Sliding Yes No			Number of Axles* 2		Axle Capacity*40000 lbs.
Tire Size				Percent of Wear Remaining %		
Outside Wheel	Spoke	Aluminum	Aluminum Disc	Custom	Other	
Inside Wheel	Spoke	Aluminum	Aluminum Disc	Custom	Other	
Suspension*	Air Ride	Spring	Torsion	Other		
Brakes	Electric	Surge	Air	Other		
Options						
Interior Lighting	Shelving		Tool Box	Tongue Jack	Roof Vent	
Cabinets	Work Bench		Stone Guard	Fenders	Slush Guard	
Tie Down	Ramp		V-Nose	Spare Tire	Air Conditioning	
Beaver Tail	Manual Tarp		Electric Tarp			
Trailer Type						
Horse/Livestock						
Horse Trailer	Sheep Trailer		Hog Trailer	Cattle Trailer	Other Livestock Trailer	
Enclosed Yes No			Number of Horses		Load Type Slant Straight	
Living Quarters Yes No			Manufacturer		Length of Quarters ft.	
Options	Feed Manager	Hay Racks	Saddle Racks	Tack Room	Dressing Room	Dividers
Dump						
Belly	Side		End	Transfer	Heated	
Coal Door	Vibratory		Air Dump Gate			

Commercial Trailer Basic Claim Information Form (Continued)

CRV Office ID Number				Claim Number			
Liner Type		Plastic		Steel			
Tanker							
Water	Food	Waste	Chemicals	Fuel	Other		
Number of Compartments					Capacity gal.		
Pump System Yes No			Pump Manufacturer			Model Number	
Refrigerated							
Cooling Unit	Manufacturer		Model Number		Year		Hours
Overhaul	Date (mm/dd/yyyy)			Price			
Snowmobile/Jet Ski							
Flatbed		Flatbed with Cap		Enclosed		Slush Guard	
Tool Box		V-nose		Number of Units Carried			
Car Hauler		Number of Units					
ADDITIONAL EQUIPMENT (include price if applicable):							
ADJUSTMENTS							
Pre Tax Adjustment 1				Add		Deduct	
Pre Tax Adjustment 2				Add		Deduct	
Sales Tax %				Deductible			
Post Tax Adjustment 1				Add		Deduct	
Post Tax Adjustment 2				Add		Deduct	

Notes

Commonwealth of Pennsylvania
Police Crash Report

Reportable

PAGE:
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Crash Involves:

☐ DUI ☐ Fatality ☐ Hit & Run ☐ Commercial Vehicle ☐ State Police Vehicle ☐ Local Police
☒ N/A ☐ Work Zone ☐ ATV ☐ Snowmobile ☐ Commonwealth Vehicle ☐ Local Gov Vehicle

Police Agency Data	Agency Name PA STATE POLICE - FOGELSVILLE					Case Closed YES	Patrol Zone M0530	Investigation Date 1/9/2026
	Dispatch Time 08:55		Arrival Time 09:07		Investigator BERUTA, TANNER	Badge Number 15621		
	Approval Date 01/21/2026		Reviewer VANFLEET, KEVIN C			Reviewer Badge Number 08725		
Crash Data	Date of Crash 01/09	Time of Crash 08:55	Day of Week FRIDAY	Crash Description SIDESWIPE (SAME DIRECTION)			Secondary Crash NO	
	County LEHIGH				Municipality ALLENTOWN CITY			
	Weather Conditions 1 CLEAR			Weather Conditions 2 CLEAR		Relation to Roadway ON TRAVEL LANES		
	Illumination DAYLIGHT			Road Surface Conditions DRY				
	# of Units 003	# of People 003	# of Injured 000	# Killed 000	School Bus Related NO	School Zone Related NO	PennDOT Property Damaged NO	
	Type of Intersection MIDBLOCK			Intersection Related NO			Special Location NOT APPLICABLE	
Work Zone	Work Zone NO		Work Zone Type			Where in Work Zone		
	Workers Injured or Killed		Worker 1 Unit #		Worker 2 Unit #		Worker 3 Unit #	
	Worker 4 Unit #							
Project Data	Spd Limit	Workers	Officer Present	Work Zone Characteristics <input type="checkbox"/> Ln. Closed <input type="checkbox"/> Rd. Closed/Detour <input type="checkbox"/> Work on Shldr/Median <input type="checkbox"/> Intermittent/Moving Work <input type="checkbox"/> Flagger Cntrl <input type="checkbox"/> Other				
	Route Signing STATE HIGHWAY			Route Number 0078	Segment Number	Travel Lanes	Speed Limit 55 MPH	Orientation EAST
	House Number			Street Name I-78		St. Ending HIGHWAY		
Intersecting	Used in Intersection Crashes		Route Signing	Route Number	Segment Number	Travel Lanes	Speed Limit	Orientation
	Street Name		St. Ending					
Distance from Landmark	Landmark 1	Route Number	Or Mile Post 057	Tenths 8	Delimiting Road Type MILEPOST	Ramp Use Only	Feet	
		Street Name I-78	Street Ending HIGHWAY		Or Miles	Tenths		
	Landmark 2	Route Number	Or Mile Post 058	Tenths 5	Delimiting Road Type MILEPOST	Ramp Use Only EAST	Feet	The above entry is the distance from the Crash Scene to Landmark 1.
		Street Name I-78	Street Ending HIGHWAY		Or Miles	Tenths		
GPS	Latitude	Degrees 40	Minutes 33	Seconds 47	Decimal 810	Longitude	Degrees 75	Minutes 28
							Seconds 25	Decimal 280
TOD	Traffic Control Device NOT APPLICABLE				Traffic Control Functioning NO CONTROLS			
Line	Lane Closed PARTIALLY		Lane Closure Direction EAST			Traffic Detoured NO		Roadway Cleared 10:29
Event Information	Environmental / Roadway Potential Factors (E/R)							
	Factor 1 NONE		Factor 2			Factor 3		
	First Harmful Event in the Crash				Most Harmful Event in the Crash			
	Unit Number 001	Harmful Event HIT UNIT 2			Unit Number 002	Harmful Event HIT UNIT 3		
	Indicated Prime Factor DRIVER ACTION		Unit Number 001	Prime Factor Driver Action OTHER IMPROPER DRIVING ACTIONS (EXPLAIN IN NARRATIVE)				
	Prime Factor Environmental/Roadway		Prime Factor Vehicle Failure			Prime Factor Non-Motorist		
	Road Surface Type				Special Jurisdiction			

