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CASE NO. 08-571-TR-CVF

EXHIBITS OF TRANSCRIPT ELECTRONICALLY FILED FOR HEARING HELD ON THURSDAY, AUGUST 7, 2008 BEFORE A.E. K. SHEETS.

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PUCO

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1	BEFORE THE PUBLIC UTILITIES COMMISSION OF OHIO	
2		
3	In the Matter of: : James H. Gainey. : Case No. 08-571-TR-CVF	
4		
5	Notice of Apparent : Violation and Intent to :	
6	Assess Forfeiture. : 	
7	PROCEEDINGS	
8	before Mr. Kerry H. Sheets, Attorney Examiner, at the	
9	Public Utilities Commission of Ohio, 180 East Broad	
10	Street, Room B, Columbus, Ohio, called at 10:00 a.m.	
11	on Thursday, August 7, 2008.	
12		
13		REC
14	P C C C C C C C C C C C C C C C C C C C	EIVED
15		RECEIVED-DOCKETING
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17		DIV
18 19	THE FULL AND BUBIES ON THE PARTY IN THE FOUND ON THE FOUND ON THE FOUND ON THE PARTY IN THE PARTY OF THE PART	
20		
20	ARMSTRONG & OKEY, INC. 185 South Fifth Street, Suite 101	
22	Columbus Obio 43215-5201	
23	3^{10} 3	
23	(614) 224-9481 - (800) 223-9481 Fax - (614) 224-5724 Fax - (614) 224-5724 Fax - (614) 224-5724	
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FILF

Armstrong & Okey, Inc. Columbus, Ohio 614-224-9481

Respin. Ex. 1.

On January 7,2008 OUT COmputer's Milere down state will. The BMU is aware of the System Outage. Thanks Andreas OBMI! OHIO TREASURER, RICHARD CORDRAY 3/22/08 Respondent

	Public U 180 Eas Transpo Columb Phone #	st Broa Intation us, Of	ad Str n Dep H 43:	eet artment 215	of Ohio Fax #: (614)75	2-9274		DRIVER/VEHIC Report Number: Inspection Date: Time Started: Inspection Level:	OH0841 12/19/2(13:29	005745 007 Certii Time	fication Dat Ended:	
BEAVER PETROLI P O BOX 20308 CANTON, OH 4470 Phone #: (330)45 USDOT #: 364400 State #:)1-0308 54-2242	INC		ax #: C/MX #	(330)454-7848 :			Driver: License #: Date of Birth:	GAINEY RG0636 11/27/19			state: OH
Location: ROAD Highway: IR 77 County: SUMM Shipper: CARR	/I IT				MilePost: Origin: D e stinatior		IN, OH ON, OH	1	Bill of L Cargo:	ading: HAZ MA'	T (ALL)	
VEHICLE IDEN Unit Type Mak	(e	Ye	ar		License #	Compan	y#			GVWR	CVSA	
1 TR IN			88		PDF1675	561		1HTLDTVN5JH5	61288	33,000		Y
BRAKE ADJUS	STMEN	TS:	No b	rake me	asurements reco	orded.						
VIOLATIONS :							-					
Section Code	St	Unit	00	S Lvl 6	Citation #	Verify*	Crash	Violation Description	on			
393.48(a)	<u> </u>	1	Y	N		U	N	Inoperative or De completely exten				
393.67		1	Y	N		U	N	application. Fuel system requ Injectors at fuel p	oump-lea	king onto	motor and (ground.
393.9(a)		1	N	N		N	N	Inoperable require		•		
177.817(a) 383.93(b)(4) 393.61		1 D 1	Y Y Y	N N N	x753855	U N U	N N N	No shipping pape true)and he turne actaully loaded w No hazardous ma loaded bulk tank endorsement on No or defective b	ed in ship vith 100-1 aterials e truck co CDL - ha	oping pape 150 gal.fue ndorseme ntaining h s only a ta	er to carrier I oil Int on CDL- az-mat. No Ink endorse	this morning- operating a haz-mat ment.
* U - Unknown; N -			dua.	00014	lation					7		
HazMat: 3 Con	mbustible	a Liqui	d,		<u> </u>	<u> </u>			Placard:	Yes C	argo Tank:	306
Special Checks	s: [nduct	ed by Lo	d Substance Che ocal Jurisdiction Enforcement	ck		Traffic Enforcement Drug Interdiction Searc PASA Conducted Insp		Arrests:	Crash Inspe	stion
Inspection Not	es:	dr	iver s	tates he	failed the haz-ma	t 3 times i	in Norw	alk but thought he got	the endo	sement 2	vears ado	<u></u>
Special Study i		Sr Sr	ecial becial	Study 1 Study 2 Study 3	;			Sp	ecial Stud ecial Stud	dy 4:		
Locally Defined	d Fields	5:										
Loaded by Carrier (Ship Doc Prep by S	(Y/N): Y Shipper(Y		r		d by Shipper (Y/N) ass A: 3): Y		hip Docs Prep by Car D # A: 1993	rier(Y/N):	Ŷ		
Packing Group A: I	11				Weight A: 1100			or-Hire Carrier: N				EXHIBIT
Fatalities (Y/N): N Driver State: OH						EW STATE		Vriver City: WILLARD			0-631	Sm.ce
Reason Code: OB\	/				Zip: 44890 A Credentials Veri	fied-Y/N: I		hotos Taken (Y/N); Y DL Verified (Y/N); Y			TENGAD 800-021-686	STAFF_
FMCSA OOS Orde	r Issued(Y/N):	N		fety Permit Verifie						ē	1
<u>Report Prepared By</u> G T Wolfe	<u></u>			<u>Badge</u> 0841		<u>DY Receiv</u> NEY, JAN						

