

FILE

PUCO EXHIBIT FILING

6

Date of Hearing: 3/12/14

Case No. 13-2441-TN-CVF

PUCO Case Caption: Juan A. Lopez

PUCO

List of exhibits being filed:

STAFF Exhibits

1

~~1~~

Respondent Exhibits

1

2

Reporter's Signature: Mike Spencer

Date Submitted: _____

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Technician [Signature] Date Processed MAR 26 2014

BEFORE THE PUBLIC UTILITIES COMMISSION OF OHIO

- - -

In Re: Juan A. Lopez : Case No.
: 13-2441-TR-CVF

- - -

PROCEEDINGS

Before Kerry Sheets, Attorney Examiner, held at
the offices of the Public Utilities Commission
of Ohio, 180 East Broad Street, Hearing Room
11-C, Columbus, Ohio, on Wednesday, March 12,
2014, at 10:00 A.M.

- - -

Armstrong & Okey, Inc.
222 East Town Street, 2nd Floor
Columbus, Ohio 43215
(614) 224-9481 - (800) 223-9481
Fax - (614) 224-5724

- - -

DRIVER/VEHICLE EXAMINATION REPORT

Ohio

Report Number: OH3274014204

Inspection Date: 9/3/2013

Certification Date: 09/19/2013

Time Started: 13:01

Time Ended: 14:26

Inspection Level: I - Full Inspection

HM Inspection Type: No HM Inspection

MILE HIGH LOGISTICS INC
102 HARTMANN DR STE G180
LEBANON, TN 37087

USDOT #: 1691419 Phone #: (912)375-4663

MC/MX #: 621186 Fax #:

State #:

Driver: LOPEZ, JUAN A

License #: 100048426

State: TN

Date of Birth: 10/12/1955

Location: ROADSIDE

MilePost: 8.2

Highway: IR271

Origin: LEBANON, TN

Bill of Lading: MIHI92240

County: SUMMIT

Destination: WEST SENICA, NY

Cargo: OTHER

Shipper: LOCHINVAR

VEHICLE IDENTIFICATION:

Unit	Type	Make	Year	State	License#	Equipment ID	Unit VIN	GVWR	CVSA #	CVSA Issued #	OOS Str.#
1	TT	FRHT	2000	TN	X692HY	63129	1FUYSYB2YLG16766	52,000		18887824	
2	ST	GDAN	1994	TN	U471824	92240	1GRAA0624RB019040	65,000		18887825	

BRAKE ADJUSTMENTS:

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

VIOLATIONS:

Vio Code	Section	Unit	OOS	Citation #	Verify*	Crash	Violation Description
395.13D	395.13(d)	D	Y		N	N	Driving after being declared out-of-service for HOS violation(s) on inspection number OH3274014201

* N - Non-OOS or Driver OOS Violation

HazMat:

No HM Transported.

Placard: NA

Cargo Tank:

Special Checks:

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

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

- ☐ Post Crash Inspection
☐ PBBT Inspection
 Arrests:

Inspection Notes: DRIVER PLACED OOS FOR 10 HRS AND BRAKE ADJUSTMENTS ON INSPECTION #OH32740142001
 WAS CHECKING VEHICLE IN NORTH BOUND 271 REST AREA AND SAW MECHANIC FINISH FIXING TRUCK AND LEFT. DRIVER PULLED INTO REST AREA FROM RAMP TO NEAR REST AREA BUILDING
 DRIVER GOT OUT AND WENT INSIDE BUILDING, WHEN HE CAME BACK TO THE TRUCK HE GOT IN DRIVERS SIDE DOOR.
 VEHICLE THEN PROCEEDED TO PULL OUT OF REST AREA.
 PULLED VEHICLE OVER ALONG SIDE INTERSTATE 271
 ASKED DRIVER WHERE HE WAS GOING AND HE SAID THAT HE WAS HUNGRY AND COULDN'T BE EXPECTED TO STAY AT REST AREA WITHOUT ANY FOOD.
 4901-2-5-07D

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: 104 LISA CIRCLE

Driver City: LEBANON

Driver State: TN

Driver Zip: 37087

Report Prepared By:

Badge #:

Copy Received By:

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D A Bell

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LOPEZ, JUAN A

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OH3274014204

DRIVER/VEHICLE EXAMINATION REPORT



Report Number: OH3274014204

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Inspection Level: 1 - Full Inspection

HM Inspection Type: No HM Inspection

MILE HIGH LOGISTICS INC
102 HARTMANN DR STE G180
LEBANON, TN 37087

USDOT #: 1691419 Phone #: (912)375-4663

MC/MX #: 621166 Fax #:

State #:

Driver: LOPEZ, JUAN A

License #: 100048426

State: TN

Date of Birth: 10/12/1955

Photos Taken (Y/N): N

Reason Code: OBVI

FMCSA Credentials Verified-Y/N: Y

CDL Verified (Y/N): Y

FMCSA OOS Order Issued(Y/N): N

I hereby declare JUAN A. LOPEZ "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: 10 HRS OFF DUTY OR SLEEPER BERTH

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, 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.

