

## BEFORE THE PUBLIC UTILITIES COMMISSION OF OHIO

In the Matter of the Petition of CSX
Transportation, Inc. to Close to Vehicular
Traffic the Bloomingrove-New Winchester
Road (Crawford-Morrow County Line Road)
Crossing in Washington Township, Morrow
County, Ohio

Case No. 14-0379-RR-UNC

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## SUBPOENA DUCES TECUM

Upon application of CSX Transportation, Inc. ("CSX"), you, Patrick Duffner, are hereby required to attend and make yourself available to give testimony at a deposition in the above captioned matter on October 2, 2014 at 3:00 P.M., until completed, at the Galion Public Library, Staff Conference Room, 123 North Market Street, Galion, Ohio 44833.

You shall attend and bring with you for examination the following documents:

- 1. Any and all route sheets relied upon by any bus driver for the area within two miles of the railroad crossing west of State Route 309 on County Road 8, otherwise known as Morrow-Crawford County Line Road, and
- 2. Any and all route maps detailing the routes taken by all buses for the Galion City School District, in particular, those routes that utilize the railroad crossing west of State Route 309 on County Road 8, otherwise known as Morrow-Crawford County line road.

This subpoena duces tecum is issued under the authority granted to the Public Utilities Commission of Ohio in Sections 4901.22 and 4903.06 of the Ohio Revised Code.

Dated this 15 day of September, 2014

Attorney Examiner

This is to certify that the images appearing are an accurate and complete reproduction of a case 1310 document delivered in the regular course of brainess rectnician A Dava Processed 2/26//

PS Form 3811, July 2013

	RN: I hereby certify that I served the within subpoena personally on Patrick Duffner day of 50, 2014 at, by (circle one)
a) deli	vering a copy to him or his agent personally;
b) read	ding the subpoena to him in person;
c) leav	ring a copy at his place of residence; or
d) mai	lling it via US certified mail, return receipt requested with instructions to the
deliver	ring postal authority to show to whom delivered, date of delivery, and address where
deliver	
Postage \$ Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$  City, State, ZIP+4 PS Form 3800. August 2006	MAILTM RECEIPT; No Insurance Coverage Provided) In visit our website at www.usps.com  CIAL US S  Postmark Here  Country  Lowerd Sheet  USS  See Reverse for Instructions
■ Complete items 1, 2, a item 4 if Restricted Del ■ Print your name and ac so that we can return to Attach this card to the or on the front if space  1. Article Addressed to: Potrick Duffner Calion City School 898 & Cound Street Gallon, On 44833	A. Signature  A.
2. Article Number	4. Restricted Delivery? (Extra Fee)
(Transfer from service labe	7014 1200 0001 6335 8496

Domestic Return Receipt