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OH0841005745

DRIVER/VEHICLE EXAMINATION REPORT Public Utilities Commission of Ohio 180 East Broad Street Report Number: OH0841005745 Transportation Department Inspection Date: 12/19/2007 Certification Date: Columbus, OH 43215 Time Started: 13.29 Time Ended: 14:20 Phone # : (614)466-0429 Fax #: (614)752-9274 Inspection Level: II - Walk-Around Bulk HM Insp. BEAVER PETROLEUM CO INC Driver: GAINEY, JAMES H P O BOX 20308 License #: RG063648 State: OH CANTON, OH 44701-0308 Date of Birth: 11/27/1932 Phone #: (330)454-2242 (330)454-7848 Fax #: USDOT #: 364406 MC/MX #: State #:

I hereby declare JAMES H. GAINEY "Out of Service". This driver MAY NOT DRIVE any commercial motor vehicle nor may any carrier permit or require this driver to drive any commercial motor vehicle until: Driver has Proper CDL Endorsement-hazmat

* Pursuant to authority contained in Title 49, Code of Federal Regulations, Section 396.9, I hereby declare vehicles with defects followed by an "Y" in the "Out of Service" column in the violations discovered section of this report OUT OF SERVICE. No person shall remove the out of service stickers applied to these vehicles, or operate such vehicles until the out of service defects have been repaired and the vehicles have been restored to safe operating condition.

All violations of the FHMR and FMCSR or Title 49 of the Ohio Revised Code will be reviewed by the PUCO's Transportation Department to determine whether civil forfeitures should be assessed against any responsible parties in accordance with the penalty provisions of Title 49 of the Ohio Revised Code. If civil forfeitures are assessed, you will receive a separate notice by mail. These penalties may be assessed to motor carriers, shippers, and/or drivers.

ATTENTION DRIVER: This report must be sent to the motor carrier whose name appears at the top of this inspection report within 24 hours. If the inspection report cannot be delivered within 24 hours the driver must mail or fax the inspection report to the motor carrier.

ATTENTION MOTOR CARRIER: The motor carrier must examine this report and repair all the vehicle defects/violations noted above -AND- The motor carrier must sign the Certification of Repairs below and return the signed form to: Public Utilities Commission of Ohlo-TASD; 180 E. Broad SL; Columbus, Oh; 43215-3793 -OR- Fax (614) 752-9274 within 15 days of the inspection. If "No Violations Were Discovered" then you do not need to return this report. Failure to return this report with the required certification can result in penalties of up to \$500.

