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|                                       | PUCO EXHIBIT FILING                                                   | ţ                                     |
|---------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| Date of Hearing:                      | 8-4-15                                                                | • · ·                                 |
| Case No 15                            | -908-TR-CVF                                                           |                                       |
| PUCO Case Caption:                    | An the Matter of                                                      |                                       |
|                                       | ontractors, Onc., No                                                  | tice                                  |
|                                       | rent Violation and                                                    |                                       |
| // ••                                 | ess forfacture.                                                       | · · · · · · · · · · · · · · · · · · · |
|                                       |                                                                       | RECT                                  |
|                                       |                                                                       | IL SAUG                               |
| List of exhibits being                | g filed:                                                              | 19 12 C                               |
| Staff 1-                              | 2-3-4-5-6-7-8.                                                        | MISAUG 24 PH 3: 26                    |
| /0                                    | -11-12                                                                |                                       |
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| Reporter's Signatur                   |                                                                       |                                       |
| <b>T</b>                              | his is to certify that the image<br>ccurate and complete reproduction | s appearing are an                    |
| đ                                     | ocument delivered in the regular of                                   | course of business.                   |
| Te                                    | echnician <u>DM</u> Date Proce                                        | essed AUG 2 4 2015                    |

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Proceedings

BEFORE THE PUBLIC UTILITIES COMMISSION OF OHIO

- -

In the Matter of Kirila : Contractors, Inc., Notice : Case No 15-908-TR-CVF of Apparent Violation and : Intent to Assess Forfeiture.:

- - -

### PROCEEDINGS

before Mr. Nicholas Walstra, Attorney Examiner, at the Public Utilities Commission of Ohio, 180 East Broad Street, Room 11-C, Columbus, Ohio, called at 10:00 a.m. on Monday, August 4, 2015.

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

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Staff Ex. No. \_/\_\_\_

| Ohio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | )                       |                             | Inspecti<br>Time St<br>Inspecti | ion Date:<br>arted:<br>ion Level: i | OH3225005<br>12/31/2014<br>13:47<br>II - Walk-Aro<br>be: No HM In | Certification Date:<br>Time Ended: 14:25<br>und |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------|---------------------------------|-------------------------------------|-------------------------------------------------------------------|-------------------------------------------------|-------------|
| KIRILA CONTRACTORS INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |                             | Driver:                         |                                     | WILSON, J                                                         | OHN E                                           |             |
| PO BOX 179                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                             | License                         | H٠                                  | RN570664                                                          |                                                 | te: OH      |
| BROOKFIELD, OH 44403-0179                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                             | Date of E                       |                                     | 9/2/1966                                                          | Ota                                             |             |
| USDOT #: 00377296                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Phone #: (33            | 01448 4055                  |                                 | Jitar.                              | 51211500                                                          |                                                 |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fax #:                  | 0)448-4033                  |                                 |                                     |                                                                   |                                                 |             |
| MC/MX #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | F88 #;                  |                             |                                 |                                     |                                                                   |                                                 |             |
| State #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         | · ··- · ··· ··· ···         |                                 |                                     |                                                                   |                                                 | <del></del> |
| Location: ROAD SIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MilePo                  |                             | 2                               |                                     |                                                                   |                                                 |             |
| Highway: SR 711                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Origin                  |                             | NTOWN, OH                       |                                     | Bill of Ladin                                                     | -                                               |             |
| County: MAHONING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Destin                  | ation: BROO                 | KFIELD. OH                      | (                                   | Cargo: MA                                                         | CHINERY, LARGE O                                | BJECT       |
| Shipper: CARRIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                             |                                 |                                     |                                                                   |                                                 |             |
| VEHICLE IDENTIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                             |                                 |                                     |                                                                   | · · · · · · · · · · · · · · · · · · ·           |             |
| Unit Type Make Year State Lice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ense# Equipm            | ent ID                      | Unit VIN                        | GVWR                                | CVSA#                                                             | CVSA Issued #                                   | OOS Stkr.#  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (6552 40                |                             | GCNHR9MH329294                  |                                     |                                                                   |                                                 |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | )3053 23                |                             |                                 |                                     |                                                                   |                                                 | VEC         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |                             | K3420XHAR20934                  | 56,150                              |                                                                   |                                                 | YES         |
| BRAKE ADJUSTMENTS: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | o brake measurements    | s recorded.                 |                                 |                                     |                                                                   | ·                                               |             |
| VIOLATIONS :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                             |                                 |                                     |                                                                   |                                                 |             |
| Vio Code Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         | ate Citation<br>Number Veri | fy* Crash Violation             | Descriptio                          | n                                                                 |                                                 |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2 Y                     |                             | <u> </u>                        |                                     |                                                                   | ecified in 49 CFR 393                           | 400         |
| 392.9A1 392.9(a)(1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2 1                     | Ŭ                           | through                         | 393.142 R                           |                                                                   | ion 393.130c1. No 4                             |             |
| * U - Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                             |                                 |                                     |                                                                   |                                                 |             |
| HazMat: No HA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | / Transported.          | -                           |                                 | P                                   | lacard: N/                                                        | Cargo Tank:                                     |             |
| Special Checks: Alcoho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ol/Controlled Substanc  | e Check                     | Traffic Enforcer                | nent                                |                                                                   | Post Crash Inspection                           |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | icted by Local Jurisdic | ļ                           | PASA Conducte                   |                                     | ~ <u> </u>                                                        | PBBT Inspection                                 | •           |
| terment of the second se | nd Weight Enforcement   | ;                           | Drug Interdictio                | •                                   | Arre                                                              | •                                               |             |
| 느                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -                       | in l                        |                                 | II Search                           |                                                                   | 3(3.                                            |             |
| EScre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ening                   |                             |                                 |                                     |                                                                   |                                                 |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |                             |                                 |                                     |                                                                   |                                                 |             |
| Inspection Notes: 1 chain on fron<br>2 chains on rear hydrulic arm for back<br>viewed on ir 680 no 4 point secureme<br>CASE Super L 580                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | k hoe.                  |                             | ·                               |                                     |                                                                   |                                                 |             |
| 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: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                             | Tatalities (Y/N): N             |                                     |                                                                   |                                                 |             |
| Driver Address: 3290 WAKEFIELD C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | REEK                    |                             | Driver City: FARMD              | ALE                                 |                                                                   |                                                 |             |
| Driver State: OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                             | Driver Zip: 44417               |                                     |                                                                   |                                                 |             |
| Photos Taken (Y/N): Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                             | Supplemental Repo               |                                     |                                                                   |                                                 | 1           |
| Co-Investigator #: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                             | Reason Code: OBV                |                                     |                                                                   |                                                 |             |
| Paper Report #: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                             | MCSA Credentials                |                                     |                                                                   |                                                 | i           |
| CDL Verified (Y/N): Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         | F                           | MCSA OOS Order                  | Issued(Y/N                          | <b>∛): N</b>                                                      |                                                 |             |
| Crash Report #: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         | c                           | Drig Seal Placed by             | (C/D/S/U):                          | N                                                                 |                                                 |             |
| Report Prepared By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Badge #:                | Copy Received               | l Bv:                           | Page 1 d                            | of 2                                                              |                                                 |             |
| John Brayer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3225                    | WILSON, JOH                 |                                 |                                     |                                                                   |                                                 |             |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |                             |                                 |                                     |                                                                   |                                                 |             |