MOTOR CARRIER CERTIFICATION OF COMPLETED REPAIRS: The undersigned certifies that all violations noted on this report have been corrected and action taken to assure compliance with the Federal Motor Carrier Safety & Hazardous Materials Regulations insofar as they are applicable to motor carriers and drivers. A false certification of repairs is required to be prosecuted with penalties up to \$10,000.

Signature of Carrier Official: X Title: _____ Date: _____

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

Signature of Repairer: X Facility: _____ Date: _____

Report Prepared By:

D A Bell

Badge #:

3274

Copy Received By:

LOPEZ, JUAN A

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14204iÄ

OH3274014204

Quest - Lab - General Lab**Specimen #:** AL171301K **Report Status:** Final Results**Patient Information:**

Name: Lopez, Juan **PatientID:** 19308 **Sex:** Male **DOB:** 10/12/1955
Address: 104 LISA CIR **Phone #:** (615)444-9618 **SSN:**
 LEBANON, TN 37087

Date of Specimen: 04/08/2013 09:44:00 **Date Received:** 04/09/2013 01:54:00 **Specimen Source:**
Date Reported: 04/09/2013 07:55:00 **Physician:** SEABORN, JEREMY B **Information:**

Test Name	Result	Flags	Reference Range	Lab
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COMPREHENSIVE METABOLIC PANEL

Glucose SerPI-mCnc Verified by repeat analysis.	518 mg/dL	H	65-99 mg/dL	AT
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Fasting reference interval

BUN SerPI-mCnc	16 mg/dL		7-25 mg/dL	AT
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Creat SerPI-mCnc	0.98 mg/dL		0.70-1.33 mg/dL	AT
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For patients >49 years of age, the reference limit
for Creatinine is approximately 13% higher for people
identified as African-American.

GFR/BSA.pred SerPI MDRD-vRate	85 mL/min/1.73m2		> OR = 60 mL/min/1.73m2	AT
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GFR/BSA pred.black SerPI MDRD-vRate	99 mL/min/1.73m2		> OR = 60 mL/min/1.73m2	AT
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BUN/creat SerPI-mRto	NOT APPLICABLE (calc)		6-22 (calc)	AT
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Sodium SerPI-sCnc	136 mmol/L		135-146 mmol/L	AT
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Potassium SerPI-sCnc	4.3 mmol/L		3.5-5.3 mmol/L	AT
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Chloride SerPI-sCnc	99 mmol/L		98-110 mmol/L	AT
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CO2 SerPI-sCnc	26 mmol/L		19-30 mmol/L	AT
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Calcium SerPI-mCnc	9.7 mg/dL		8.6-10.3 mg/dL	AT
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Prot SerPI-mCnc	7.2 g/dL		6.1-8.1 g/dL	AT
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Albumin SerPI-mCnc	4.5 g/dL		3.6-5.1 g/dL	AT
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Globulin Ser Calc-mCnc	2.7 g/dL (calc)		1.9-3.7 g/dL (calc)	AT
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Albumin/Glob SerPI-mRto	1.7 (calc)		1.0-2.5 (calc)	AT
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Bilirub SerPI-mCnc	0.9 mg/dL		0.2-1.2 mg/dL	AT
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ALP SerPI-cCnc	146 U/L	H	40-115 U/L	AT
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AST SerPI-cCnc	19 U/L		10-35 U/L	AT
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ALT SerPI-cCnc	14 U/L		9-60 U/L	AT
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CBC (INCLUDES DIFF/PLT)

