

PUCO EXHIBIT FILING

Date of Hearing: 10/30/19

Case No. 19-676-TA-CUF

PUCO Case Caption: _____

Juan MARTINEZ

List of exhibits being filed:

STATE Exhibits 1-6

Reporter's Signature: Michael C. Spencer

Date Submitted: 11/13/19

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Technician [Signature] Date Processed 11/13/19

PUCO

2019 NOV 13 PM 3:11

19-676-TA-CUF

BEFORE THE PUBLIC UTILITIES COMMISSION OF OHIO

- - -

In the Matter of Juan : Case No.
Martinez Notice of Apparent : 19-676-TR-CVF
Violation and Intent to :
Assess Forfeiture. :

- - -

PROCEEDINGS

Before Anna Sanyal, Attorney Examiner, held at
the Public Utilities Commission of Ohio, 180
East Broad Street, Hearing Room 11-D, Columbus,
Ohio, on Wednesday, October 30, 2019, at 10:00
A.M.

- - -

Armstrong & Okey, Inc.
222 East Town Street, 2nd Floor
Columbus, Ohio 43215
(614) 224-9481 - (800) 223-9481

- - -

PUCO

2019 NOV 13 PM 3:11

RECEIVED-BOOKING CL.

DRIVER/VEHICLE EXAMINATION REPORT



Public Utilities Commission of Ohio
180 East Broad Street
Transportation Department
Columbus, OH 43215
Phone #: (614)466-0429 Fax #: (614)752-9274

Report Number: OH3276011229
Inspection Date: 6/5/2018 Certification Date:
Time Started: 16:15 Time Ended: 19:00
Inspection Level: I - Full Inspection
HM Inspection Type: No HM Inspection

J & R MARTINEZ TRUCKING INC

1560 E 200 NORTH ROAD
CISSNA PARK, IL 60924

USDOT #: 02479173

MC/MX #: 857835

State #:

Phone #: (217)781-1873

Fax #:

Driver: MARTINEZ, JUAN

License #: [REDACTED]

State: IL

Date of Birth: 2/3/1961

Location: ROADSIDE
Highway: IR475
County: LUCAS
Shipper: SIMPLE TRUTH DIST/ELECT

MilePost: 14
Origin: PLYMOUTH, MI
Destination: LOUISVILLE, KY

Bill of Lading: 86081580
Cargo: BOTTLED WATER

VEHICLE IDENTIFICATION:

Unit	Type	Make	Year	State	License#	Equipment ID	Unit VIN	GVWR	CVSA #	CVSA Issued #	OOS Str.#
1	TT	FRHT	2005	IL	P924357	1561	1FUJBBCG05LN21818	52,000			Y
2	ST	HYTR	2015	IL	588838ST	917	3H3V532CXFT485018	68,000			Y

BRAKE ADJUSTMENTS:

Axle #	1	2	3	4	5
Right	3/4	1 1/8	1 1/4	1	1
Left	1	1 1/4	1 1/4	1	1
Chamber	L-20	L-30	L-30	C-30	C-30

VIOLATIONS:

Vio Code	Section	Unit	OOS	State Citation Number	Verify*	Crash	Violation Description
383.51A-SOUT	383.51(a)	D	Y	E-Citation	N	N	Driving a CMV while CDL is suspended for safety-related or unknown reason and outside the state of drivers license issuance: CDLIS. shows driver status CDL NOT ELIGIBLE. Driver cited O.R.C.4506.03AL No CDL. Citation #OHP481919060520181557
391.41A-F	391.41(a)	D	Y		N	N	Operating a property-carrying vehicle without possessing a valid medical certificate.: Driver has no valid medical certificate. Expired 05/05/2018
392.2MI	392.2	D	N	E-Citation	N	N	Miscellaneous Traffic Law Violation: Driver cited for O.R.C.4511.202 Failure to control. CMV flipped on its side in a curve. Citation #OHP481919060520181557
395.8A-ELD	395.8(a)(1)	D	Y		N	N	ELD - No record of duty status (ELD Required): CMV has no ELD, Driver using paper RODS
396.3A1	396.3(a)(1)	1	Y		U	Y	**Inspection, repair and maintenance of parts & accessories: Tractor sustained non-repairable crash induced damage. No other defects found.
396.3A1	396.3(a)(1)	2	Y		U	Y	**Inspection, repair and maintenance of parts & accessories: Trailer sustained non-repairable crash induced damage. No other defects found.

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

** Y - The violation occurred because of the crash; U - Unknown

HazMat:

No HM Transported.

Placard: NA

Cargo Tank:

Special Checks:

- ☐ Alcohol/Controlled Substance Check
☐ Conducted by Local Jurisdiction
☐ Size and Weight Enforcement
☐ ESscreening

- ☒ Traffic Enforcement
☐ PASA Conducted Inspection
☐ Drug Interdiction Search

- ☒ Post Crash Inspection
☐ PBBT Inspection
Arrests:

Report Prepared By:

R K Kemik

Badge #:

3276

Copy Received By:

MARTINEZ, JUAN

Page 1 of 3



OH3276011229

X

X

DRIVER/VEHICLE EXAMINATION REPORT



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1560 E 200 NORTH ROAD

CISSNA PARK, IL 60924

USDOT #: 02479173

MC/MX #: 857835

State #:

Phone #: (217)781-1873

Fax #:

Driver: MARTINEZ, JUAN

License #: State: IL

Date of Birth: 2/3/1961

Inspection Notes: Driver using paper RODS. Primary OSHP U-1919 Mehki, Incident #P18060500002203 I was called to this single CMV, single occupant with minor injuries crash. Tractor and Trailer sustained non-repairable crash induced damage after flipping on its side on a curve. No other vehicle defects found. All brakes were measured using a OTC #5052 tool. Brake linings and tire tread were well above minimum and all looked almost new. Both units had current Periodic Inspections. The 43,452 lb. load of bottled water was also a total loss.

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: 1560 E 200 NORTH RD; Driver City: CISSNA PARK; Driver State: IL; Driver Zip: 60924; Photos Taken (Y/N): Y; Reason Code: CRAS; FMCSA Credentials Verified-Y/N: Y; CDL Verified (Y/N): Y; FMCSA OOS Order Issued(Y/N): N; Crash Report #: 48-0708-48

I hereby declare JUAN MARTINEZ "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: Until CDL is reinstated

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 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, T ASD - 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.

Signature of Carrier Official: X

Date: _____

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.

***** POSSIBLE CDL DISQUALIFICATION *****

If this roadside inspection identified an alleged violation of one or more of the below noted regulations, your CDL may be disqualified. If the PUCO finds you committed a violation of any of these regulations, the violation will be treated as a conviction for the purposes of federal and state law and notice of such conviction will be forwarded to the Ohio Bureau of Motor Vehicles (BMV). The BMV may disqualify you from operating a commercial motor vehicle for a minimum of 60 days. Any BMV sanction is in addition to sanctions imposed by the Public Utilities Commission of Ohio (PUCO). 177.804(b)(1), 177.804(b)(2), 177.804(b)(3), 177.804(c), 4901.2-5-07D, 383.23(a)(2), 383.51(a), 383.51A-NSIN, 383.51A-NSOUT, 383.51A-SIN, 383.51A-SOUT, 383.91(a), 383.93(b)(1), 383.93(b)(2), 383.93(b)(3), 383.93(b)(4), 383.93(b)(5), 391.15(a), 391.15A-NSIN, 391.15A-NSOUT, 391.15A-SIN, 391.15A-SOUT, 392.10(a)(1), 392.10(a)(2), 392.10(a)(3), 392.10(a)(4), 392.11, 392.12, 392.4(a), 392.5(a)(2), 392.5A2-UI, 392.5(c)(2), 392.80(a), 392.82(a)(1), 395.13(d), 396.9(c)(2).

