

Veritas Administrators LLC

National Claims Management

P. O. Box 215

Mokena, IL 60448

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

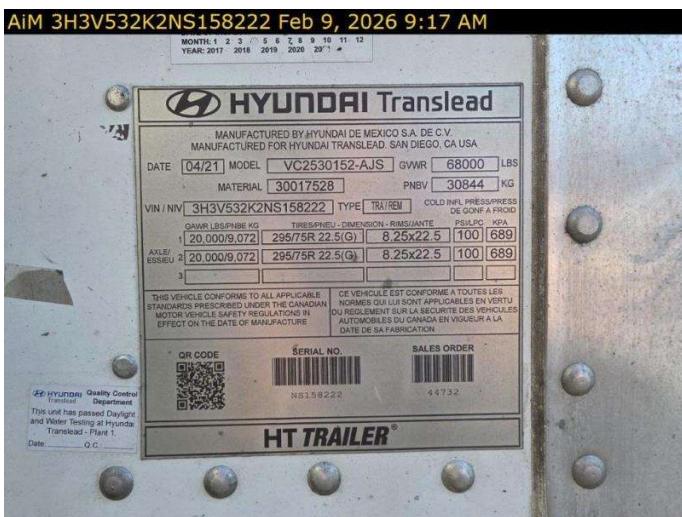
Email: appraisals@veritasclaims.com

Carrier: 233



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

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



VIN.jpg



FRONT PANEL UP CLOSE.jpg



L FRONT.jpg



L REAR.jpg

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R FRONT.jpg



R REAR.jpg



REAR.jpg



AIR BAG.jpg

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DAMAGE 1.jpg



DAMAGE 2.jpg



DAMAGE 3.jpg



DAMAGE 4.jpg

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DAMAGE 5.jpg



DAMAGE 6.jpg



DAMAGE 7.jpg



DAMAGE 8.jpg

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DAMAGE 9.jpg



DAMAGE 10.jpg



DAMAGE 11.jpg



DAMAGE 12.jpg

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DAMAGE 13.jpg



DAMAGE 14.jpg



DAMAGE.jpg



TREAD 1.jpg

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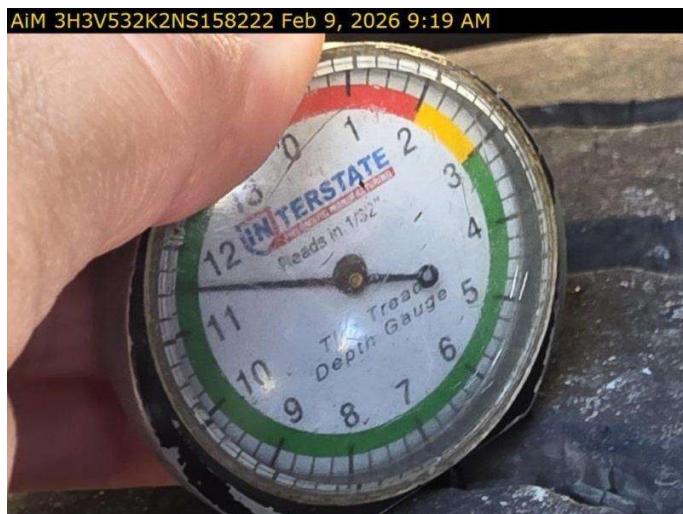
Year: 2022
Make: HYUNDAI TRANSLEAD TRAILERS
Model: Hyundai Translead Trailers
Unit #:



TREAD 2.jpg



TREAD 3.jpg



TREAD 4.jpg



TREAD 5.jpg

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TREAD 6.jpg



TREAD.jpg

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Reference #:	043410014416	Make:	HYUNDAI TRANSLEAD TRAILERS
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																									
<p>* Indicates Required Fields</p>																											
<p>CRV Office ID Number*</p>																											
Report Retrieval Method*	Email X	Fax																									
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																								
<p>Trailer Type*</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Flatbed</td> <td style="width: 25%;">Log Trailer</td> <td style="width: 25%;">Car Hauler (Open)</td> <td style="width: 25%;">Car Hauler (Enclosed)</td> </tr> <tr> <td>Dry Van</td> <td>Refrigerator Van</td> <td>Enclosed Utility</td> <td>Horse/Livestock</td> </tr> <tr> <td>V-Deck</td> <td>Motorcycle</td> <td>Low Boy</td> <td>Tank</td> </tr> <tr> <td>Landscape</td> <td>Dump</td> <td>Snowmobile</td> <td>ATV</td> </tr> <tr> <td>Boat</td> <td>Tilt Deck</td> <td>Personal Watercraft</td> <td>Curtain Side</td> </tr> <tr> <td>Walking Floor</td> <td>Drop Deck Flatbed</td> <td>Drop Frame (moving van)</td> <td>Utility Bed</td> </tr> </table>				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
Flatbed	Log Trailer	Car Hauler (Open)	Car Hauler (Enclosed)																								
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<p>Hitch Type</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Goose Neck</td> <td style="width: 25%;">Bumper Pull</td> <td style="width: 20%;">Pintle</td> <td style="width: 25%;">King Pin</td> <td style="width: 25%;">Hydraulic Goose Neck</td> </tr> <tr> <td>Lift Gate Yes No</td> <td colspan="3">Manufacturer</td> <td>Lift Gate Year</td> </tr> <tr> <td colspan="5">Capacity lbs.</td> </tr> </table>				Goose Neck	Bumper Pull	Pintle	King Pin	Hydraulic Goose Neck	Lift Gate Yes No	Manufacturer			Lift Gate Year	Capacity lbs.													
Goose Neck	Bumper Pull	Pintle	King Pin	Hydraulic Goose Neck																							
Lift Gate Yes No	Manufacturer			Lift Gate Year																							
Capacity lbs.																											
<p>Exterior Construction</p>																											

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
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
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

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Commonwealth of Pennsylvania
Police Crash Report

Reportable

PAGE:
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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 |

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					
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 ALLEGHENY 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 #					
Spd Limit	Workers	Officer Present	Work Zone Characteristics <input type="checkbox"/> Ln. Closed <input type="checkbox"/> Rd. Closed/Detour <input type="checkbox"/> Work on Shdr/Median <input type="checkbox"/> Intermittent/Moving Work <input type="checkbox"/> Flagger Cntr <input type="checkbox"/> Other							
Route Sig	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		
Intersections Crashes	Used in Intersection	Route Signing	Route Number	Segment Number	Travel Lanes	Speed Limit	Orientation			
	Crashes	Street Name					St. Ending			
Distance from Landmark	Landmark 1 Midblock crashes	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			
GPS	Landmark 2 Midblock crashes	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			
TCD	Latitude: Degrees 40 Minutes 33 Seconds : 47 Decimal . 810			Longitude: Degrees 75 Minutes 28 Seconds : 25 Decimal . 280						
Traffic Control Device NOT APPLICABLE			Traffic Control Functioning NO CONTROLS							
Lane Closed	Lane Closure Direction PARTIALLY		Traffic Detoured EAST		Roadway Cleared NO		Roadway Cleared 10:29			
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					

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

Driver/Passenger Information	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 MACUNGIE				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			
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	Over Ankle Boots?	
Passenger?				Helmet?				
Head Lights?				Rear Reflector?				

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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 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	Alcohol Test Results		
Violation 1 33091. DRIVING ON ROADWAYS LANED FOR TRAFFIC - SINGLE			Charged YES	Violation 2				
Violation 3			Charged	Violation 4				
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 SELLER 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?	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?				