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Commonwealth of Pennsylvania
Police Crash Report

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Crash Involves:

☐ DUI ☐ Fatality ☐ Hit & Run ☐ Commercial Vehicle ☐ State Police Vehicle ☐ Local Police
☒ N/A ☐ Work Zone ☐ ATV ☐ Snowmobile ☐ Commonwealth Vehicle ☐ Local Gov Vehicle

Unit Number 001	Unit Type MOTOR VEHICLE IN TRANSPORT	Commercial Vehicle NO	Primary Violation		Charged
First Name BRENDAN	MI P	Last Name FOCHT	Suffix	DOB 06/07/1976	Telephone Number (484)635-4463
Street Address 2880 WHITEMARSH PL		City MACUNGIE	State PA	Zip Code 18062	
Gender MALE	License Number 23934351	License State PA	Class C	Expiration Date 06/08/2028	Owner/Driver PRIVATE VEHICLE OWNED/LEASED BY DRIVER
Driver Presence DRIVER OPERATED VEHICLE		Physical Condition APPARENTLY NORMAL	Alcohol/Drugs Suspected NO	Alcohol Test Type TEST NOT GIVEN	Alcohol Test Results
Violation 1 33091 DRIVING ON ROADWAYS LANED FOR TRAFFIC - SINGLE		Charged YES	Violation 2		Charged
Violation 3		Charged	Violation 4		Charged
Drug Test Type NONE		Drug Test Results 1		Drug Test Results 2	
Drug Test Results 3			Drug Test Results 4		
Driver Action OTHER IMPROPER DRIVING ACTIONS (EXPLAIN IN NARRATIVE)					
Alcohol Interlock		Distracted by Action		Distracted by Source	
Non-Motorist Action					
1st Harmful Event HIT UNIT 2		Left or Right Side		Most Harmful YES	Utility Pole Number
2nd Harmful Event		Left or Right Side		Most Harmful	Utility Pole Number
3rd Harmful Event		Left or Right Side		Most Harmful	Utility Pole Number
4th Harmful Event		Left or Right Side		Most Harmful	Utility Pole Number
Owner First Name BRENDAN		Owner MI P	Owner Last Name or Business Name FOCHT		Suffix
Street Address 2880 WHITEMARSH PL		City MACUNGIE	State PA	Zip Code 18062	
Vehicle Type AUTOMOBILE		Vehicle Automation		Special Usage NOT APPLICABLE	Government Equipment Number
Model Year 2018	Vehicle Make FORD	Vehicle Model FORD-FUS	Vehicle Color OTHER	VIN 3FA6P0LU7JR228606	
License Plate LRT2339	Reg. State PA	Est. Speed 999	Vehicle Towed NO	Towed By	
Insurance YES	Insurance Company STATEFARM	Policy Number 3179165-F14-38Q		Expiration Date 06/08/2028	
Direction of Travel EAST	Vehicle Position LEFT LANE	Vehicle Movement GOING STRAIGHT		Initial Impact Point 11 O'CLOCK	
Damage Indicator MINOR	Gradient LEVEL	Road Alignment STRAIGHT	Possible Vehicle Failures NONE		
# of Units		Unit Type 1	Tag Number	Tag Year	Tag State
Trailing Units		Unit Make	Unit Owner		
Unit Type 2		Tag Number	Tag Year	Tag State	
Unit Make		Unit Owner			
Engine Size		Passenger?	Saddle Bag/Trunk?	Trailer?	Driver Education?
Driver Helmet Type	Helmet Stayed On?	DOT/Snell Designation		Eye Protection?	Long Sleeves
Driver Helmet Type	Helmet Stayed On?	DOT/Snell Designation		Eye Protection?	Long Sleeves
Passenger?		Helmet?		Long Pants?	Over Ankle Boots?
Head Lights?		Rear Reflector?			