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 Repairer: X

Facility: _____

Date: _____

Report Prepared By:

Badge #:

Copy Received By:

Page 2 of 3

R K Kernik

3276

MARTINEZ, JUAN



X

X

OH3276011229

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1560 E 200 NORTH ROAD

CISSNA PARK, IL 60924

USDOT #: 02479173

Phone #: (217)781-1873

MC/MX #: 857835

Fax #:

State #:

Driver: MARTINEZ, JUAN

License #: M63542061401

State: IL

Date of Birth: 2/3/1961

Report Prepared By:

R K Kernik

Badge #:

3276

Copy Received By:

MARTINEZ, JUAN

Page 3 of 3



OH3276011229

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X

Pre-Screen Information

Carrier: Driver: Fleet:

Driver Information

Last Name: **PARKTINEZ** First Name: **JUAN**
 Middle Name: Suffix:
 Street: **1560 E 200 NORTH RD** DOB: **02/03/1961**
 City: **CISSNA PARK** State: **IL** Zip: **60924-0000**
 CDL Number: CDL State: **IL** CDL Class: **A**
 Issue Date: **06/02/2015** CDL Expiration Date: **02/03/2019** CDL Status: **Not Eligible**
 Non-Commercial Status: **Licensed** Non-Commercial Class: **A**

Driver Restrictions

Restrictions	End Date
Corrective Lenses must be worn	

Driver Endorsements

Endorsements

Carrier: Driver: Fleet:

Name: **J & B BURNETT TRUCKING INC**
 DBA:
 Street: **1560 E 200 NORTH ROAD** State: **IL** Zip: **60924**
 City: **CISSNA PARK** Country of Origin: **UNITED STATES**
 Phone: **(717) 711-1873**

Inspection Value

53 Optional
 Inspection Value is based on Safety data.

Carrier Details

AUTHORIZED FOR PROPERTY	
Operating Authority Status:	28.09 %
Vehicle Out Of Service Rate:	7.21 %
Driver Out Of Service Rate:	18
Number of Power Units:	18
Inspections Involving HM:	6
Total Number of Inspections:	4.94
Inspections Per Power Unit:	6.12
Inspections Per Driver:	18

BASIC Safety Information

BASIC	BASIC's Status	On-Road Performance	Investigation
Unsafe Driving	Alert	07	
MCS Compliance		< 3 insp. w/ violations	
Driver Fitness		0%	
Drugs/Alcohol		0%	
Vehicle Maintenance		< 5 vehicle insp.	
HM Compliance		No HM Veh. Insp.	
Crash Indicators		0%	
Insurance/Titles		Not Applicable	

SMS Date: **5/25/2018** Last Investigation Date:

DCR Information

State	Year	Payment Date	Paid	Intrastate Vehicles
IL	2018	2/27/2018	YES	NO
IL	2017	11/16/2016	YES	NO
IL	2016	8/11/2016	YES	NO

Inspection End Date/Time:

11:03 AM 13 NOV 2019

IN-TRUCK-BOOKING

Not For Court Display

DRIVER'S DAILY LOG
REPORTE DIARIO DEL CHOFER
(24 HOURS / 24 HORAS)

Original Label

Reading Miles

Month (Mes) 5 Year (Año) 1988

Day (Dia) 28

City (Ciudad) Los Angeles

Name of Carrier or Carriers / Nombre de la Empresa de Transportes o Empresa de Transportes
Blue Star

Main Office Address / Dirección de la Oficina de Base
1111 E. 1st St. Los Angeles, CA 90012

I certify these entries are true and correct:
 Yo certifico que todo esto es verdadero y correcto:

Total Miles Driving Today / Millas Totales Manejadas Hoy
270

Truck/Tractor and Trailer Number or / Número del Camión/Tractor y Trailer License Plate(s) / State (show each side) / Matrícula(s) Estado (muestra cada lado)

Driver's Full Signature / Firma Completa del Chofer
[Signature]

Co-Driver's Name / Nombre del Co-Chofer
[Blank]

Midnight / Medianoche 1 2 3 4 5 6 7 8 9 10 11 NOON / Mediodía 1 2 3 4 5 6 7 8 9 10 11

1: OFF DUTY / ESTAR LIBRE

2: SLEEPER BERTH IN LA CABA O LITERA

3: DRIVING / MANEJANDO

4: ON DUTY / NOT DRIVING / TRABAJANDO (NO MANEJANDO)

Midnight / Medianoche 1 2 3 4 5 6 7 8 9 10 11 NOON / Mediodía 1 2 3 4 5 6 7 8 9 10 11

REMARKS / OBSERVACIONES

CHAM pagu 16

INTER-CONTINENTAL

PHILADELPHIA

PHILADELPHIA

PHILADELPHIA

SHIPPING / DOCUMENTOS

DOCUMENTS: / DE ENBARQUE:

B/L or Manifest No. / Número de Manifiesto

or / o

Shipper & Commodity / Nombre del Embarcador y Carga

8581

U.S. DEPARTMENT OF TRANSPORTATION

Not For Court Display

Original Loading
City, State: [REDACTED]

DRIVER'S DAILY LOG / REPORTE DIARIO DEL CHOFER
(24 HOURS / 24 HORAS)

5 130 18
(Month) (Day) (Year)
JULY 13 2018

Name of Carrier or Carriers / Nombre de la Empresa de Transportes o Empresas de Transportes
1560 E 200 N RD CIGUA PARK FL

Total Miles Driving Today / Millas Totales Manejadas Hoy
312

Main Office Address / Dirección de la Oficina de Base
912

I certify these entries are true and correct.
Yo certifico que todo esto es verdadero y correcto.

Driver's Full Signature / Firma Completa del Chofer
[Signature]

Co-Driver's Name / Nombre del Co-Chofer
[Blank]

1: OFF DUTY ESTAR LIBRE	2: SLEEPING EN LA CAMA O LETERA	3: DRIVING MANEJANDO	4: ON DUTY NOT SLEEPING TRABAJANDO (NOT MANEJANDO)
[Handwritten entries for 24 hours]			

REMARKS / OBSERVACIONES
KENDALLVILLE IN

SHIPPING / DOCUMENTOS
DOCUMENTS / DE EMBARQUE:
[Handwritten entries]

B/L or Manifest No. / Número de Manifiesto
or / o

Shipper & Commodity / Nombre del Embarcador y Carga
[Handwritten entries]

8581

City, State: [REDACTED]

DRIVER'S DAILY LOG / REPORTE DIARIO DEL CHOFER
(24 HOURS / 24 HORAS)

5 130 18
(Month) (Day) (Year)
JULY 13 2018

Name of Carrier or Carriers / Nombre de la Empresa de Transportes o Empresas de Transportes
1560 E 200 N RD CIGUA PARK FL

Total Miles Driving Today / Millas Totales Manejadas Hoy
312

Main Office Address / Dirección de la Oficina de Base
912

I certify these entries are true and correct.
Yo certifico que todo esto es verdadero y correcto.