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| <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 |

Driver/Passenger Information	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Unit Number 003</td> <td style="width: 25%;">Unit Type MOTOR VEHICLE IN TRANSPORT</td> <td colspan="2">Commercial Vehicle YES</td> <td colspan="2">Primary Violation</td> <td>Charged</td> </tr> <tr> <td>First Name EDUARDO</td> <td>MI E</td> <td colspan="2">Last Name GUZMAN</td> <td>Suffix</td> <td>DOB 02/10/1975</td> <td>Telephone Number (404)808-5670</td> </tr> <tr> <td colspan="2">Street Address 7491 CORN CRIB LOOP S</td> <td colspan="2">City DOUGLASVILLE</td> <td>State GA</td> <td colspan="2">Zip Code 301343341</td> </tr> <tr> <td>Gender MALE</td> <td>License Number 059615995</td> <td>License State GA</td> <td>Class AM</td> <td>Expiration Date 02/10/2029</td> <td colspan="2">Owner/Driver PRIVATE VEHICLE OWNED/LEASED BY DRIVER</td> </tr> <tr> <td colspan="2">Driver Presence DRIVER OPERATED VEHICLE</td> <td colspan="2">Physical Condition APPARENTLY NORMAL</td> <td>Alcohol/Drugs Suspected NO</td> <td>Alcohol Test Type TEST NOT GIVEN</td> <td>Alcohol Test Results</td> </tr> <tr> <td colspan="3">Violation 1</td> <td>Charged</td> <td colspan="2">Violation 2</td> <td>Charged</td> </tr> <tr> <td colspan="3">Violation 3</td> <td>Charged</td> <td colspan="2">Violation 4</td> <td>Charged</td> </tr> <tr> <td>Drug Test Type NONE</td> <td colspan="3">Drug Test Results 1</td> <td colspan="3">Drug Test Results 2</td> </tr> <tr> <td colspan="3">Drug Test Results 3</td> <td colspan="4">Drug Test Results 4</td> </tr> <tr> <td colspan="7">Driver Action NO CONTRIBUTING ACTION</td> </tr> <tr> <td colspan="2">Alcohol Interlock</td> <td colspan="3">Distracted by Action</td> <td colspan="2">Distracted by Source</td> </tr> <tr> <td colspan="7">Non-Motorist Action</td> </tr> <tr> <td colspan="3">1st Harmful Event STRUCK BY UNIT 2</td> <td>Left or Right Side</td> <td>Most Harmful YES</td> <td colspan="2">Utility Pole Number</td> </tr> <tr> <td colspan="3">2nd Harmful Event</td> <td>Left or Right Side</td> <td>Most Harmful</td> <td colspan="2">Utility Pole Number</td> </tr> <tr> <td colspan="3">3rd Harmful Event</td> <td>Left or Right Side</td> <td>Most Harmful</td> <td colspan="2">Utility Pole Number</td> </tr> <tr> <td colspan="3">4th Harmful Event</td> <td>Left or Right Side</td> <td>Most Harmful</td> <td colspan="2">Utility Pole Number</td> </tr> <tr> <td colspan="2">Owner First Name</td> <td>Owner MI</td> <td colspan="3">Owner Last Name or Business Name RELAX TRANSPORTATION LLC</td> <td>Suffix</td> </tr> <tr> <td colspan="2">Street Address 7491 CORN CRIB LOOP S</td> <td>City DOUGLASVILLE</td> <td colspan="2"></td> <td>State GA</td> <td>Zip Code 301343341</td> </tr> <tr> <td colspan="3">Vehicle Type LARGE TRUCK</td> <td>Vehicle Automation</td> <td>Special Usage NOT APPLICABLE</td> <td colspan="2">Government Equipment Number</td> </tr> <tr> <td>Model/Year 2004</td> <td>Vehicle Make FREIGHTLINER</td> <td>Vehicle Model CONVENTIONAL</td> <td>Vehicle Color BLUE</td> <td colspan="3">VIN 1FUJA6CG54LM95337</td> </tr> <tr> <td colspan="2">License Plate C090CI</td> <td>Reg. 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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