Commonwealth of Pennsylvania
Police Crash Report

Reportable

Crash Involves:

☐ DUI ☐ Fatality ☐ Hit & Run ☐ Commercial Vehicle ☐ State Police Vehicle ☐ Local Police
☒ N/A ☐ Work Zone ☐ ATV ☐ Snowmobile ☐ Commonwealth Vehicle ☐ Local Gov Vehicle

Unit Number 002	Unit Type MOTOR VEHICLE IN TRANSPORT	Commercial Vehicle YES	Primary Violation	Charged	
First Name RICHARD	MI A	Last Name HILTZ	Suffix	DOB 02/10/1970	Telephone Number (973)647-5589
Street Address 66 MANITO AVE		City LAKE HIAWATHA	State NJ	Zip Code 070343005	
Gender MALE	License Number H44026556102704	License State NJ	Class B	Expiration Date 02/10/2027	Owner/Driver PRIVATE VEHICLE OWNED/LEASED BY DRIVER
Driver Presence DRIVER OPERATED VEHICLE		Physical Condition APPARENTLY NORMAL		Alcohol/Drugs Suspected NO	Alcohol Test Type TEST NOT GIVEN
Violation 1 33091 DRIVING ON ROADWAYS LANED FOR TRAFFIC - SINGLE		Charged YES	Violation 2		Charged
Violation 3		Charged	Violation 4		Charged
Drug Test Type NONE		Drug Test Results 1		Drug Test Results 2	
Drug Test Results 3		Drug Test Results 4			
Driver Action OTHER IMPROPER DRIVING ACTIONS (EXPLAIN IN NARRATIVE)					
Alcohol Interlock		Distracted by Action		Distracted by Source	
Non-Motorist Action					
1st Harmful Event STRUCK BY UNIT 1		Left or Right Side		Most Harmful NO	Utility Pole Number
2nd Harmful Event HIT UNIT 3		Left or Right Side		Most Harmful YES	Utility Pole Number
3rd Harmful Event		Left or Right Side		Most Harmful	Utility Pole Number
4th Harmful Event		Left or Right Side		Most Harmful	Utility Pole Number
Owner First Name LOUIS T R		Owner MI O	Owner Last Name or Business Name SELLE INC		Suffix
Street Address 300 FRANK W BURR BLVD STE50		City TEANECK	State NJ	Zip Code 07666	
Vehicle Type LARGE TRUCK		Vehicle Automation		Special Usage NOT APPLICABLE	Government Equipment Number
Model Year 2025	Vehicle Make MACK TRUCKS	Vehicle Model EX-HEAVY TRUCK	Vehicle Color RED	VIN 1M2GR4NC4SM006521	
License Plate AZ677X	Reg. State NJ	Est. Speed 999	Vehicle Towed YES	Towed By YOCUM	
Insurance YES	Insurance Company PRIME PROPERTY & CASUALTY INSURA	Policy Number PC25103045		Expiration Date 02/10/2027	
Direction of Travel EAST	Vehicle Position OTHER	Vehicle Movement GOING STRAIGHT		Initial Impact Point 1 O'CLOCK	
Damage Indicator DISABLING	Gradient LEVEL	Road Alignment STRAIGHT	Possible Vehicle Failures NONE		
# of Units		Unit Type 1	Tag Number	Tag Year	Tag State
Unit Make		Unit Owner			
Unit Type 2		Tag Number	Tag Year	Tag State	
Unit Make		Unit Owner			
Engine Size	Passenger?	Saddle Bag/Trunk?	Trailer?	Driver Education?	
Driver Helmet Type	Helmet Stayed On?	DOT/Snell Designation	Eye Protection?	Long Sleeves	Long Pants?
Driver Helmet Type	Helmet Stayed On?	DOT/Snell Designation	Eye Protection?	Long Sleeves	Long Pants?
Passenger?	Head Lights?		Roar Reflector?		