Driver's Full Signature / Firma Completa del Chofer
[Signature]

Co-Driver's Name / Nombre del Co-Chofer
[Blank]

1: OFF DUTY ESTAR LIBRE	2: SLEEPING EN LA CAMA O LETERA	3: DRIVING MANEJANDO	4: ON DUTY NOT SLEEPING TRABAJANDO (NOT MANEJANDO)
[Handwritten entries for 24 hours]			

REMARKS / OBSERVACIONES
AUBURN IN

SHIPPING / DOCUMENTOS
DOCUMENTS / DE EMBARQUE:
[Handwritten entries]

B/L or Manifest No. / Número de Manifiesto
or / o

Shipper & Commodity / Nombre del Embarcador y Carga
[Handwritten entries]

8581

City, State: [REDACTED]

Not For Court Dis

DRIVER'S DAILY LOG / REPORTE DIARIO DEL CHOFER
(24 HOURS / 24 HORAS)

Original / Original / Original
 Duplicate / Duplicado / Duplicado
 Photocopy / Fotocopia / Fotocopia

Month (Mes) Day (Dia) Year (Año)
 3/10 15/0 E 2008

Name of Carrier or Carriers / Nombre de la Empresa de Transportes o Empresas de Transportes
 310 1540 E 2008

Total Miles Driving Today / Millas Totales Manejadas Hoy
 302 912

Main Office Address / Dirección de la Oficina de Base

I certify these entries are true and correct:
 Yo certifico que todo es verdadero y correcto.

Driver's Full Signature / Firma Completa del Chofer
 [Signature]

Co-Driver's Name / Nombre del Co-Chofer

Truck/Tractor and Trailer Numbers (or / Números del Camión, Tractor y Trailer License Plate(s) / State (show each unit) / Matrícula(s) Estado (muestra cada unidad))

1: OFF DUTY / ESTAR LIBRE
 2: SLEEPER BERTH / EN LA CAMA O LITERA
 3: DRIVING / MANEJANDO
 4: ON DUTY / NOT DRIVING / TRABAJANDO / NOT MANEJANDO

REMARKS / OBSERVACIONES

SHIPPING / DOCUMENTOS / DE EMBARQUE

B/L or Manifest No. / Número de Manifiesto or / o

Commodity / Nombre de Carga

8581

USE TIME STANDARD AT HOME TERMINAL / USE LA HORA ESTÁNDAR EN EL TERMINAL DE BASE. © Copyright 2012 & Published by J. J. KELLER & ASSOCIATES, INC.

City, State: [REDACTED]

Not For Court Dis

DRIVER'S DAILY LOG / REPORTE DIARIO DEL CHOFER
(24 HOURS / 24 HORAS)

Original / Original / Original
 Duplicate / Duplicado / Duplicado
 Photocopy / Fotocopia / Fotocopia

Month (Mes) Day (Dia) Year (Año)
 3/10 15/0 E 2008

Name of Carrier or Carriers / Nombre de la Empresa de Transportes o Empresas de Transportes
 310 1540 E 2008

Total Miles Driving Today / Millas Totales Manejadas Hoy
 380 912

Main Office Address / Dirección de la Oficina de Base

I certify these entries are true and correct:
 Yo certifico que todo es verdadero y correcto.

Driver's Full Signature / Firma Completa del Chofer
 [Signature]

Co-Driver's Name / Nombre del Co-Chofer

Truck/Tractor and Trailer Numbers (or / Números del Camión, Tractor y Trailer License Plate(s) / State (show each unit) / Matrícula(s) Estado (muestra cada unidad))

1: OFF DUTY / ESTAR LIBRE
 2: SLEEPER BERTH / EN LA CAMA O LITERA
 3: DRIVING / MANEJANDO
 4: ON DUTY / NOT DRIVING / TRABAJANDO / NOT MANEJANDO

REMARKS / OBSERVACIONES

SHIPPING / DOCUMENTOS / DE EMBARQUE

B/L or Manifest No. / Número de Manifiesto or / o

Commodity / Nombre de Carga

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USE TIME STANDARD AT HOME TERMINAL / USE LA HORA ESTÁNDAR EN EL TERMINAL DE BASE. © Copyright 2012 & Published by J. J. KELLER & ASSOCIATES, INC.

Not For Court Display

DRIVER'S DAILY LOG / REPORTE DIARIO DEL CHOFER
(24 HOURS / 24 HORAS)

City, State: **6 104 18**
 (Month) (Day) (Year)
JUAN MARTINEZ TRUCKING
 Name of Driver / Nombre del Conductor
1560 E 2900 N. RD CSDR PLATC
 Main Office Address / Dirección de la Oficina de Base

Total Miles Driving Today / Millas Totales Manejadas Hoy: **302-9112**

I certify these entries are true and correct.
 Yo certifico que los datos son verdaderos y correctos.

Driver's Full Signature / Firma Completa del Chofer: *[Signature]*
 Co-Driver's Name / Nombre del Co-Chofer: **24**

Hour	1	2	3	4	5	6	7	8	9	10	11	Hour	1	2	3	4	5	6	7	8	9	10	11	TOTAL MILES
1: OFF DUTY ESTAR LIBRE																							24	
2: SLEEPING EN LA CAMA O LETALA																								
3: DRIVING MANEJANDO																								
4: ON DUTY NOT SLEEPING TRABAJANDO SIN SONEAR																								

REMARKS / OBSERVACIONES: *[Handwritten notes]*

SHIPPING / DOCUMENTOS
DOCUMENTS / DE EMBARQUE:

B/L or Manifest No. / Número de Manifiesto: **CHICAGO**

Shipper & Commodity / Nombre del Embarcador y Carga: **CHICAGO**

6581

Not For Court Display

DRIVER'S DAILY LOG / REPORTE DIARIO DEL CHOFER
(24 HOURS / 24 HORAS)

City, State: **6 104 18**
 (Month) (Day) (Year)
JUAN MARTINEZ TRUCKING
 Name of Driver / Nombre del Conductor
1560 E 2900 N. RD
 Main Office Address / Dirección de la Oficina de Base

Total Miles Driving Today / Millas Totales Manejadas Hoy: **250**

I certify these entries are true and correct.
 Yo certifico que los datos son verdaderos y correctos.

Driver's Full Signature / Firma Completa del Chofer: *[Signature]*
 Co-Driver's Name / Nombre del Co-Chofer: **19**

Hour	1	2	3	4	5	6	7	8	9	10	11	Hour	1	2	3	4	5	6	7	8	9	10	11	TOTAL MILES
1: OFF DUTY ESTAR LIBRE																							19	
2: SLEEPING EN LA CAMA O LETALA																								
3: DRIVING MANEJANDO																								
4: ON DUTY NOT SLEEPING TRABAJANDO SIN SONEAR																								

REMARKS / OBSERVACIONES: **CHICAGO**

SHIPPING / DOCUMENTOS
DOCUMENTS / DE EMBARQUE:

B/L or Manifest No. / Número de Manifiesto: **CHICAGO**

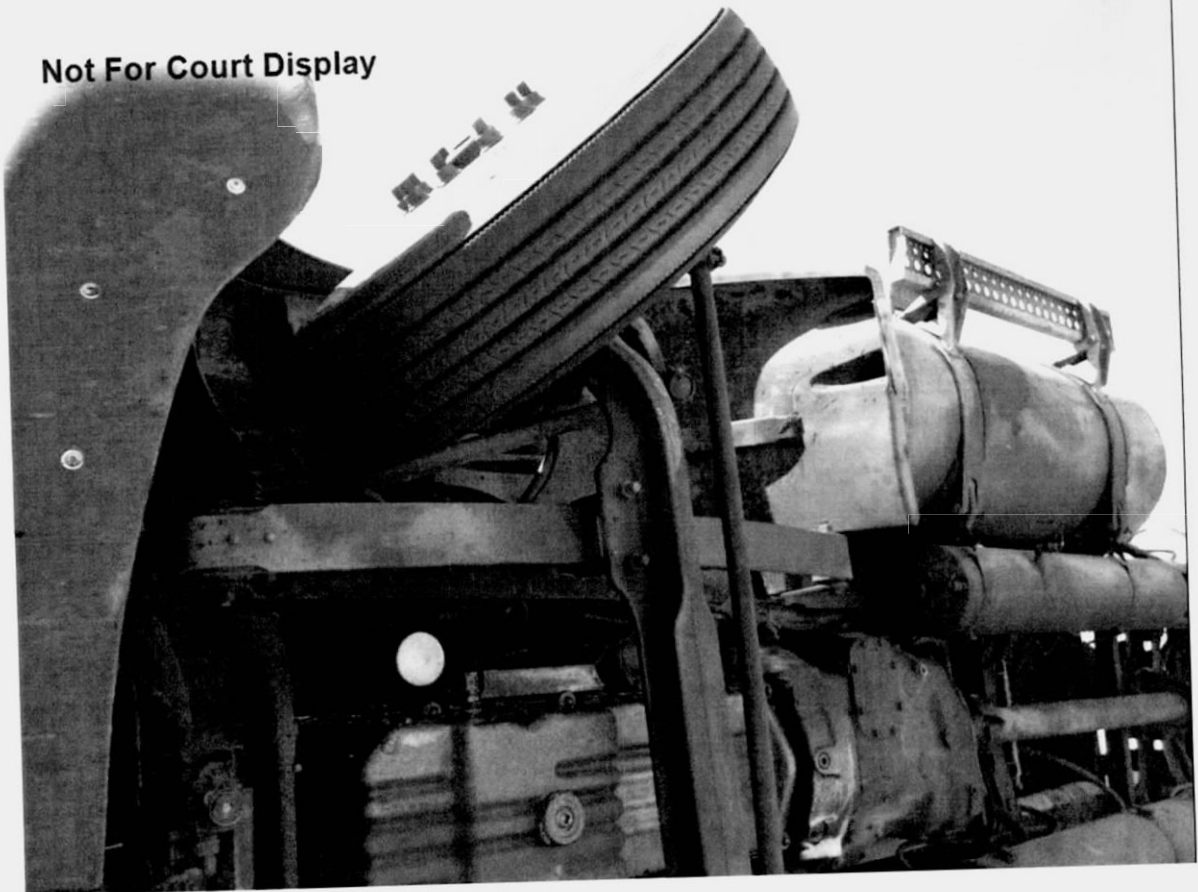
Shipper & Commodity / Nombre del Embarcador y Carga: **CHICAGO**