Unit Number 002	Number of Axles 99	Carrier Name LOUIS T ROSELLE	Phone Number (973)227-7020
Street Address 64 MONTESANO RD	City FAIRFIELD	State NJ	Zip Code 07004
Cargo Body Type OTHER	Vehicle Configuration SINGLE UNIT TRUCK (3 OR MORE AXLES)	GVWR	
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	

Printed At: PA STATE POLICE - HEADQUARTERS

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Certified copy from PA State Police



Commonwealth of Pennsylvania
Police Crash Report

Reportable

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

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

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

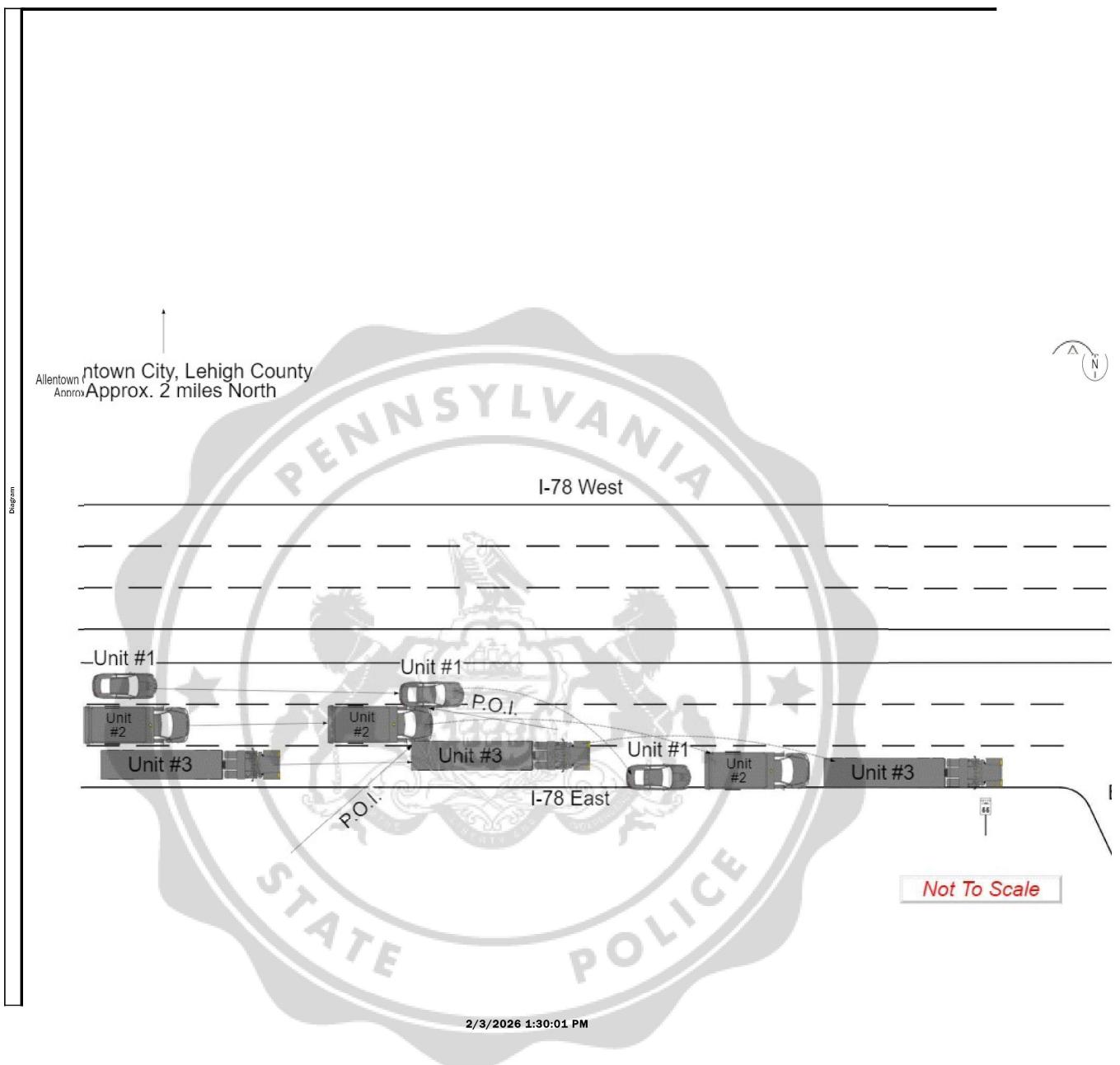
Commonwealth of Pennsylvania Police Crash Report

Reportable

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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



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.