MOTOR CARRIER CERTIFICATION OF COMPLETED REPAIRS: The undersigned certifies that all violations noted on this report have been corrected and action taken to assure compliance with the Federal Motor Carrier Safety & Hazardous Materials Regulations insofar as they are applicable to motor carriers and drivers. A false certification of repairs is required to be prosecuted with penalties up to \$10,000.

Signature of Carrier Official:	Х	Title:	Date:
·····			
Signature of Repairer:	Х	Facility:	Date:

<u>Copy Received By:</u> GAINEY, JAMES H



OH0841005745

15 Tra	308	Broa ation , OH (614	d Strea Depa 4 4321 ()466-0 Faz	et irtment 15	F; (3:			2-9274 		DRIVER/VEHIC Report Number: Inspection Date: Time Started: Inspection Levei: Driver: License #: Date of Birth:	OH0841 1/9/200 10:40 II - Wall	1005797 8 Ce Tir k-Around Y, JAME: 548	rtificatio ne Ende	n Date: d: 1 Bul	RT 1:24 Kr HM Insp. e: OH
State #: Location: ROADSIE Highway: IR 77 County: SUMMIT Shipper: MARATH		ROI	LEUM	COMF		-			ron, oh /Eland,			ading: HAZ N			<u></u>
VEHICLE IDENTIA Unit Type Make	TICATI	ION Yea		State	Licer	158 #		Compar		Unit VIN		GVWF	. (CVSA #	00S#
1 TR INTL		198	38	ОН	PDF	-1675		561		1HTLDTVN5JH5	61288	33,0			Ŷ
BRAKE ADJUSTN		<u>.</u>	Nó bra	ike me			ts reco	orded.	····				·		
VIOLATIONS : Section Code	St U	nH	000	LVI 6	C #~	tion #		Verify*	Crash	Violation Description	10				
			<u>Y</u>		3			<u>.</u>							
383.93(b)(4)	· · ·	2	Y	N	ز	-		N	N	No hazardous ma driving privileges	paper(s	howing	written		
391.11(b)(4)	C	5	Y	N				N	N	12-27-07 - no end Driver not physic medical issued 13 home.	ally qual	ified- he	aring ai	d not woi learing a	rn as per id is at 117
177.834(j)	1	I	Y	N				U	N	Manholes and val leaking in enclose roadway at right i	ed area :				
173.24(b)	4	l	Y	N				Ų	N	Failed to meet ge diesel fuel leaking access door area	neral pa g steady	ckage re at right	equireme rear ont	ents- haz o roadwa	-mat /red ay- from
393.9(a)	1	l	Ň	Ν				N	N	Inoperable required		ight rear	side mai	ker light i	nop.
392.2 - 5 1 - 5	хt	2	Ŷ	Ν				N	N	Operating a hazm (driver) still no ha out of service 12/	iz-mat ei	ndorsem	ent toda	aced out ay after b	of service- eing placed
N - Non-OOS or Drive	r OOS	Viola	ition; L	J - Uni	now	7								- <u></u>	
HazMat: 3 Combu	istible Li	lquid	1,							F	Placard:	Yes	Cargo T	ank: 3	06
Special Checks:	E	Con	ducted	ontrole 1 by Lo Veight	cal J	urisdic		:k	Ц.	raffic Enforcement orug Interdiction Searc PASA Conducted Insp		Pos Arrests:		Inspection	n
nspection Notes:		test felt agr	t)- on he wa eed he	Monda sokto ∋neeo	ay (1- > wori is the	7-08) : k and l	and wa haul ha	s told the z-mat- 1-	eir compa -9-08 133	or license station(driv lers were down and it 30 hrs i spoke to Dx st CDL and stated all Dx	t was ok upervisor	to just co Marry-E	me back llen -she	i on Satur looked in	day. Driver
Special Study Fiel	ds:	Spe	ecial S	itudy 1 itudy 2 itudy 3	:						ecial Stud ecial Stud	-			
_ocally Defined Fi	elds:													EXI	(IBIT
Loaded by Carrier (Y/N Ship Doc Prep by Ship Packing Group A: III): Y	i: Y	ł	-oadec Haz Cli Gross N	ass A	: 3	r (Y/N): 4000	Y	۱D	níp Docs Prep by Carri 9 # A: 1993 pr-Hire Carrier: N	ier(Y/N):	Y	PENGAD 800-631-6939	<u></u>	4 <i>117</i>
Report Prepared By: T Wolfe				<u>Badqe</u> 0841	<u>.#:</u>			<u>v Receiv</u> NEY, JAN							