6581

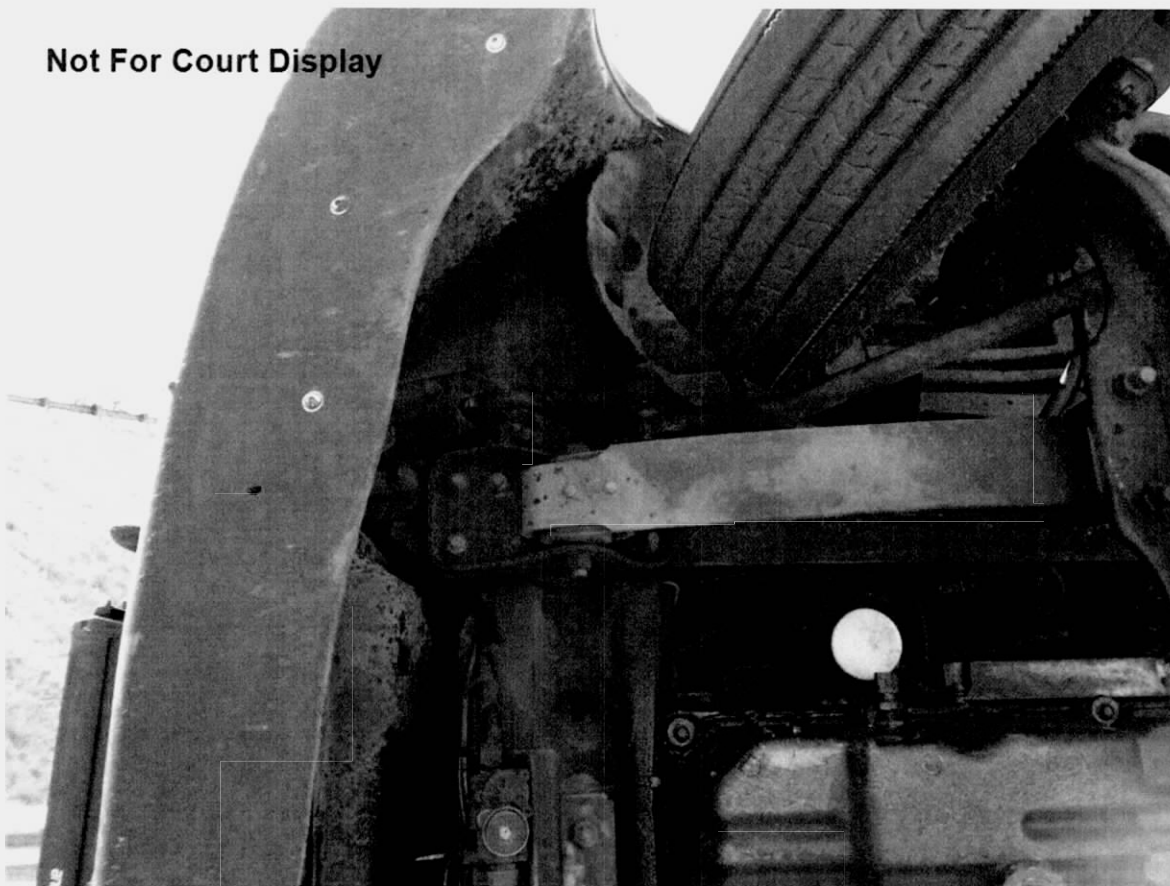
Not For Court Display



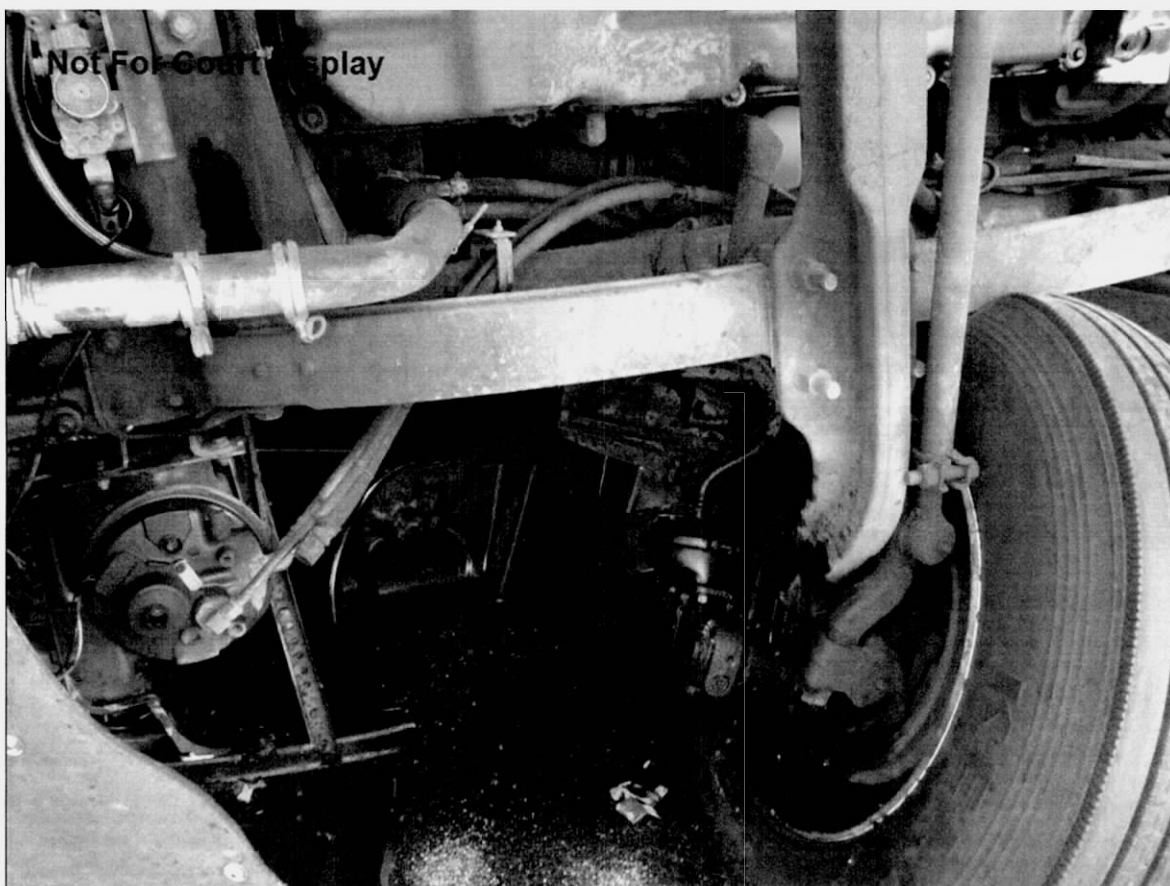
Not For Court Display



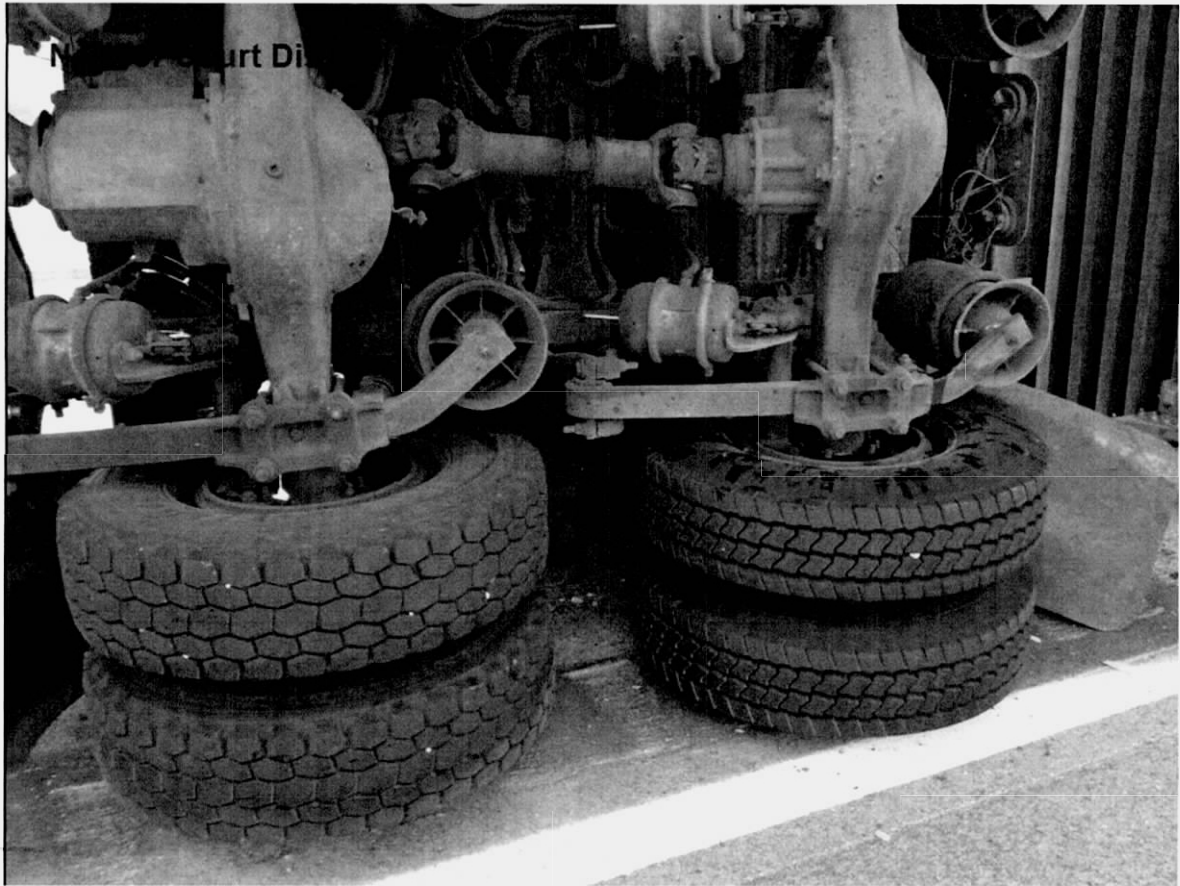
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ILLINOIS WRITTEN WARNING
 ILL. COUNTY SHERIFF OFFICE (Seal) 155000264

COMPLAINT

Case No. 155000264 Date 04/01/18 Status FILED

Vehicle WHITE Color WHITE Make BMW Model 3 Year 2015

DEFENDANT

Name MARTINEZ DOB 01/01/1980 Sex M

Address 1566 E 200 NORTH RD City CHICAGO State IL Zip 60624

Phone 773-408-1691 Email 002327819

VEHICLE

Make BMW Model 3 Year 2015 Color WHITE

Engine 2.0L Transmission Automatic Drive FWD

Vehicle ID WBAJ49000 VIN WBAJ49000

INCIDENT

Accident Type None Date 04/01/18 Time 10:00 AM

Location CHICAGO Street 1566 E 200 NORTH RD

Officer 155000264 Station 155000264

VIOLATION

Section 625 ILCS 5/12-610 (b) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL

Section 625 ILCS 5/12-610 (c) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF DRUGS

Section 625 ILCS 5/12-610 (d) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS

Section 625 ILCS 5/12-610 (e) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE

Section 625 ILCS 5/12-610 (f) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE AND WITHOUT INSURANCE

Section 625 ILCS 5/12-610 (g) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE AND WITHOUT INSURANCE AND WITHOUT A VALID DRIVER'S LICENSE

Section 625 ILCS 5/12-610 (h) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE AND WITHOUT INSURANCE AND WITHOUT A VALID DRIVER'S LICENSE AND WITHOUT A VALID DRIVER'S LICENSE

Section 625 ILCS 5/12-610 (i) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE AND WITHOUT INSURANCE AND WITHOUT A VALID DRIVER'S LICENSE AND WITHOUT A VALID DRIVER'S LICENSE

Section 625 ILCS 5/12-610 (j) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE AND WITHOUT INSURANCE AND WITHOUT A VALID DRIVER'S LICENSE AND WITHOUT A VALID DRIVER'S LICENSE

Section 625 ILCS 5/12-610 (k) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE AND WITHOUT INSURANCE AND WITHOUT A VALID DRIVER'S LICENSE AND WITHOUT A VALID DRIVER'S LICENSE

Section 625 ILCS 5/12-610 (l) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE AND WITHOUT INSURANCE AND WITHOUT A VALID DRIVER'S LICENSE AND WITHOUT A VALID DRIVER'S LICENSE

Section 625 ILCS 5/12-610 (m) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE AND WITHOUT INSURANCE AND WITHOUT A VALID DRIVER'S LICENSE AND WITHOUT A VALID DRIVER'S LICENSE