Narrative



Commonwealth of Pennsylvania
Police Crash Report

Reportable

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Crash Involves:

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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.

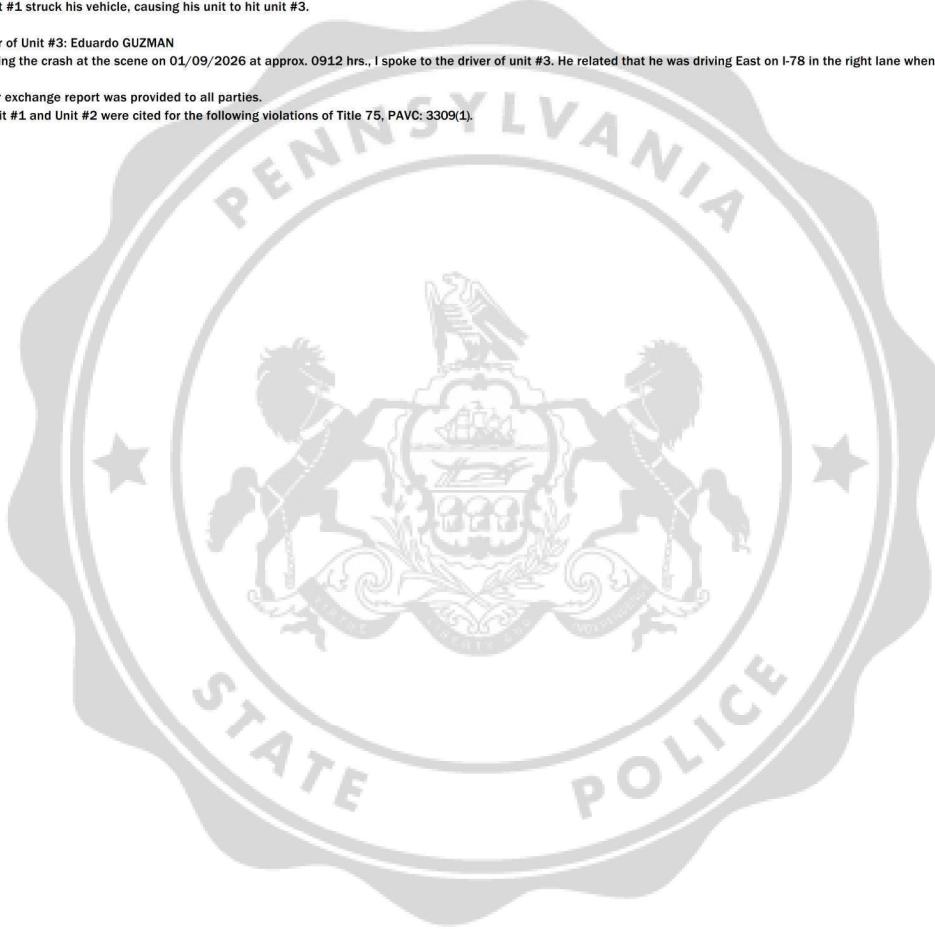
Interview: Driver of Unit #1: Brendan FOCHT
Upon investigating the crash at the scene on 01/09/2026 at approx. 0908 hrs., I spoke to the driver of unit #1. He related that he was driving East on I-78 in the Left Lane when the crash occurred. I advised FOCHT that the damage to his vehicle was consistent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