### DRIVER/VEHICLE EXAMINATION REPORT



Report Number: OH3225005703 Inspection Date: 12/31/2014 Certification Date: 01/05/2015 13:47 **Time Started:** Time Ended: 14:25 Inspection Level: II - Walk-Around HM Inspection Type: No HM Inspection

Date:

| KIRILA CONTRACTORS INC    |                        |
|---------------------------|------------------------|
| PO BOX 179                |                        |
| BROOKFIELD, OH 44403-0179 |                        |
| LISDOT # 00377296         | Phone #: (330)448-4055 |

Fax #:

Driver: WILSON, JOHN E License #: RN570664 Date of Birth: 9/2/1966

State: OH

MC/MX #: State #:

USDOT #: 00377296

\* 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 Ohio, TASD - 4th floor, 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:              | <u>×</u>                        | Title:                                          | Date:                                                |
|---------------------------------------------|---------------------------------|-------------------------------------------------|------------------------------------------------------|
| Failure to return this report wil \$10,000. | th the required certification c | an result in penalties up to \$1,000 per day fo | r each day the violation continues, up to a total of |

Facility:

Signature of Repairer:

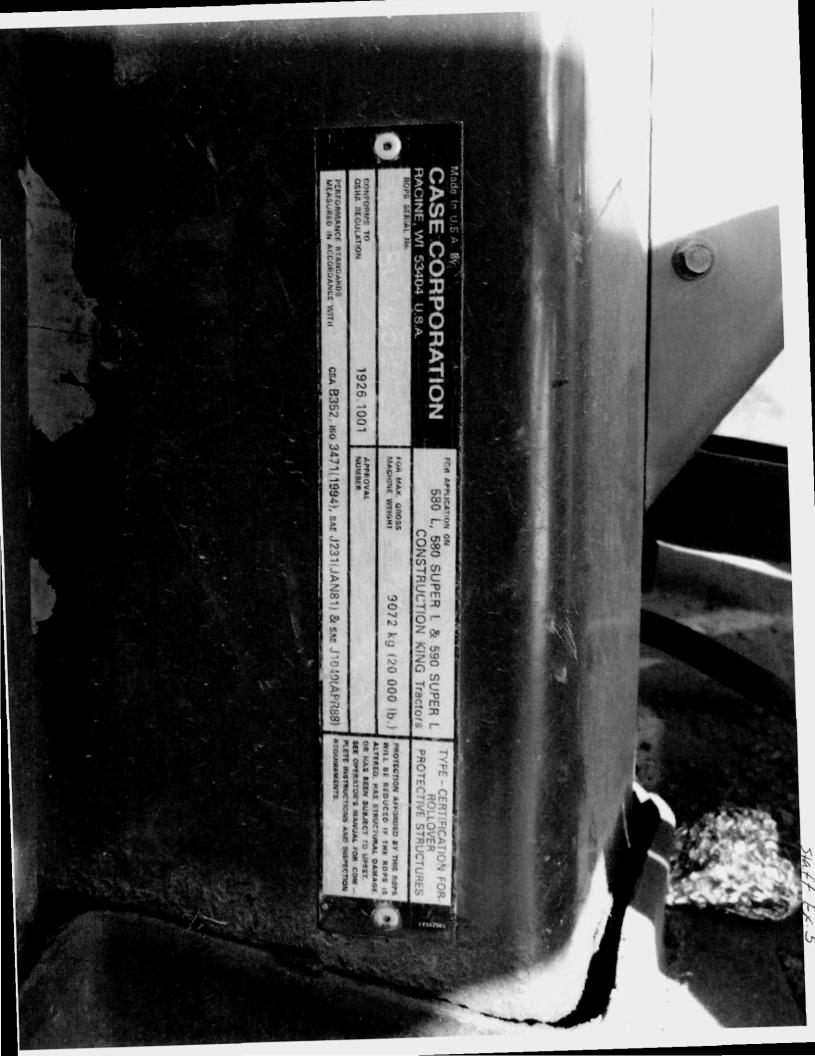
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# Ohio Public Utilities Commission

John R. Kasich, Governor Andre Porter, Chairman

Staff Ex, No.

Commissioners

Thomas W. Johnson Asim Z. Haque Lynn Siaby M. Beth Trombold

04/23/2015

OH3225005703C ROBERT KIRILA PO BOX 179 BROOKFIELD, OH 44403-0179

> RE: NOTICE OF PRELIMINARY DETERMINATION

> > Case No. OH3225005703C

Dear Sir or Madam:

On 12/31/2014, a vehicle operated by KIRILA CONTRACTOR INC, and driven by JOHN E WILSON, was inspected within the State of Ohio. As the result of discovery of the following violations of the Commission's rules, Staff of the Commission timely notified KIRILA CONTRACTOR INC (Respondent) pursuant to rule 4901:2-7-07, Ohio Administrative Code (O.A.C.), that it intended to assess a civil forfeiture against the Respondent in the following amount:

| CODE    | GROUP | VIOLATION                                                                       | FORFEITURE |
|---------|-------|---------------------------------------------------------------------------------|------------|
| 392.9A1 | 1     | Failing to secure cargo as specified in 49 CFR 393.100 through 393.142 Refer to |            |