Section 625 ILCS 5/12-610 (n) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE AND WITHOUT INSURANCE AND WITHOUT A VALID DRIVER'S LICENSE AND WITHOUT A VALID DRIVER'S LICENSE

Section 625 ILCS 5/12-610 (o) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE AND WITHOUT INSURANCE AND WITHOUT A VALID DRIVER'S LICENSE AND WITHOUT A VALID DRIVER'S LICENSE

Section 625 ILCS 5/12-610 (p) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE AND WITHOUT INSURANCE AND WITHOUT A VALID DRIVER'S LICENSE AND WITHOUT A VALID DRIVER'S LICENSE

Section 625 ILCS 5/12-610 (q) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE AND WITHOUT INSURANCE AND WITHOUT A VALID DRIVER'S LICENSE AND WITHOUT A VALID DRIVER'S LICENSE

Section 625 ILCS 5/12-610 (r) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE AND WITHOUT INSURANCE AND WITHOUT A VALID DRIVER'S LICENSE AND WITHOUT A VALID DRIVER'S LICENSE

Section 625 ILCS 5/12-610 (s) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE AND WITHOUT INSURANCE AND WITHOUT A VALID DRIVER'S LICENSE AND WITHOUT A VALID DRIVER'S LICENSE

Section 625 ILCS 5/12-610 (t) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE AND WITHOUT INSURANCE AND WITHOUT A VALID DRIVER'S LICENSE AND WITHOUT A VALID DRIVER'S LICENSE

Section 625 ILCS 5/12-610 (u) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE AND WITHOUT INSURANCE AND WITHOUT A VALID DRIVER'S LICENSE AND WITHOUT A VALID DRIVER'S LICENSE

Section 625 ILCS 5/12-610 (v) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE AND WITHOUT INSURANCE AND WITHOUT A VALID DRIVER'S LICENSE AND WITHOUT A VALID DRIVER'S LICENSE

Section 625 ILCS 5/12-610 (w) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE AND WITHOUT INSURANCE AND WITHOUT A VALID DRIVER'S LICENSE AND WITHOUT A VALID DRIVER'S LICENSE

Section 625 ILCS 5/12-610 (x) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE AND WITHOUT INSURANCE AND WITHOUT A VALID DRIVER'S LICENSE AND WITHOUT A VALID DRIVER'S LICENSE

Section 625 ILCS 5/12-610 (y) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE AND WITHOUT INSURANCE AND WITHOUT A VALID DRIVER'S LICENSE AND WITHOUT A VALID DRIVER'S LICENSE

Section 625 ILCS 5/12-610 (z) Description DRIVER OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF BOTH ALCOHOL AND DRUGS AND WITHOUT A LICENSE AND WITHOUT INSURANCE AND WITHOUT A VALID DRIVER'S LICENSE AND WITHOUT A VALID DRIVER'S LICENSE

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Form MCSA-3875
OMB No. 2145-0050 Expiration Date 05/01/2018

Medical Examiner's Certificate
for Commercial Driver License Candidates

I certify that I have examined Last Name: MARTINEZ First Name: JUAN in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

☒ Wearing corrective lenses ☐ Accompanied by a waiver/exemption ☐ Driving within an exempt intrastate zone (49 CFR 391.62) (None)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (None)

☐ Grandfathered from State requirements (None)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-3875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Signature: [Signature]
Medical Examiner's Name (please print or type): LUKASZ BULATOWICZ, MD
Medical Examiner's State License, Certificate, or Registration Number: 36-094166

Medical Examiner's Telephone Number: 773-582-6800 Date Certificate Signed: 05/05/2016

☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify):

Issuing State: IL National Registry Number: 6674912863

Driver's Signature: [Signature] Driver's License Number: [Redacted] Issuing State/Province: IL

Driver's Address: 1560 E 200th Rd City: CISSA/PARK State/Province: IL Zip Code: 60914 CLP/CDL Applicant/Holder: ☒ Yes ☐ No

Not For Court Display

Form MCSA-3875
OMB No. 2145-0050 Expiration Date 05/01/2018

Medical Examiner's Certificate
for Commercial Driver License Candidates

Please complete only one of the following (Federal or State Medical Examiner Determination) sections:

FEDERAL EXAMINER DETERMINATION (Federal)

☐ Meets standards in 49 CFR 391.41-391.49, qualifying for 2-year certificate

☐ Does not meet standards (specify reason):

☐ Meets standards, but periodic monitoring required (specify amount):

Driver qualified for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ Other (specify):

☒ Wearing corrective lenses ☐ Accompanied by a waiver/exemption (specify):

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (specify):

☐ Driving within an exempt intrastate zone (49 CFR 391.62) (specify):

☐ Determination pending (specify reason):

☐ Return to medical exam office for follow up on (specify in 45 days or less):

☐ Medical Examination Report amended (specify reason):

☐ Incomplete examination (specify reason):

IF THE DRIVER MEETS THE STANDARDS outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(b), as appropriate.

I have performed this examination and find that the driver is qualified to operate a commercial motor vehicle, and I have personally reviewed all available records and required information pertaining to this examination, and attest that to the best of my knowledge, the driver is fit to drive.

Medical Examiner's Signature: [Signature]
Medical Examiner's Name (please print or type): LUKASZ BULATOWICZ, MD

Medical Examiner's Address: 1560 E 200th Rd City: CISSA/PARK State: IL Zip Code: 60914

Medical Examiner's Telephone Number: 773-582-6800 Date Certificate Signed: 05/05/2016

Medical Examiner's State License, Certificate, or Registration Number: 36-094166 Issuing State: IL

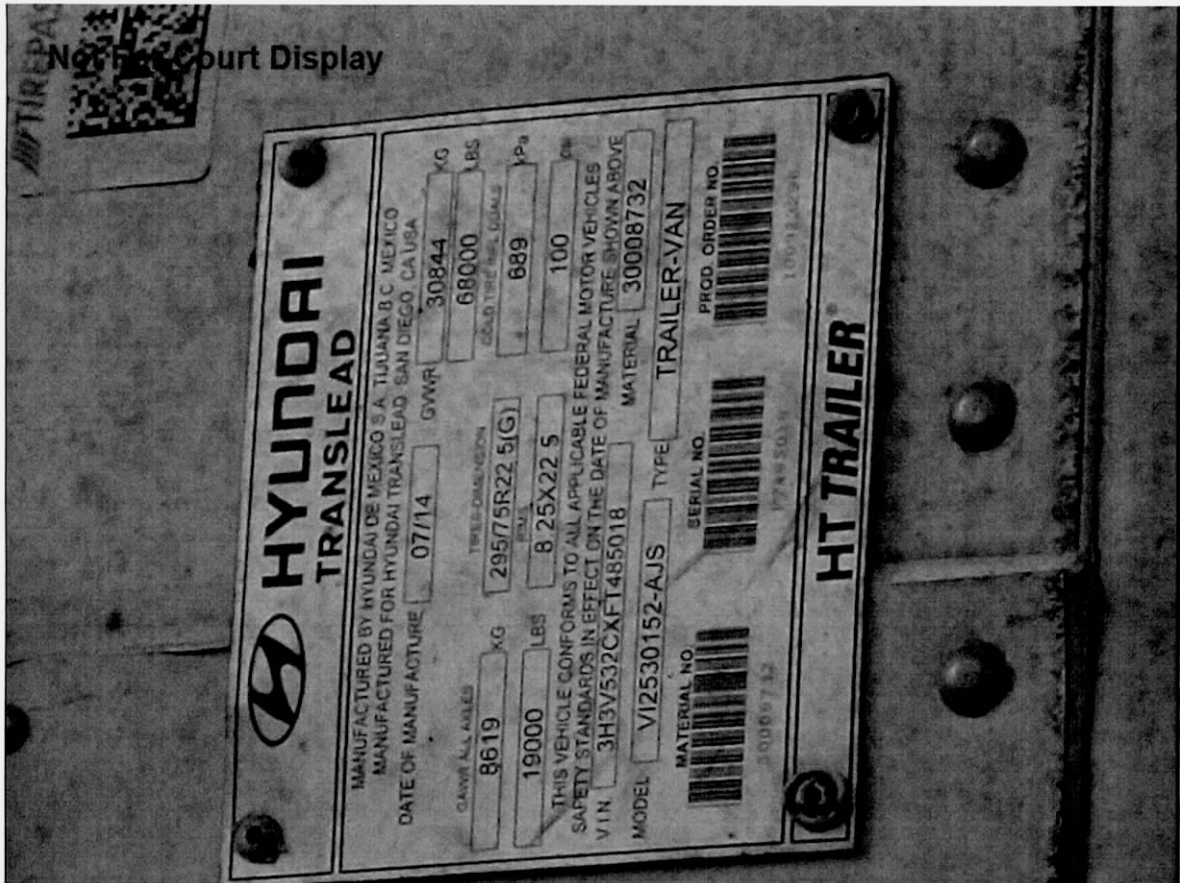
☒ MD ☐ DO ☐ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse
☐ Other Practitioner (specify):

