

11-445-TR-CVF

AC
FILE



January 21, 2011

PUCO
Attention: Docketing Division
180 E. Broad Street
11th Floor
Columbus, OH 43215-3793

RECEIVED-DOCKETING DIV
2011 JAN 26 PM 12:39
PUCO

RE: OH3245009768D
Request for Administrative Hearing

To Whom It May Concern:

Please consider this letter as notice that we would like to file a "Request for Administrative Hearing" on the aforementioned case. We feel that this issue needs further review in that the driver had forgotten his wallet at our terminal the day he was inspected, and we had subsequently provided the documents to the state. A reconsideration of this violation would be appreciated. Attached are the documents that the employee failed to produce during the inspection.

I thank you for your time and consideration on this matter, and look forward to hearing from you. I can be reached at 330-645-9900 during normal business hours.

Sincerely,

Gerry Konn
President,
Buckeye Waste Industries, Inc.

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business
Technician SJS Date Processed 1/26/11



Public Utilities Commission

John Kasich, Governor
Steven D. Lesser, Chairman

Commissioners

Valerie A. Lemmie
Paul A. Centotella
Cheryl Roberto

January 18, 2011

MR GERRY KONN

P O BOX 1262
CUYAHOGA FALLS, OH 44223

RE: NOTICE OF PRELIMINARY DETERMINATION

Case No. OH3245009768D

Officer: WW

Dear MR KONN:

On September 28, 2010, a vehicle operated by BUCKEYE WASTE INDUSTRIES INC, and driven by STEVEN F CATH, was inspected within the State of Ohio. As the result of discovery of the following apparent violations the Staff timely notified Respondent pursuant to Rule 4901:2-7-07, O.A.C., that it intended to make a civil monetary assessment against Respondent in the following amount:

Code	Violation
383.23A2	Operating a CMV without a CDL/suspended by court
391.41A	No medical certificate on drivers possession

Total Forfeiture Assessed : \$350.00

A conference was conducted pursuant to Rule 4901:2-7-10(B), O.A.C., at which the Respondent had a full opportunity to present any reasons why the violations 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.

(continued)



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January 18, 2011
MR GERRY KONN

OH3245009768D

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As a result of the conference, Staff has made a Preliminary Determination that the Commission should make a civil monetary assessment against STEVEN F CATH in the following forfeiture:

Code	Violation
383.23A2	Operating a CMV without a CDL/suspended by court
391.41A	No medical certificate on drivers possession

Total Forfeiture Agreed : \$350.00

Please include a certified check or money order for the total forfeiture Agreed, made payable to "Treasurer State of Ohio," and mail to: PUCO FISCAL, 180 E. Broad St, 4th floor, Cols. OH 43215-3793. FOR PROPER CREDIT, BE SURE TO PUT THE CASE NUMBER ON THE FACE OF THE CHECK.

Please consult the enclosed additional information concerning this Notice of Preliminary Determination.

Robert E. Marvin, Director
Transportation Department
Public Utilities Commission of Ohio

CONCENTRA Medical Centers MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined STEPHEN F. CATH in accordance with FMCSR 49 CFR 391.41-391.49 and with knowledge of the driving duties. I find this person is qualified and, if applicable, only when:

- ☐ Wearing Corrective Lenses
- ☐ Wearing Hearing Aid
- ☐ Accompanied by a waiver/exemption
- ☐ Driving within an exempt intracity zone (49 CFR 391.53)
- ☐ Accompanied by a Skill Performance Evaluation Certificate
- ☐ Qualified by operation of 49 CFR 391.24

The information I have provided regarding this physical examination is true and complete. A complete exam form with any attachment encloses my findings, observations and remarks, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <u>[Signature]</u>		THE EXAM NO. <u>320-251-3342</u>	DATE <u>01/21/07</u>
MEDICAL EXAMINER'S NAME (Print) <u>Remigio Abello, MD</u>		<input type="checkbox"/> MD <input type="checkbox"/> DO	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE <u>35-031967101</u>		<input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Physician's Assistant	
SIGNATURE OF DRIVER <u>[Signature]</u>		DRIVER'S LICENSE NO. <u>RS114900</u>	STATE <u>OH</u>
DRIVER'S ADDRESS (Street, City, State, Zip Code) <u>15353 CLEVER RD COVINGTON OH 44230</u>		MED. CERT. EXPIRATION DATE <u>10-2-11</u>	

NOTE: Driver MUST carry a copy of this certificate when operating a commercial motor vehicle in accordance with 49 CFR 391.41 (e)

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**IN THE MASSILLON MUNICIPAL COURT
STARK COUNTY, OHIO**

**YOUR INSURANCE
CARD MUST BE
ATTACHED HERE**

**THIS LETTER IS VOID IF THE DEFENDANT CONSUMES ANY
ALCOHOLIC BEVERAGE OR DRUGS OF ABUSE BEFORE DRIVING.
MUST BE CARRIED ON PERSON AT ALL TIMES WHILE DRIVING.**

**CASE NO: 2010-TRC-06181
BMV CASE NO: AR10019423**

**LIMITED AUTHORITY TO DRIVE FOR
STEVEN F CATH
15353 CLINTON RD
DOYLESTOWN, OH 44230
Defendant**

**LICENSE RESTRICTION:
Defendant Permitted Limited
Driving Only As Specified Herein
JUDGE C. ROLAND. CENTRONE**

SSN: 286-72-8148

O.L. NO: RS114800

The license suspension imposed for a period of ENDING Days by this Court, from 07-18-2010 is modified to permit **Defendant to operate a motor vehicle:**

- (1) To and from his following home address and his employment:
15353 CLINTON RD DOYLESTOWN, OH 44230
- (2) During the course of his employment (address listed):
BUCKEYE WASTE INDUSTRIES INC 2400 S. MAIN ST AURORA, OH
- (3) **NO PLEASURE DRIVING !!!** Medical, Education, Counseling, Treatment all must be verified.
(ALL COURT APPEARANCES)

SUBJECT TO:

- (A) Defendant conforming with all insurance coverage, payment of Reinstatement Fees, BMV Suspension and renewal requirements.;
- (B) Defendant must have this Order and Insurance in his possession while operating vehicle.
- (C) No moving violations while using this Limited Driving Permit;
- (D) Driving the most direct route between destinations with no unauthorized stops;
- (E) **PROOF OF AUTOMOBILE INSURANCE REQUIRED.**
ALFA INS CO VALID THRU 06-28-11

**THIS AUTHORIZATION TO DRIVE IS VOID AFTER 10-07-2010 AND SHALL BE
SURRENDERED TO ANY LAW ENFORCEMENT OFFICER UPON REQUEST.**

This AUTHORIZATION applies ONLY to this case and DOES NOT modify any other Court or BMV suspension.

DATE: September 8, 2010


JUDGE C. ROLAND. CENTRONE

Internal Use : Administrative Suspension

WARNING: NOT VALID IF PHOTO-COPIED.

☐ IID Cost

☐ AMD Cost