

FILE

PUCO EXHIBIT FILING

5

Date of Hearing: 3-7-13

Case No. 12-3231-TR-CVF

PUCO Case Caption: In the Matter of Waymon
Lamier

List of exhibits being filed:

Staff Exhibit 1
Staff Exhibit 2

RECEIVED-DOCKETING DIV

2013 MAR 21 PM 3:45

PUCO

Reporter's Signature: Karen Gibson

Date Submitted: 3-20-13

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Technician SM Date Processed MAR 21 2013

BEFORE THE PUBLIC UTILITIES COMMISSION OF OHIO

- - -

In the Matter of Waymon R.:
Lanier, Notice of Apparent:
Violation and Intent to : Case No. 12-3231-TR-CVF
Assess Forfeiture.

- - -

PROCEEDINGS

before Mr. James Lynn, Attorney Examiner, at the
Public Utilities Commission of Ohio, 180 East Broad
Street, Room 11-D, Columbus, Ohio, called at 10:26
a.m. on Thursday, March 7, 2013.

- - -

ARMSTRONG & OKEY, INC.
222 East Town Street, Second Floor
Columbus, Ohio 43215-5201
(614) 224-9481 - (800) 223-9481
Fax - (614) 224-5724

- - -

DRIVER/VEHICLE EXAMINATION REPORT



Report Number: OH1251000439
 Inspection Date: 8/14/2012 Certification Date: 09/11/2012
 Time Started: 04:00 Time Ended: 04:50
 Inspection Level: II - Walk-Around
 HM Inspection Type: No HM Inspection

SPECIAL SERVICE TRANSPORTATION INC
 1529 SUBSTATION RD
 BRUNSWICK, OH 44212-3227
 USDOT #: 104027 Phone #: (330)273-0755
 MC/MX #: 135653 Fax #:
 State #:

Driver: LANIER, WAYMON R
 License #: RL059045 State: OH
 Date of Birth: 02/21/1960

Location: ROADSIDE MilePost: 222
 Highway: IR 80 WB Origin: MECHANICSBURG, PA Bill of Lading: 820079
 County: MAHONING Destination: BEDFORD HEIGHTS, OH Cargo: GENERAL FREIGHT
 Shipper: NEW WORLD PASTA

VEHICLE IDENTIFICATION:

| Unit | Type | Make | Year | State | License# | Equipment ID | Unit VIN | GVWR | CVSA # | CVSA Issued # | OOS Stkr.# |
|------|------|------|------|-------|----------|--------------|-------------------|--------|--------|---------------|------------|
| 1 | TT | FRHT | 2009 | OH | PVT5952 | 1280 | 1FUJA6CK59DAC0470 | 52,000 | | | YES |
| 2 | ST | STOU | 2011 | OH | 1747569 | 5392 | 1DW1A5326BS232745 | 70,000 | | | |

BRAKE ADJUSTMENTS: No brake measurements recorded.

VIOLATIONS:

| Vio Code | Section | Unit | OOS | Citation # | Verify* | Crash | Violation Description |
|-------------|--------------|------|-----|------------|---------|-------|---|
| 392.2-SLLS2 | 392.2 | D | N | A046212 | N | N | State/Local Laws - Speeding 6-10 miles per hour over the speed limit. (ORC - 4511.21D2) 72/65. |
| 392.16 | 392.16 | D | N | | N | N | Failing to properly wear seat belt while operating CMV. |
| 395.8F1 | 395.8(f)(1) | D | N | | N | N | Drivers record of duty status not current. 1st entry made by driver was on 8/13/12 at 815pm, in Sleeper Berth status, in Brookfield Oh. |
| 393.45B2 | 393.45(b)(2) | 1 | Y | | U | N | Brake hose or tubing kinking. Serive line from tractor to trailer is crimped in such a manner as to restrict air flow. |
| 393.55E | 393.55(e) | 2 | N | | N | N | No or Defective ABS Malfunction Indicator Lamp for trailer manufactured after 03/01/1996. ABS lamp was inoperable when lamp test performed. |