|         |       | section 393.130c1. No 4 point securement. Machine weight 20,000 lbs             |            |
|         |       | Total of Group 1                                                                | 100.00     |

### TOTAL AMOUNT DUE: \$100.00

A conference was conducted pursuant to rule 4901:2-7-10, O.A.C., at which the Respondent had a full opportunity to present any reasons why the violation did not occur as alleged, mitigating circumstances regarding the amount of any forfeiture, and any other information relevant to the action proposed to be taken by Staff.

As a result of the conference, Staff has made a Preliminary Determination that the Commission should assess a civil forfeiture against KIRILA CONTRACTOR INC in the following amount:

| CODE    | GROUP | VIOLATION                                                                       | FORFEITURE |
|---------|-------|---------------------------------------------------------------------------------|------------|
| 392.9A1 | 1     | Failing to secure cargo as specified in 49 CFR 393.100 through 393.142 Refer to |            |
|         |       | section 393.130c1. No 4 point securement. Machine weight 20,000 lbs             |            |
|         |       | Total of Group 1                                                                | 100.00     |

180 East Broad Street Columbus, Ohio 43215-3793 (614) 466-3016 www.PUCO.chio.gov

## **Ohio** Public Utilities Commission

John R. Kasich, Governor Andre Porter, Chairman

### TOTAL AMOUNT DUE: \$100.00

Within 30 days of this notice, you must <u>either</u>: (1) pay the assessed civil forfeiture <u>or</u> (2) file a written request for an administrative hearing pursuant to rule 4901:2-7-13, O.A.C. Failure to file a written request for an administrative hearing within 30 days shall constitute a waiver of your right to further contest the violations and will conclusively establish the occurrence of the violations. Such failure shall also constitute a waiver of your right to further contest liability to the state of Ohio for the civil forfeiture described in the notice and will result in the forfeiture amount being referred to the Ohio Attorney General's office for collection.

Please consult the enclosed instruction sheet for additional information regarding this Notice of Preliminary Determination.

Sincerely,

mulan debooich

Milan Orbovich, Director Transportation Department

Compliance Officer: Wanda Williams

(614) 466-3015 www.PUCO.ohio.gov

Commissioners

Thomas W. Johnson Asim Z. Haque Lynn Slaby M. Beth Trombold