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Crash Involves:

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☒ N/A ☐ Work Zone ☐ ATV ☐ Snowmobile ☐ Commonwealth Vehicle ☐ Local Gov Vehicle

Unit Number	Unit Type		Commercial Vehicle		Primary Violation		Charged
003	MOTOR VEHICLE IN TRANSPORT		YES				
First Name		MI	Last Name		Suffix	DOB	Telephone Number
EDUARDO		E	GUZMAN			02/10/1975	(404)808-5670
Street Address			City			State	Zip Code
7491 CORN CRIB LOOP S			DOUGLASVILLE			GA	301343341
Gender	License Number	License State	Class	Expiration Date	Owner/Driver		
MALE	059615995	GA	AM	02/10/2029	PRIVATE VEHICLE OWNED/LEASED BY DRIVER		
Driver Presence		Physical Condition		Alcohol/Drugs Suspected		Alcohol Test Type	
DRIVER OPERATED VEHICLE		APPARENTLY NORMAL		NO		TEST NOT GIVEN	
Violation 1			Charged	Violation 2			Charged
Violation 3			Charged	Violation 4			Charged
Drug Test Type		Drug Test Results 1			Drug Test Results 2		
NONE							
Drug Test Results 3		Drug Test Results 4					
Drug Test Results 3		Drug Test Results 4					
Driver Action							
NO CONTRIBUTING ACTION							
Alcohol Interlock		Distracted by Action			Distracted by Source		
Non-Motorist Action							
1st Harmful Event			Left or Right Side		Most Harmful	Utility Pole Number	
STRUCK BY UNIT 2					YES		
2nd Harmful Event			Left or Right Side		Most Harmful	Utility Pole Number	
3rd Harmful Event			Left or Right Side		Most Harmful	Utility Pole Number	
4th Harmful Event			Left or Right Side		Most Harmful	Utility Pole Number	
Owner First Name		Owner MI	Owner Last Name or Business Name			Suffix	
			RELAX TRANSPORTATION LLC				
Street Address			City			State	Zip Code
7491 CORN CRIB LOOP S			DOUGLASVILLE			GA	301343341
Vehicle Type			Vehicle Automation		Special Usage	Government Equipment Number	
LARGE TRUCK					NOT APPLICABLE		
Model Year	Vehicle Make	Vehicle Model	Vehicle Color	VIN			
2004	FREIGHTLINER	CONVENTIONAL	BLUE	1FUJA6CG54LM95337			
License Plate	Reg. State	Est. Speed	Vehicle Towed	Towed By			
C090CI	GA	999	NO				
Insurance	Insurance Company	Policy Number			Expiration Date		
YES	ACCREDITED SURETY AND CASUALTY C	1BWHGA190128926201			02/10/2029		
Direction of Travel	Vehicle Position	Vehicle Movement			Initial Impact Point		
EAST	RIGHT LANE "CURB"	GOING STRAIGHT			7 O'CLOCK		
Damage Indicator	Gradient	Road Alignment	Possible Vehicle Failures				
MINOR	LEVEL	STRAIGHT	NONE				
# of Units	Unit Type 1	Tag Number	Tag Year	Tag State			
1	FULL TRAILER	5367156	2034	ME			
Unit Make	Unit Owner						
HYUNDAI TRAILERS	JECA LIFE LEASING CORP						
Unit Type 2	Tag Number	Tag Year	Tag State				
Unit Make	Unit Owner						
Engine Size	Passenger?	Saddle Bag/Trunk?	Trailer?	Driver Education?			
Driver Helmet Type	Helmet Stayed On?	DOT/Snell Designation	Eye Protection?	Long Sleeves	Long Pants?	Over Ankle Boots?	
Driver Helmet Type	Helmet Stayed On?	DOT/Snell Designation	Eye Protection?	Long Sleeves	Long Pants?	Over Ankle Boots?	
Passenger?	Helmet?						
Head Lights?	Rear Reflector?						

Commonwealth of Pennsylvania Police Crash Report

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☒ N/A ☐ Work Zone ☐ ATV ☐ Snowmobile ☐ Commonwealth Vehicle ☐ Local Gov Vehicle

Commercial Vehicle	Unit Number 002	Number of Axles 99	Carrier Name LOUIS T ROSELLE	Phone Number (973)227-7020	
	Street Address 54 MONTESANO RD		City FAIRFIELD	State NJ	Zip Code 07004
	Cargo Body Type OTHER		Vehicle Configuration SINGLE UNIT TRUCK (3 OR MORE AXLES)		
	Oversize Load 2	USDOT Number 00853952	PUC Number		Hazardous Materials 2
	HazMat Class 1		Release Indicator 1		
	HazMat Class 2		Release Indicator 2		
	HazMat Class 3		Release Indicator 3		
	HazMat Class 4		Release Indicator 4		