* N - Non-OOS or Driver OOS Violation; U - Unknown

HazMat: No HM Transported. **Placard:** NA **Cargo Tank:**

Special Checks:

| | | |
|---|---|--|
| <input type="checkbox"/> Alcohol/Controlled Substance Check | <input checked="" type="checkbox"/> Traffic Enforcement | <input type="checkbox"/> Post Crash Inspection |
| <input type="checkbox"/> Conducted by Local Jurisdiction | <input type="checkbox"/> PASA Conducted Inspection | <input type="checkbox"/> PBBT Inspection |
| <input type="checkbox"/> Size and Weight Enforcement | <input type="checkbox"/> Drug Interdiction Search | Arrests: |

Inspection Notes: Speed - Radar 11 / Cal @ 330/12 / TH - 6.

Seatbelt - Driver was wearing a light grey shirt, the seatbelt was black. Driver was wearing the shoulder harness so loose that it slumped off the left side of his left shoulder, providing no impact protection.

Special Study Fields:

| | |
|-----------------|------------------|
| Special Study1: | Special Study6: |
| Special Study2: | Special Study7: |
| Special Study3: | Special Study8: |
| Special Study4: | Special Study9: |
| Special Study5: | Special Study10: |

Locally Defined Fields:

For-Hire Carrier: Y;Fatalities (Y/N): N;Driver Address: 3890 EAST 147TH ST.;Driver City: CLEVELAND;Driver State: OH;Driver Zip: 44128;Photos Taken (Y/N): Y;Reason Code: TRAF;FMCSA Credentials Verified-Y/N: Y;CDL Verified (Y/N): Y;FMCSA OOS Order Issued(Y/N): N

* 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.

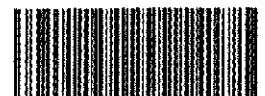
Repo
TPR

Report Prepared By:
TPR. RODNEY D. RAMPS

Badge #:
1251

Copy Received By:
LANIER, WAYMON R

Page 1 of 2



OH1251000439

Staff Ex. 1

DRIVER/VEHICLE EXAMINATION REPORT



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 State #:

Driver: LANIER, WAYMON R
 License #: RL059045 State: OH
 Date of Birth: 02/21/1960

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 Ohio-TASD; 180 E. Broad St.; 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 up to \$1,000 per day for each day the violation continues, up to a total of \$10,000. If you have any questions, please contact (614) 466-0429.

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: X Title: _____ Date: _____

Failure to return this report with the required certification can result in penalties up to \$1,000 per day for each day the violation continues, up to a total of \$10,000.

Signature of Repairer: X Facility: _____ Date: _____



10007 COURT Mahoning COUNTY, OHIO
STATE OF OHIO Frostburg TICKET # **A046212**
☒ City ☐ Village ☐ Township CASE #
NAME William R. Langer
STREET 2222 E. 147th St.
CITY, STATE Chil. Oh. ZIP 44122

| | | | | |
|--|---------|---|--|---------------------|
| OPERATOR LICENSE/STATE ID# <input type="checkbox"/> None | | BIRTH DATE | ISSUE DATE | STATE |
| A LK 1045 | | 2/21/60 | 2-12 | Oh. |
| CLASS | EXPIRES | ENDORSEMENT(S)/RESTRICTION(S) | | SS# (Last 4 digits) |
| A | 2-12 | <input type="checkbox"/> CDL <input type="checkbox"/> MC <input type="checkbox"/> Other | | 2 8 6 6 |
| SEX | HEIGHT | WEIGHT | EYES | HAIR |
| M | 6-7 | 250 | Blue | Blk |
| FINANCIAL RESPONSIBILITY PROOF? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |

* If no OL State ID, REQUIRED documentation attached: ☐ Yes ☐ No
TO DEFENDANT: COMPLAINT ON 2/11 20 12 AT 0400 AM PM, 00
Operated/Passenger/Parked/Walked a ☐ Passenger ☐ Motorcycle ☐ Bicycle ☐ Other
☒ Commercial DOT# 109023 ☒ $\geq 26,001$ lbs. ☐ ≤ 16 Pass. Bus ☐ ≥ 16 Pass. Bus ☐ Haz. Mat.
VEHICLE: YEAR 07 MAKE Ford MODEL Sim.
COLOR White LICENSE # FTV 352 STATE Oh.
UPON A PUBLIC HIGHWAY, NAMELY IN 20 W
AT/NEAR (M.P. 222)
IN THE City OF Frostburg IN Mahoning
COUNTY (NO.) 50 STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

| | |
|---|---|
| <input checked="" type="checkbox"/> SPEED: <u>72</u> MPH in <u>55</u> MPH zone <input checked="" type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P. <input checked="" type="checkbox"/> Over limits <input type="checkbox"/> Unsafe for conditions <input type="checkbox"/> ACDA <input checked="" type="checkbox"/> Radar <input type="checkbox"/> Air <input type="checkbox"/> VASCAR <input type="checkbox"/> Pace <input type="checkbox"/> Laser <input type="checkbox"/> Stationary <input checked="" type="checkbox"/> Moving | <u>11.2102</u> |
| <input type="checkbox"/> DVI: <input type="checkbox"/> Under the influence of alcohol/drug of abuse. <input type="checkbox"/> Prohibited blood alcohol concentration. BAC <u>#11</u> <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Refused Prior OVI's: # of prior OVIs <u>1-000/12</u> Years of prior OVI's <u>1</u> | <input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P. |
| <input type="checkbox"/> DRIVER LICENSE: <input type="checkbox"/> None <input type="checkbox"/> Not on person <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended EXPIRED: <input type="checkbox"/> ≤ 6 months <input type="checkbox"/> > 6 months <input type="checkbox"/> Failure to Reinstate Suspension Type: <u>1</u> | <input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P. |
| <input type="checkbox"/> SAFETY BELT: Failure to wear <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Child Restraint <input type="checkbox"/> Booster Seat | <input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P. |
| <input type="checkbox"/> OTHER OFFENSE: | <input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P. |
| <input type="checkbox"/> OTHER OFFENSE: | <input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P. |
| <input type="checkbox"/> DRIVER LICENSE HELD <input type="checkbox"/> VEHICLE SEIZED <input type="checkbox"/> JUVENILE OFFENSE | |
| PAVEMENT: <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice # of Lanes <u>2</u> <input type="checkbox"/> Construction Zone | |
| VISIBILITY: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Night <input type="checkbox"/> Dawn | |
| WEATHER: <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input checked="" type="checkbox"/> No Adverse | |
| TRAFFIC: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> None | |
| AREA: <input type="checkbox"/> Business <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Residential <input type="checkbox"/> Industry <input type="checkbox"/> School | |
| CRASH: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Almost Caused <input type="checkbox"/> Non-Injury <input type="checkbox"/> Injury <input type="checkbox"/> Fatal | |
| Crash Report Number: <u>AK 012 N.H. PH. 2. TR.</u> | |
| REMARKS: <u># 330-740-2001</u> | |
| ACCOMPANYING CRIMINAL CHARGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TOTAL # OFFENSES <u>1</u> | |

TO DEFENDANT: SUMMONS PERSONAL APPEARANCE REQUIRED ☐ Yes ☒ No
You are summoned and ordered to appear on 2/12 20 12 at 9:00 AM/PM,
in 10007 Court, at Frostburg
If you fail to appear at this time and place you may be arrested or your license may be cancelled.
This summons served personally on the defendant on 2/11 20 12
The issuing/charging law enforcement officer states under the penalties of perjury and falsification that he/she has read the above complaint and that it is true.

| | | | |
|----------------------------------|------|------|---|
| Charging Law Enforcement Officer | 5012 | 2511 | 4 |
| Issuing Law Enforcement Officer | | | |

Issuing Officer: Verify address. If different from license address, write present address in space provided.
OHP0060 10-0060-00 (REVISION 3/10) AGENCY RECORD OSHP HP7 (B6305)

Staff Ex 3