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OH0841005797

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DRIVER/VEHICLE EXAMINATION REPORT Public Utilities Commission of Ohio 180 East Broad Street Report Number: OH0841005797 Transportation Department Inspection Date: 1/9/2008 Certification Date: Columbus, OH 43215 Time Started: 10:40 Time Ended: 11:24 Phone # : (614)466-0429 Fax #: (614)752-9274 Inspection Level: II - Walk-Around Bulk HM Insp. BEAVER PETROLEUM CO INC. Driver: GAINEY, JAMES H P O BOX 20308 License #; RG063648 State: OH CANTON, OH 44701-0308 Date of Birth: 11/27/1932 Phone #: (330)454-2242 (330)454-7848 Fax #: USDOT #: 364406 MC/MX #: State #: Fatalities (Y/N): N Driver Address: 4086 NEW STATE RD Driver City: WILLARD Driver State: OH Driver Zip; 44890 Photos Taken (Y/N); Y Reason Code: ISSS FMCSA Credentials Verified-Y/N; N CDL Verified (Y/N): Y FMCSA OOS Order Issued(Y/N): N HM Safety Permit Verlified(Y/N): N

I hereby declare JAMES H. GAINEY "Out of Service". This driver MAY NOT DRIVE any commercial motor vehicle nor may any carrier permit or require this driver to drive any commercial motor vehicle until: Haz-Mat Endorsement and hearing aid

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Signature of Carrier Official:	<u>×</u>	Title:	Date:
Signature of Repairer:	х	Facility:	Date:

Copy Received By: GAINEY, JAMES H



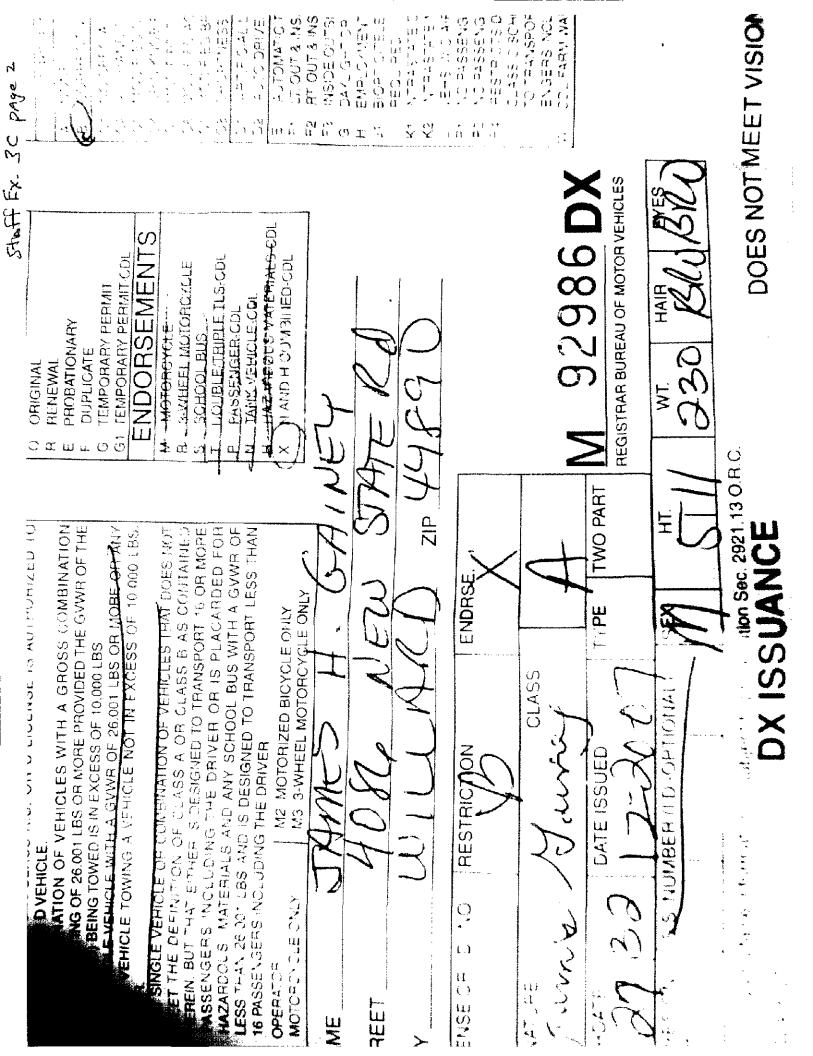
OH0841005797

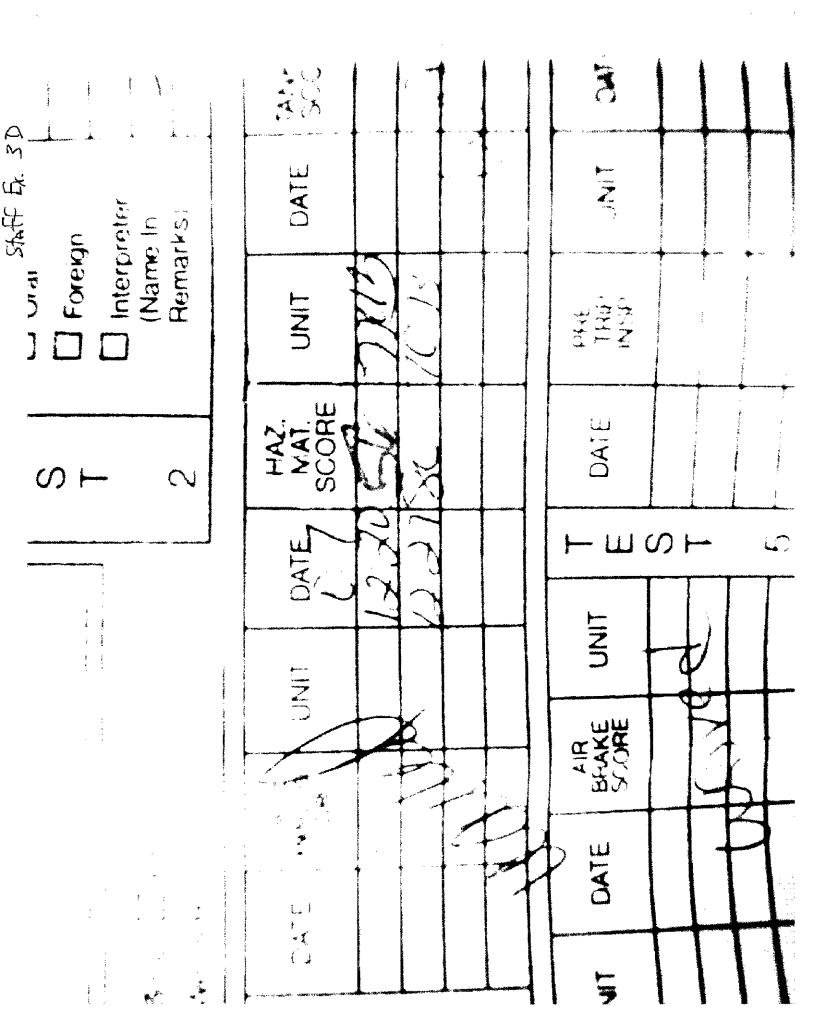


L EXAMINER'S CERTIFICATE Shefe 6, 38 9 CFR 391.41-391.49) and with knowledge of the entry dates, 1 feet by when:	<pre>driving within an exempt intracity zone (49 CFR 301.gc) accompanied by a Skill Performance Eveluation Certificate (375) dualified by operation of 49 CFR 301.64</pre>	examination is true and complete. A complete accumulant tely and correctly, and is on file in my office.	GUG4 STOG IL POID			1999 1997 1997 1997 1997 1997 1997 1997		
MEDICAL EXAMINER'S CENTRICATE MEDICAL EXAMINER'S CENTRICATE Peneral Motor Carrier Safety Regulations (49 CFR 391 41-301.49) and with knowed	 wearing corrective lenses wearing hearing aid accompanied by a	The information I have provided regarding this physical examination is true and complete. A semittent any attachment embodies my findings completely and correctly, and is on file in my completely and correctly.	SIGNATURE OF ANDICAL EXAMINER	MEDICAL EXAMINER'S NAME (PRINT)	SIGNATI DE DEIVER UCENSE OR CERTIFICATE NO./ ISSUING STATE	ADDRESS OF DRIVER	E EXPRATION DATE	DRIVE

:

MICALLY DEPENDENT ON ALCOHOL OR A DRUG OF ARUSE AND DO YUU INTERSONABLE AND ORDINARY CONTROL OF A MOTOR VEN 5. DO YOU HAVE A PHYSICAL OR MENTAL CONDITION IHAT PREVENTING E FOR A COMMERCIAL DRIVER LICENSE AND HAVE COM J HAG BULTS IN EPISODIC IME LING linn MENTS ON THE BACK OF APPLICANT'S COPY BING ALCOHOL OR A DRUG OF ABUSE? [] YES DO YOU HAVE A PENDING CITATION FOR VIOLATION OF and the second of the second HRANGER REACTED FOR SERVICE ORDER IN THIS STATE OR ALTY OTHER PLACE NAME(S) ADDRESS(ES) OF ATTENDING PHYSICIAN(S) the fifth of a AN IDVITOR A AN CANCELLED OR OTHERWISE