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Police Crash Report

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Person Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB	
	001	001	BRENDAN	P	FOCHT		06/07/1976	
	Street Address			City			State	Zip Code
	2880 WHITEMARSH PL			MACUNGIE			PA	18062
	Phone Number		EMS Transport	Person Type		Gender	Injury Severity	
	(484)635-4463		UNK	DRIVER		MALE	NOT INJURED	
	EMS Agency			Medical Facility				
				NONE				
	Seat Position			Safety Equipment 1			Safety Equipment 2	
	DRIVER - ALL VEHICLES			LAP AND SHOULDER BELT USED			AIR BAG(S) NOT DEPLOYED	
Non-Motorist Safety Equipment 1				Non-Motorist Safety Equipment 2				
Extrication			Ejection		Ejection Path			
NOT EXTRICATED			NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag								
NOT DEPLOYED								

Person Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB	
	002	002	RICHARD	A	HILTZ		02/10/1970	
	Street Address			City			State	Zip Code
	66 MANITO AVE			LAKE HIAWATHA			NJ	070343005
	Phone Number		EMS Transport	Person Type		Gender	Injury Severity	
			UNK	DRIVER		MALE	NOT INJURED	
	EMS Agency			Medical Facility				
				NONE				
	Seat Position			Safety Equipment 1			Safety Equipment 2	
	DRIVER - ALL VEHICLES			LAP AND SHOULDER BELT USED			AIR BAG(S) NOT DEPLOYED	
Non-Motorist Safety Equipment 1				Non-Motorist Safety Equipment 2				
Extrication			Ejection		Ejection Path			
NOT EXTRICATED			NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag								
NOT DEPLOYED								

Person Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB	
	003	003	EDUARDO	E	GUZMAN		02/10/1975	
	Street Address			City			State	Zip Code
	7491 CORN CRIB LOOP S			DOUGLASVILLE			GA	301343341
	Phone Number		EMS Transport	Person Type		Gender	Injury Severity	
	(404)808-5670		UNK	DRIVER		MALE	NOT INJURED	
	EMS Agency			Medical Facility				
				NONE				
	Seat Position			Safety Equipment 1			Safety Equipment 2	
	DRIVER - ALL VEHICLES			LAP AND SHOULDER BELT USED			AIR BAG(S) NOT DEPLOYED	
Non-Motorist Safety Equipment 1				Non-Motorist Safety Equipment 2				
Extrication			Ejection		Ejection Path			
NOT EXTRICATED			NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag								
NOT DEPLOYED								

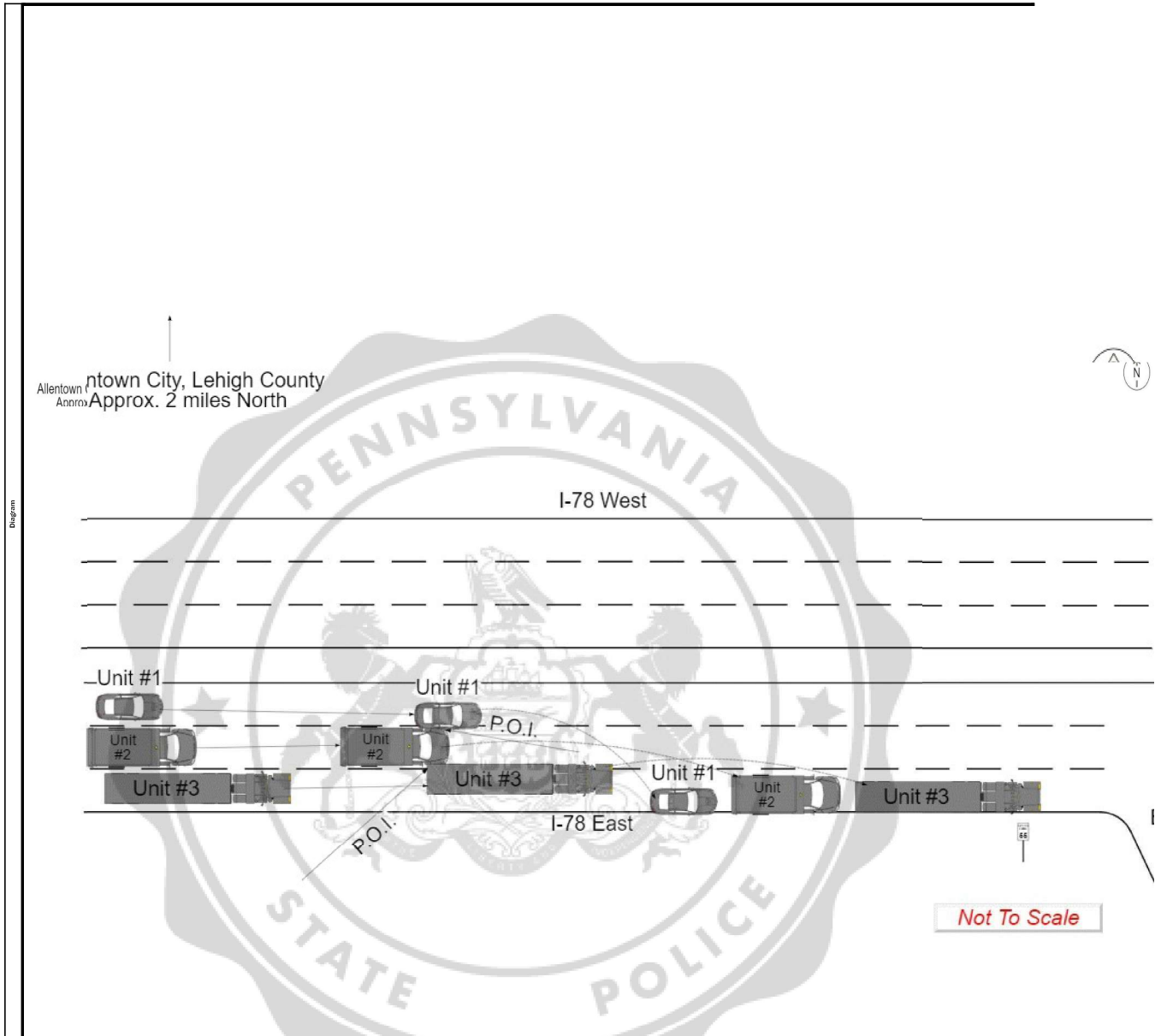
Commonwealth of Pennsylvania Police Crash Report