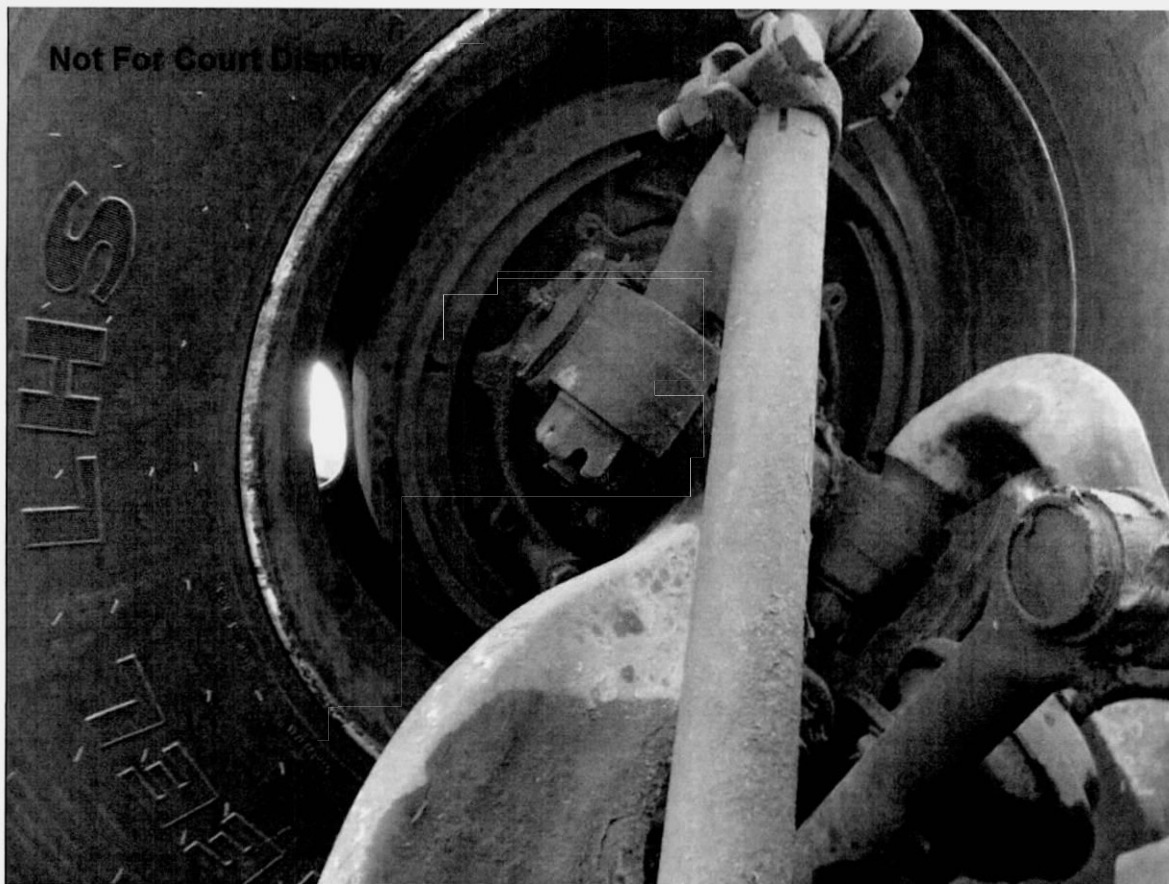
National Registry Number: 6674912863 Medical Examiner's Certificate Expiration Date: 05/05/2018

STATE EXAMINER DETERMINATION (State)

IL NO MORE CARS

LUKASZ BULATOWICZ, MD
05/05/2016
1560 E 200th Rd
CISSA/PARK, IL 60914
773-582-6800





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CDLIS.DOT.GOV Page 1 of 1 06/05/2018 06:27 PM

Status Search Results for JUAN MARTINEZ

IL/M63542061401 201806051827271438C22E5WS

Driver General Information

First Name	Middle Name	Last Name	Suffix
JUAN		MARTINEZ	

SSN	Birth Date	Height	Weight	Eye Color	Sex
XXXXXXXX	1961-02-03	507	180	BROWN	M

Mailing Address

Street	City	County	State	Zip	Country
1560 E 200 NORTH RD	CISSNA PARK		IL	60924000	0

Driver License Details

Jurisdiction	Driver License	Issue Date	Exp. Date	Commercial Class
IL	[REDACTED]	2015-06-02	2019-02-03	A

Non Commercial Class	Commercial Status	Non Commercial Status	Withdrawal Action Pending
A	Not Eligible	Licensed	No

License Restrictions

Restriction	Expiration Date
Corrective Lenses must be worn	

Convictions #	Accidents #	Withdrawals #	Permits #	License Restrictions #
2	0	2	0	01