DISCULUE ISSUED I YES & NO DATE PLEASE CHECK APPROPHIATE IF 2X1 D 424 D 427 ÁTE TO B_{MV} HAT RES 2. ARE YOUR DRIVING PRIVILLED OF CL 1. DO YOU HAVE A CHERIGPHER OF A CHERIGATION 4. DO YOU HAVE A CONDITION AN OR ORDINANCE HYPHIS, O 1. S. M. RIGIAL ST NATURE AND EXTENT **MATE/LOCATION/REASON** DATE/LOCATION/REASON يد ب ANY OTHER STATL 6. ARE YOU C CURRENT DATE AN AP UNIT/STATION STATE/DATE (HTIW PLICAN APPL EX. SIG. 1 TO TRANSPORT LESS THAN 18 PASS-CLASS C SCHOOL BUSES DESIGNED ENGERS INCLUDING THE DRIVER. RESTRICTS DRIVER TO DRIVING NO PASSENGER . CLASS A&B VEHS W/O AIR BRAKES - CDL EMPLOYMENT DRIVING ONLY NO PASSENGER - CLASS A S Z O CIRCLE CODE APPLICABLE BIOPTIC/TELESCOPIC LENS ARTIFICIAL LIMB REQUIRED AUTOMATIC TRANSMISSION RT. OUT & INSIDE MIRRORS INSIDE OUTSIDE MIRRORS LT OUT & INSIDE MIRRORS NO SPECIAL ATTACHMENTS SPIN KNOB PWR STEERING MODIFIED DIMMER SWITCH DAYLIGHT DRIVING ONLY SHORTNESS OF STATURE MODIFIED ACCELERATOR INTRASTATE ONLY - CDL HATRASTATE MEDICAL MODIFIED TURN SIGNAL AUTO DRIVE/ART. LIMB CDI. FARM WAIVER RESTRICTIO ALL HAND CONTROLS OARECT VELENSES MODIFIED BRAKE REOUIRED IS FORM IS 4 сч Ц 3 á ð × en U n u and a ã ų. C T 8 6





49 C.F.R. § 383.93

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Effective: [See Text Amendments]

Code of Federal Regulations Currentness

Title 49. Transportation

Subtitle B. Other Regulations Relating to Transportation

Chapter III. Federal Motor Carrier Safety Administration, Department of Transportation (Refs & Annos)

Subchapter B. Federal Motor Carrier Safety Regulations

Part 383. Commercial Driver'S License Standards; Requirements and Penalties (Refs & Annos)

r Subpart F. Vehicle Groups and Endorsements (Refs & Annos)

\rightarrow § 383.93 Endorsements.