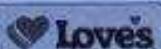
Interview: Driver of Unit #2: Richard HILTZ
Upon investigating the crash at the scene on 01/09/2026 at approx. 0910 hrs., I spoke to the driver of unit #2. He related that he was driving East on I-78 in the middle lane when the crash occurred. He related that unit #1 struck his vehicle, causing his unit 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 Bull's Gap, TN TRUCKCARE
 10505 Lonesome Pine Trail Mosheim, TN 37820
 (423) 422-2890

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

WORK ORDER #: 4008726245
 WORK ORDER DATE: 01/12/2020
 CLOSE DATE: SERVICE TYPE: In Shop

SHIP TO: Relax Transportation LLC(3659138) SOLD TO: Relax Transportation LLC(3659138)
 7491 Corn Crib Loop S 7491 Corn Crib Loop S
 Douglasville, GA 30134-3341 Douglasville, GA 30134-3341
 (678) 203-1233 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	REFER #
8222	3H3V532K2NS158222	2022	OTHER		5367156/ME	
APUF / HOURS		ADDITIONAL UNIT	START TIME 01/12/2020 200403	END TIME 00/00/0000 000000	DRIVER NAME Eduardo	DRIVER CONTACT 404-808-5670
Authorization # 8222		AUTHORIZATION NAME EDUARDO	PAY TYPE Love's Express	PO# 8222	PO ISSUED BY	DR

COMPLAINT

Complaint #1: Trailer - Air Bag Replacement, RF on Trailer Air Bag issue, replacement requested. (Terry Winstead - 01/12/2020 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 64645/1813-159/8460		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							
					Parts	239.99	
					Labor	250.23	
					Tires	0.00	
					Fees	12.51	
					Customer Discount ¹	39.52	
					Site Discount	0.00	
					Tax	45.18	
					Total	508.39	

¹ Customer Discount may include coupons, MLS rewards, and applicable discounts

Company DOT 3794764

SERVICE COMMENTS

AIM 3H3V532K2NS158222 Feb 9, 2020

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

01/15/2020 08:21

SALE

Trans #: 1 Batch #: 193
VISA CHIP
*****3122 4444
Base Amt: \$272.15
Resp: APPROVAL 023928 00
Code: 023928
Ref#: 601513336795
Transid: 386015480980684

App Name: VISA DEBIT
AID: A0000000031010

TVR: 8080008000
TSI: 6600

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

Signature
GUZMAN/ EDUARDO
CUSTOMER COPY



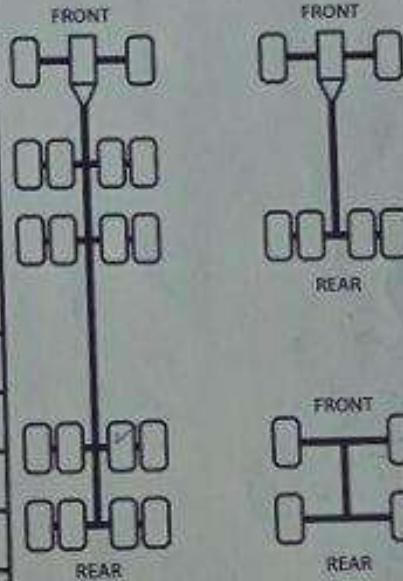
ville, GA 30134

No: 4319

NAME	Rex Transportation	DATE	1/15/20
ADDRESS		UNIT	8222
CITY		MODEL	Trailer
PHONE		MILEAGE	
VIN #		UC #	53 7156 ME

	WORK FINISHED	TECHNICIAN DOING WORK	TECHNICIAN VERIFYING
	8:20		<input type="checkbox"/> WORK COMPLETED <input type="checkbox"/> ALL LUGS TIGHT

DESCRIPTION	QTY	PRICE	BRAKES
	1	125	DRUMS
	1	15	
	1	15	
	1	10	
Tax		12.95	
Total		242.95	
Card 3.5	9.00	272.45	



TIRES LEFT FOR SCRAP

LUGS MISSING ON ARRIVAL

LUGS MISSING ON COMPLETION

CUSTOMER SIGNATURE

Phoenix

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