

FILE

12-2535-TR-CVF(4)

September 13, 2012

Public Utilities Commission of Ohio
Attention: Docketing Division
180 East Broad Street, 11th Floor
Columbus, OH 43215-3793

Donald Jankowski
6553 Grosse Drive
BrookPark, OH 44142
(440) 221-2911

RECEIVED-DOCKETING DIV
2012 SEP 14 PM 2:28
PUCO

REQUEST FOR ADMINISTRATIVE HEARING
CASE # OH0908008357D

I am writing in request of an Administrative Hearing regarding the above referenced case number accusing me of violating code 391.11B 4. All supporting documents do not show me to be unfit to drive a commercial vehicle under this code.

I was cited for not wearing corrective lenses at the time of getting pulled over for a piece of trash falling from the top of my refuse truck. Per the documents attached, which is a copy of my DOT card, drivers license and Commercial Drivers Fitness Test, they all state that I am not required to wear corrective lenses, therefore I am requesting that the forfeiture assessed be reversed. All of these documents were also presented at the time of my Request for Conference.

If anything further is required by me to get this situation settled, I will be more than willing to supply it.

I can be reached at the above listed contact information.

Thank you,



Donald Jankowski

Enc: copy of the Notice of Preliminary Determination, copy of current DOT card, copy of current drivers license, copy of most recent Commercial Driver Fitness Determination

to certify that the above is an accurate and complete reproduction of document delivered in the regular course of business.
Technician Jim Date Processed SEP 14 2012



**Public Utilities
Commission**

John R. Kasich, Governor
Todd A. Snitchler, Chairman

Commissioners

Cheryl Roberto
Steven D. Lesser
Andre T. Porter
Lynn Slaby

September 4, 2012

MR DONALD JANKOWSKI

6553 GROSSE DRIVE
BROOKPARK, OH 44142

RE: NOTICE OF PRELIMINARY DETERMINATION

Case No. OH0908008357D

Officer: WW

Dear MR JANKOWSKI:

On April 25, 2012, a vehicle operated by WASTE MANAGEMENT OF OHIO, and driven by DONALD JANKOWSKI, was inspected within the State of Ohio. As the result of discovery of the following apparent violation 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 |
|----------|--|
| 391.11B4 | Using a physically unqualified driver...not wearin |

Total Forfeiture Assessed : \$250.00

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 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.

(continued)



Public Utilities Commission

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MR DONALD JANKOWSKI

OH0908008357D

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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 DONALD JANKOWSKI in the following forfeiture:

| Code | Violation |
|----------|--|
| 391.11B4 | Using a physically unqualified driver...not wearin |

Total Forfeiture Agreed : \$250.00

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.


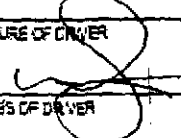
Please consult the enclosed additional information concerning this Notice of Preliminary Determination.

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

I certify that I have examined Donald Jankowski in accordance with the Federal Motor Car-
rier Safety Regulations 49 CFR 391.41-391.43 and with knowledge of the driving rules. I find this person is qualified; and, if applicable, only when:

- | | |
|---|--|
| <input type="checkbox"/> wearing corrective lenses | <input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62) |
| <input type="checkbox"/> wearing hearing aid | <input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE) |
| <input type="checkbox"/> accompanied by a <u>waiver/exemption</u> | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 |

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly and is on file in my office.

| | | | |
|--|--|---|-------------------|
| SIGNATURE OF MEDICAL EXAMINER  | | TELEPHONE 440-475-0438 | DATE 11/4/2011 |
| MEDICAL EXAMINER'S NAME (PRINT) David McEllick | | <input type="checkbox"/> MD <input checked="" type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse | |
| MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE 34004687 / OH | | | |
| SIGNATURE OF DRIVER  | | DRIVER'S LICENSE NO. RP965711 | STATE OH |
| ADDRESS OF DRIVER 6553 GROSSE BROOK PARK OH 44142 | | | |
| MEDICAL CERTIFICATE EXPIRATION DATE 11/4/2013 | | | |