WBC # Bld Auto	5.4 Thousand/uL		3.8-10.8 Thousand/uL	AT
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RBC # Bld Auto	4.94 Million/uL		4.20-5.80 Million/uL	AT
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Hgb Bld-mCnc	15.6 g/dL		13.2-17.1 g/dL	AT
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Hct Fr Bld Auto	47.6 %		38.5-50.0 %	AT
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MCV RBC Auto	96.3 fL		80.0-100.0 fL	AT
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MCH RBC Qn Auto	31.7 pg		27.0-33.0 pg	AT
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MCHC RBC Auto-mCnc	32.9 g/dL		32.0-36.0 g/dL	AT
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RDW RBC Auto-Rto	12.8 %		11.0-15.0 %	AT
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Platelet # Bld Auto	152 Thousand/uL		140-400 Thousand/uL	AT
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Neutrophils # Bld Auto	2840 cells/uL		1500-7800 cells/uL	AT
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Driver's Name: Lopez, Juan A

4

Standard: a) Must first perceive a forced-whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB.☐ Check if hearing aid used for tests. ☐ Check if hearing aid required to meet standard. Instructions: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10 dB for 1000 Hz, 8.5 dB for 2,000 Hz. To average: add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be provided.

a) Record distance from individual at which forced whispered voice can first be heard.	Right Ear	Left Ear
	> 12 Feet	> 10 Feet

b) If audiometer used, record hearing loss in decibels. (acc. To ANSI Z24.5-1951)
☐ Audioscope Screen@40dB

Right Ear dB @ KHz			Left Ear dB @ KHz		
.5	1	2	.5	1	2
Average:			Average:		

5 BLOOD PRESSURE/PULSE RATE

Numerical readings must be recorded.

GUIDELINES FOR BLOOD PRESSURE EVALUATION

Blood Pressure	Systolic	Diastolic
	130	82

Pulse Rate	Regular	Irregular
68	X	

140-159 / 90-99	Stage 1	1 Year	1 year if $\leq 140/90$ One time certificate for 3 mo if 141-159 / 91-99
160-179 / 100-109	Stage 2	One time certification for 3 months	1 year from date of exam if $\leq 140/90$
> 180/110	Stage 3	Disqualified initially—certify 6 mo when $\leq 140/90$	6 months if $\leq 140/90$

6 LABORATORY AND OTHER TEST

Numerical readings must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

URINE SPECIMEN	Specific Gravity	Protein	Blood	Sugar
	1.020	Neg	Trace	2/2000

Other Testing (Describe and record)

Glucose - 46.3, 199 → 4-10-13

7 PHYSICAL EXAMINATION

Height: 67 (in.) Weight: 170 (lbs)

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See Instructions To The Medical Examiner for guidance.

BODY SYSTEM	CHECK FOR:	YES	NO (N)	BODY SYSTEM	CHECK FOR:	YES	NO (N)
1. General appearance	Marked overweight, tremor, signs of alcoholism, problem drinking or drug abuse		✓	7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		✓
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.		✓	8. Vascular system	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins		✓
3. Ears	Middle ear disease, occlusion of external canal, perforated eardrums.		✓	9. Genito-urinary system	Hernias		✓
4. Mouth and Throat	Irreparable deformity likely to interfere with breathing or swallowing		✓	10. Extremities- Limb impaired	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		✓
5. Heart	Murmurs extra sounds, enlarged heart, pacemaker		✓	11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness		✓
6. Lungs and chest, not including breast exam	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or x-ray of chest.		✓	12. Neurological	Impaired equilibrium, coordination or speech pattern, paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia		✓

*COMMENTS:

Note certification status here. See Instructions to the Medical examiner for guidance. (instructions are on file in this office)

I Meets standards in 49 CFR 391.41; qualifies for 2 year certificate

~~I Does not meet standards - GD~~~~I Meets standards, but periodic evaluation required~~

Due to Diabetes driver qualified only for:

11 3 months 11 year 4-10-13 GD
 11 6 months 11 Other

I Temporarily disqualified due to (condition or medication)

~~I Wearing corrective lenses~~☐ Wearing hearing aid☐ Accompanied by a _____ waiver/exemption☐ Skill Performance Evaluation (SPE) Certificate☐ Driving within exempt intracity zone☐ Qualified by operation of 49 CFR 391.64

Medical Examiner's Signature

Medical Examiner's Name (print): Gary Day, M.D.

Address: MTOEM/ 936 Morrisboro Road

Lebanon, TN 37090

Telephone Number: (615) 443-1744

Return to medical examiner's office for follow up on _____

If meets standards, complete a Medical Examiner's Certificate according to 49 CFR 391.43(h).
 (Driver must carry certificate when operating a commercial vehicle.)

EXHIBIT