(a) General. In addition to taking and passing the knowledge and skills tests described in Subpart G of this part, all persons who operate or expect to operate the type(s) of motor vehicles described in paragraph (b) of this section shall take and pass specialized tests to obtain each endorsement. The State shall issue CDL endorsements only to drivers who successfully complete the tests.

(b) Endorsement descriptions. An operator must obtain State-issued endorsements to his/her CDL to operate commercial motor vehicles which are:

(1) Double/triple trailers;

(2) Passenger vehicles;

(3) Tank vehicles;

(4) Used to transport hazardous materials as defined in § 383.5, or

(5) School buses.

(c) Endorsement testing requirements. The follow-

ing tests are required for the endorsements contained in paragraph (b) of this section:

(1) Double/Triple Trailers-a knowledge test;

(2) Passenger-a knowledge and a skills test;

(3) Tank vehicle--a knowledge test;

(4) Hazardous Materials -- a knowledge test; and

(5) School bus--a knowledge and a skills test.

[67 FR 49760, July 31, 2002; 68 FR 23850, May 5, 2003]

SOURCE: 52 FR 20587, June 1, 1987; 53 FR 27651, July 21, 1988; 57 FR 31457, July 16, 1992; 59 FR 26028, May 18, 1994; 59 FR 60323, Nov. 23, 1994; 61 FR 9564, March 8, 1996; 61 FR 14679, April 3, 1996; 62FR 1296, Jan. 9, 1997; 64 FR 48110, Sept. 2, 1999; 66 FR 49872, Oct. 1, 2001; 67 FR 49755, July 31, 2002; 67 FR 61821, Oct. 2, 2002; 68 FR 23849, May 5, 2003; 70 FR 56593, Sept. 28, 2005; 70 FR 66489, Nov. 2, 2005; 71 FR 2898, Jan. 18, 2006, unless otherwise noted.

AUTHORITY: 49 U.S.C. 521, 31136, 31301 et seq., 31502; sec. 214 of Pub.L. 106-159, 113 Stat. 1766, 1767; sec. 1012(b) of Pub.L. 107-56, 115 Stat. 397; sec. 4140 of Pub.L. 109-59, 119 Stat. 1144; and 49 CFR 1.73.

49 C. F. R. § 383.93, 49 CFR § 383.93

Current through July 15, 2008; 73 FR 40713

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END OF DOCUMENT

8889-	EXHIBIT
PENGAD 800-051-0989	STAFF
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	ل ل است ال ۱۰ ام ۲	REPORT #	0841005797	COMPLETED BY	
	REPORT DATE :	ر January &, 2008	DATE AS	SESSED	01/15/08
	RESPONDENT :	Gainey, James H		DRIVER CITED CARRIER CITED	
		Beaver Petroleum Co		r	
	VIOLATION CODE/	383.93B4	2-5-07D		
	DESCRIPTION	No HM endorsement	-		
···-		on CDL	005		
	NATURE GRAVITY 0 -10 PTS.	1	0	0	0
	EXTENT OF VIOL. `-10 TO +10 PTS.'	0	o	0	0
	ACTUAL HARM 0 - 20 PTS.	0	0	0	0
	OTHER CIRCUMST. `-10 TO +10 PTS.	0	0	0	0
(A)	SUBTOTAL POINTS 0-50 PTS.	1	0	0	0
<u>(B)</u>	MATERIAL HAZARD	0.5	0.5	0.5	0
(C)	AMOUNT OF MATERIAL	0.6	0.6	0.6	0
(D)	SUBTOTAL POINTS = A*(B+C)	1.10	0.00	0.00	0.00
(E)		1	1	1	1
(F)	RESPONDENT HISTORY 1,2,0R 4	1	1	1	1
(G)	TOTAL POINTS = D*E*F	1.10	0.00	0.00	0.00
	FORFEITURE ASSESSED AMOUNT	1.10	0.00	0.00	0.00
	= G * \$75.00	\$82.50	\$1,000.00	\$0.00	\$0.00

EXHIBIT PENGAD 800-531-8989 <u>S1</u> 4 5