Reportable

PAGE:
7

Crash Involves:

- | | | | | | |
|---|------------------------------------|------------------------------------|---|---|--|
| <input type="checkbox"/> DUI | <input type="checkbox"/> Fatality | <input type="checkbox"/> Hit & Run | <input type="checkbox"/> Commercial Vehicle | <input type="checkbox"/> State Police Vehicle | <input type="checkbox"/> Local Police |
| <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Work Zone | <input type="checkbox"/> ATV | <input type="checkbox"/> Snowmobile | <input type="checkbox"/> Commonwealth Vehicle | <input type="checkbox"/> Local Gov Vehicle |



2/3/2026 1:30:01 PM

☒ N/A ☐ Work Zone ☐ ATV ☐ Snowmobile ☐ Commonwealth Vehicle ☐ Local Gov Vehicle

Crash Synopsis

This three vehicle crash occurred on I-78 E, Mile Marker 58.1, Allentown City, Lehigh County, Pa. This crash occurred as unit #1 was traveling East on I-78 in the left lane when it struck unit #2 in the center lane. Unit #2 swerved into the right lane hitting unit #3. Unit #1 and Unit #3 sustained minor damage and were driven from the scene. Unit #2 sustained disabling damage and was towed from the scene by Yocum. No injuries were reported on scene. A driver exchange report was provided to all parties.

Number



Commonwealth of Pennsylvania Police Crash Report

Reportable

Crash Involves:

- | | | | | | |
|---|------------------------------------|------------------------------------|---|---|--|
| <input type="checkbox"/> DUI | <input type="checkbox"/> Fatality | <input type="checkbox"/> Hit & Run | <input type="checkbox"/> Commercial Vehicle | <input type="checkbox"/> State Police Vehicle | <input type="checkbox"/> Local Police |
| <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Work Zone | <input type="checkbox"/> ATV | <input type="checkbox"/> Snowmobile | <input type="checkbox"/> Commonwealth Vehicle | <input type="checkbox"/> Local Gov Vehicle |

Crash Details

Location: This three-vehicle crash occurred on I-78 East Mile Marker 58.1, Allentown City, Lehigh County, Pa. I-78 is a three-lane state highway that traverses East and West. The travel lanes are separated by white serrated lines, and the posted speed limit is 55 Mph.

Synopsis: This three-vehicle crash occurred on I-78 E, Mile Marker 58.1, Allentown City, Lehigh County, Pa. This crash occurred as unit #1 was traveling East on I-78 in the left lane when it struck unit #2 in the center lane. Unit #2 swerved into the right lane hitting unit #3. Unit #1 and Unit #3 sustained minor damage and were driven from the scene. Unit #2 sustained disabling damage and was towed from the scene by Yocum. No injuries were reported on scene. A driver exchange report was provided to all parties.

Physical evidence: The physical evidence associated with this crash consisted of minor damage to the right rear quarter panel on unit #1. Unit #2 had scuff marks on the front left wheel from unit #1. Unit #2 sustained disabling damage to 1 o clock position. Unit #3 sustained minor damage to the left rear side of the trailer.