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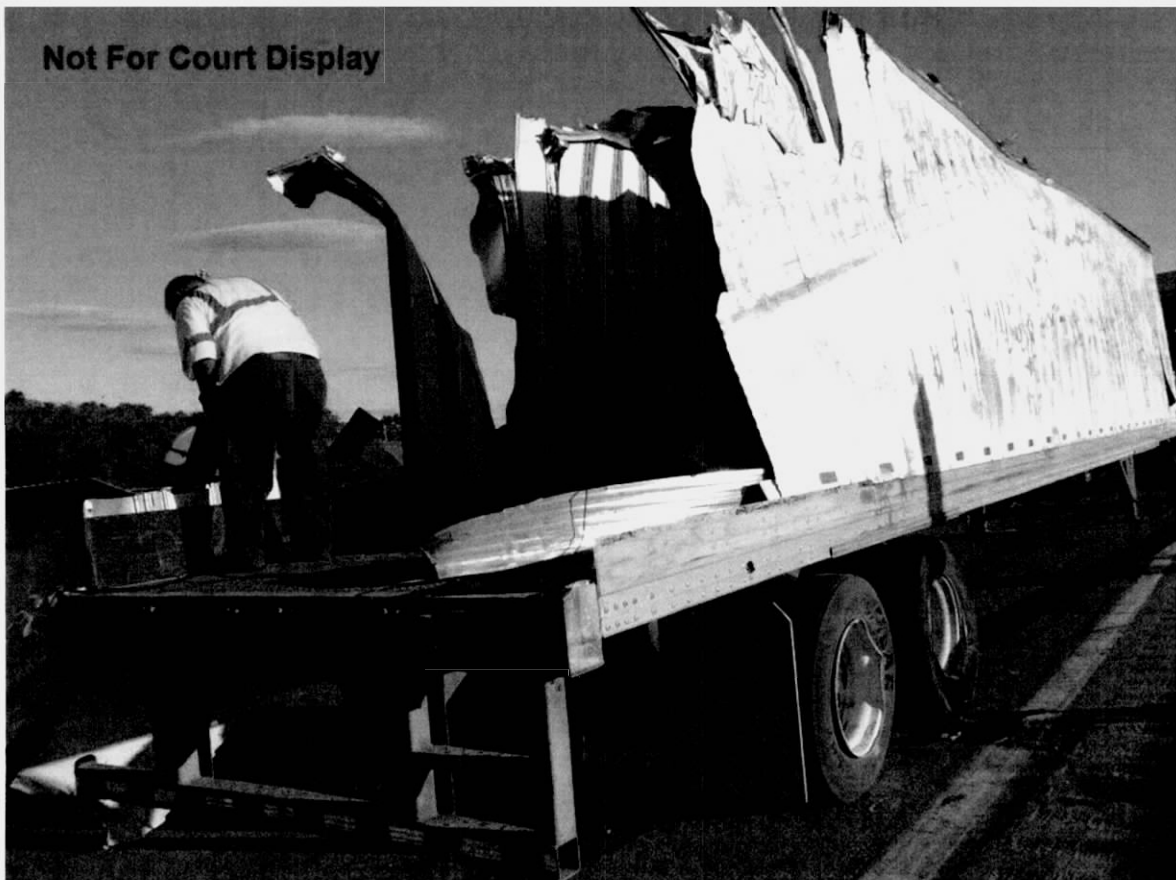
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Public Utilities Commission

Asim Z. Haque, Chairman

Staff Ex. 3

Commissioners

M. Beth Trombold
Thomas W. Johnson
Lawrence K. Friedman
Daniel R. Conway

06/08/2018

OH3276011229D
JUAN MARTINEZ
1560 E 200 NORTH RD
CISSNA PARK, IL 60924

RE: **NOTICE OF APPARENT VIOLATION
AND INTENT TO ASSESS FORFEITURE**
Case No. OH3276011229D

Dear Sir or Madam:

On 06/05/2018, a vehicle operated by J & R MARTINEZ TRUCKING INC and driven by JUAN MARTINEZ was inspected in the State of Ohio. As the result of discovery of the following violations of the Commission's rules, the Commission intends to assess a civil forfeiture against JUAN MARTINEZ in the following amount:

CODE	GROUP	VIOLATION	FORFEITURE
395.8A-ELD	1	ELD - No record of duty status (ELD Required)	
391.41A-F	4	Operating a property-carrying vehicle without possessing a valid medical certificate.	100.00
		Total of Group 1	100.00
		Total of Group 4	100.00

TOTAL AMOUNT DUE: \$200.00

Within 30 days of this notice, you must **either**: (1) pay the assessed civil forfeiture **or** (2) submit a written request for a conference. Failure to submit a written request for a conference 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 Apparent Violation and Intent to Assess Forfeiture.

180 East Broad Street
Columbus, Ohio 43215-3793

(614) 466-3016
www.PUCO.ohio.gov





Public Utilities Commission

Asim Z. Haque, Chairman

Commissioners

M. Beth Trombold
Thomas W. Johnson
Lawrence K. Friedeman
Daniel R. Conway

Sincerely,
Cheryl Streets
Compliance Division
(614) 466-0351





Commissioners

M. Beth Trombold
Thomas W. Johnson
Lawrence K. Friedeman
Daniel R. Conway





Public Utilities Commission

Asim Z. Haque, Chairman

Staff Ex. 5

Commissioners

M. Beth Trombold
Thomas W. Johnson
Lawrence K. Friedeman
Daniel R. Conway

07/19/2018

OH3276011229D SEC
JUAN MARTINEZ
1560 E 200 NORTH RD
CISSNA PARK, IL 60924

SECOND NOTICE

RE: NOTICE OF APPARENT VIOLATION
AND INTENT TO ASSESS FORFEITURE
Case No. OH3276011229D

Dear Sir or Madam:

On 06/05/2018, a vehicle operated by J & R MARTINEZ TRUCKING INC and driven by JUAN MARTINEZ was inspected in the State of Ohio. As the result of discovery of the following violations of the Commission's rules, the Commission intends to assess a civil forfeiture against JUAN MARTINEZ in the following amount:

CODE	GROUP	VIOLATION	FORFEITURE
395.8A-ELD	1	ELD - No record of duty status (ELD Required)	
391.41A-F	4	Operating a property-carrying vehicle without possessing a valid medical certificate.	100.00
		Total of Group 1	100.00
		Total of Group 4	100.00

TOTAL AMOUNT DUE: \$200.00

Within 30 days of this notice, you must either: (1) pay the assessed civil forfeiture or (2) submit a written request for a conference. Failure to submit a written request for a conference 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 Apparent Violation and Intent to Assess Forfeiture.

180 East Broad Street
Columbus, Ohio 43215-3793

(614) 466-3016
www.PUCO.ohio.gov

An equal opportunity employer and service provider





Public Utilities Commission

Asim Z. Haque, Chairman

Commissioners

M. Beth Trombold
Thomas W. Johnson
Lawrence K. Friedeman
Daniel R. Conway

Sincerely,
Cheryl Streets
Compliance Division
(614) 466-0351

180 East Broad Street
Columbus, Ohio 43215-3793

(614) 466-3016
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Public Utilities Commission

Asim Z. Haque, Chairman

Staff Ex. 6

Commissioners

M. Beth Trombold
Thomas W. Johnson
Lawrence K. Friedeman
Daniel R. Conway

02/26/2019

OH3276011229D
Mr. Juan Martinez
1560 E 200 NORTH RD
CISSNA PARK, IL 60924

RE: **NOTICE OF PRELIMINARY
DETERMINATION**
Case No. OH3276011229D

Dear Sir or Madam:

On 06/05/2018, a vehicle operated by J & R MARTINEZ TRUCKING INC, and driven by JUAN MARTINEZ, 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 JUAN MARTINEZ (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
395.8A-ELD	1	ELD - No record of duty status (ELD Required)	
391.41A-F	4	Operating a property-carrying vehicle without possessing a valid medical certificate.	100.00
		Total of Group 1	100.00
		Total of Group 4	100.00

TOTAL AMOUNT DUE: \$200.00

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 JUAN MARTINEZ in the following amount:

CODE	GROUP	VIOLATION	FORFEITURE
395.8A-ELD	1	ELD - No record of duty status (ELD Required)	

180 East Broad Street
Columbus, Ohio 43215-3793

(614) 466-3016
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Public Utilities Commission

Asim Z. Haque, Chairman

Commissioners

M. Beth Trombold
Thomas W. Johnson
Lawrence K. Friedeman
Daniel R. Conway

391.41A-F	4	Operating a property-carrying vehicle without possessing a valid medical certificate.	50.00
		Total of Group 1	100.00
		Total of Group 4	50.00

TOTAL AMOUNT DUE: \$150.00

Within 30 days of this notice, you must **either**: (1) pay the assessed civil forfeiture **or** (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,

Rod Moser, Chief of Compliance
Transportation Department

Compliance Officer: Cheryl Streets

