FILE

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

PUCO PH 2:36

SUBPOENA DUCES TECUM

Upon application of CSX Transportation, Inc. ("CSX"), you, Scott M. Kent, are hereby required to attend and make yourself available to give testimony at a deposition in the above captioned matter on October 7, 2014 at 9:30 A.M., until completed, at the offices of the Crawford County Sheriff, Roll call Room, located at 3613 Stetzer Road, Bucyrus, Ohio 44820.

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

- Any and all documents or reports that summarize the location of runs made from January 2010 through the present, including in particular runs made to properties/locations within a one-mile radius of the railroad crossing west of State Route 309 on County Road 8, also known as Morrow-Crawford County Line Road; and
- 2. In the event there are no summary reports as identified in No. 1 above, any other records of calls or other emergency response from January 2010 until the present regarding properties located within a one-mile radius of the railroad crossing west of State Route 309 on County Road 8, otherwise known as Morrow-Crawford County Line Road.

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- 3. Any other document(s) discussing the route to be taken by emergency responders responding to calls from the above referenced geographic area.
- 4. 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

RETURN: I hereby certify that I served the within subpoena personally on Scott M. Kent or
the lond day of Septem 2014 at, by (circle one)
a) delivering a copy to him or his agent personally;
b) reading the subpoena to him in person;
c) leaving a copy at his place of residence; or
d) mailing it via US certified mail, return receipt requested with instructions to the
delivering postal authority to show to whom delivered, date of delivery, and address wher
delivered.
U.S. Postal Service THE CERTIFIED MAIL TO RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.come Postage \$ Certified Fee Return Receipt Fee (Endorsoment Required) Total Postage & Fees \$ Sapri To Street, Apt. No.; Or PO Box No. 3013 Statzer Road (Street, Zipt.) Size of Apt. No.; Or PO Box No. 3013 Statzer Road (Street, Zipt.) Size of Total Postage & Fees \$ See Reverse for Instructions
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. A Signature X Oluvicum (☐ Addressee) B. Received by (Printed Name) C. Date of Delivery A Signature X Oluvicum (☐ Addressee) B. Received by (Printed Name) C. Date of Delivery A Signature X Oluvicum (☐ Addressee) D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Crowford County Sheriff 3lol3 Sketzer Road 3. Service Type Sucyrus, Onio 44830 3. Service Type M. Certified Mali* Priority Mall Express** Registered M. Return Receipt for Merchandise Insured Mail Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7014 1200 0001 6335 8502
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