Investigative details: On 01/09/26 at approx. 0855 hours, PSP Fogelsville dispatch received a report of a three-vehicle crash with no injuries located on I-78 Eastbound at MM 58.1, Allentown City, Lehigh County, Pa. At approx. 0907 hours, I arrived on scene and observed the scene as depicted in the diagram.

Interview: Driver of Unit #1: Brendan FOCHT

Upon investigating the crash at the scene on 01/09/2026 at approx. 0908 hrs., I spoke to the driver of unit #1. He related that he was driving East on I-78 in the Left Lane when the crash occurred. I advised FOCHT that the damage to his vehicle was consistent with the damage unit #2 sustained to the front left wheel.

Interview: Driver of Unit #2: Richard HILTZ

Upon investigating the crash at the scene on 01/09/2026 at approx. 0910 hrs., I spoke to the driver of unit #2. He related that he was driving East on I-78 in the middle lane when the crash occurred. He related that unit #1 struck his vehicle, causing his unit to hit unit #3.

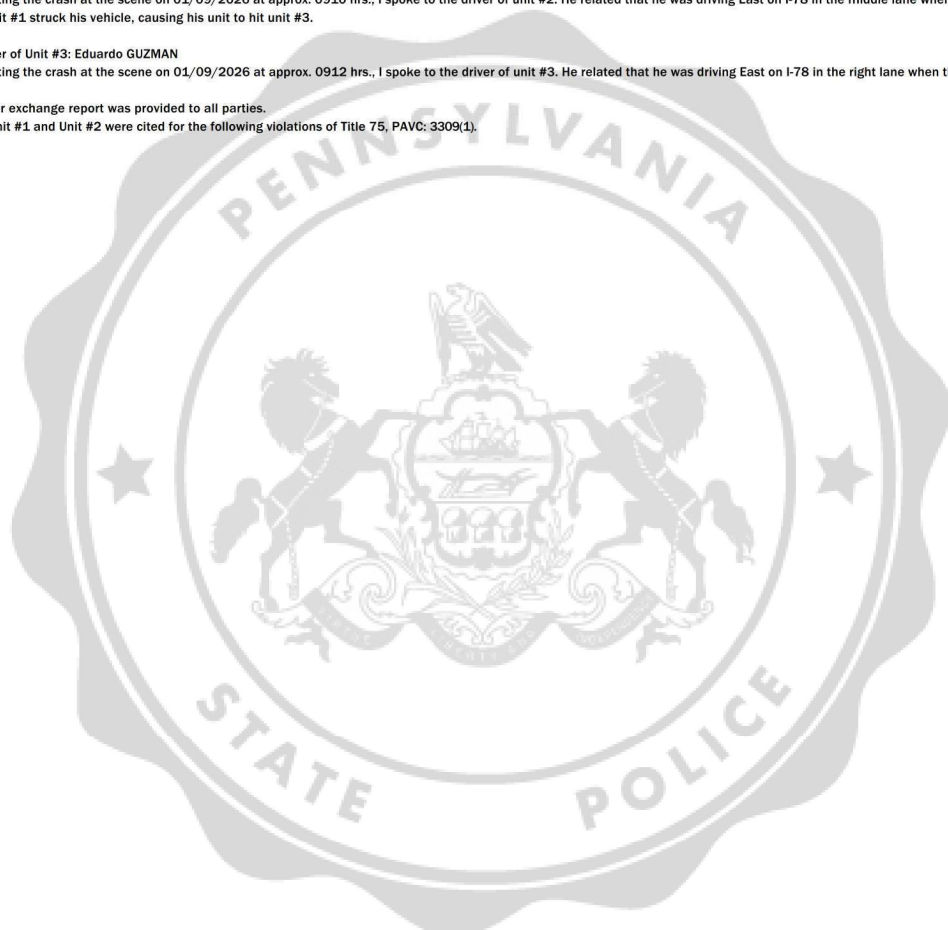
Interview: Driver of Unit #3: Eduardo GUZMAN

Upon investigating the crash at the scene on 01/09/2026 at approx. 0912 hrs., I spoke to the driver of unit #3. He related that he was driving East on I-78 in the right lane when the crash occurred.

Details: A driver exchange report was provided to all parties.

The driver of Unit #1 and Unit #2 were cited for the following violations of Title 75, PAVC: 3309(1).

Narrative





TOTAL TRUCK CARE

Love's Travel Stops & Country Stores, Inc. (D/B/A)
LOVE'S
0787 Bulls Gap, TN TRUCKCARE
10505 Lonesome Pine Trail Mosheim, TN 3
(423) 422-2890

REMIT PAYMENT TO:
PO BOX 842568
Kansas City, MO
64184

WORK ORDER #: 4008726245
WORK ORDER DATE: 01/12/2026
CLOSE DATE:
SERVICE TYPE: In Shop

SHIP TO: Relax Transportation LLC(3659138)
7491 Corn Crib Loop S
Douglasville, GA 30134-3341
(678) 203-1233

SOLD TO: Relax Transportation LLC(36591)
7491 Corn Crib Loop S
Douglasville, GA 30134-3341

BILL TO: Relax Transportation LLC(36591)
7491 Corn Crib Loop S
Douglasville, GA 30134-3341
ACCOUNT #: 9524218

<input type="checkbox"/> TRACTOR #	VIN #	YEAR	MAKE	MILEAGE	PLATE#/STATE	ENGINE
5337						
<input checked="" type="checkbox"/> TRAILER #	VIN #	YEAR	MAKE	HUBOMETER	PLATE#/STATE	REEFER #
8222	3H3V532K2NS158222	2022	OTHER		5367156/ME	
APU# / HOURS	ADDITIONAL UNIT	START TIME	END TIME	DRIVER NAME	DRIVER CONTACT	
		01/12/2026 200403	0000/0000 000000	Eduardo	404-808-5670	
Authorization #	AUTHORIZATION NAME	PAY TYPE	PO#	PO ISSUED BY	DR#	
8222	EDUARDO	Love's Express	8222			

COMPLAINT:
Complaint #1 Trailer - Air Bag Replacement - RF on Trailer Air Bag issue, replacement requested. [Terry Winstead - 01/12/2026 18:28]

DESCRIPTION	MECHANIC	UOM	QUANTITY	LIST PRICE	PRODUCT	LABOR	EXTENSION
Air Bag Replacement	John Lawson	EA	1.00	0.00	0.00	0.00	0.00
PD AS8709 AIR SPRING 64645/1813-159/B460		EA	1.00	239.99	239.99	0.00	239.99
Replace Trailer Air Bag		EA	1.00	142.99	0.00	114.19	114.19
straightened mud flap bracket		EA	0.75	142.99	0.00	128.69	96.52
Shop Supplies							12.51
						Parts	239.99
						Labor	250.23
						Tires	0.00
						Fees	12.51
						Customer Discount*	39.52
						Site Discount	0.00
						Tax	45.18
						Total	508.39

* Customer Discount may include coupons, MLR rewards, and applicable discounts

Company DOT: 3794764

SERVICE COMMENTS:

GTR TIRE
7637 GRANITE DR
Douglasville, GA, 30134
628-895-9862

01/15/2026

08:21

SALE

Trans #: 1 Batch #: 193
VISA CHIP
*****3122
Base Amt: \$272.15
Resp: APPROVAL 023928 00
Code: 023928
Ref#: 601513336795
TransId: 386015480980684

App Name: VISA DEBIT
AID: A0000000031010

TVR: 8080008000
TSI: 6800

Cardholder acknowledges receipt of goods and obligations set forth by the cardholder's agreement with issuer.

Signature
GUZMAN/ EDUARDO
CUSTOMER COPY



ville, GA 30134

NAME: Relax Transportation
ADDRESS:
CITY:
PHONE:
DATE: 1-15-20
UNIT: 8222
MODEL: Trailer
MILEAGE:

VIN #

EMAIL

UC #

WORK FINISHED

8:20

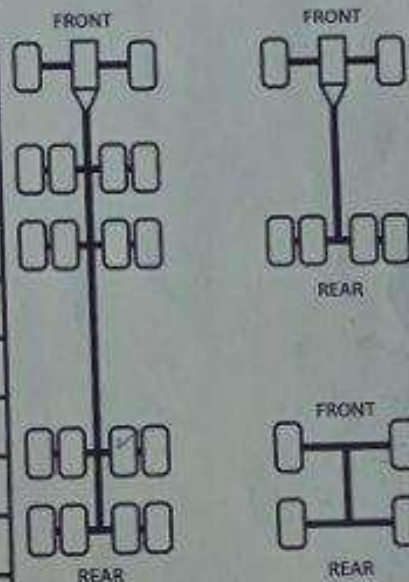
TECHNICIAN DOING WORK

1/15/20

TECHNICIAN VERIFYING

☐ WORK COMPLETED ☐ ALL LUGS TIGHT

DESCRIPTION	QTY	PRICE	BRAKES	DRUMS
	1	175	6.00	5.00
	1	115		
	1	115		
	1	10		
Tax		12.95		
Total		262.95		
Card 3.5	2.70	272.15		



TIRES LEFT FOR SCRAP

LUGS MISSING ON ARRIVAL

LUGS MISSING ON COMPLETION

CUSTOMER SIGNATURE

SIZE	BRAND	SERIAL #	NEW	USED	REMOLD	SIZE	BRAND	SERIAL #	NEW	USED	REMOLD
1						6					
2						7					
3						8					
4						9					
5						10					