

FILE

163

**PUCO EXHIBIT FILING**

Date of Hearing: 5/8/18

Case No. 17-1960-TR-CVF

PUCO Case Caption: IMO: FedEx Custom Critical,  
Inc., Notice of Apparent Violation  
and Intent to Assess Forfeiture.

**List of exhibits being filed:**

FXCC Exhibit 1

Staff Exhibits 1 - 12

This is to certify that the foregoing exhibits are an accurate and complete representation of a true and correct document delivered in the regular course of business.  
Technician RE Date Processed 5/22/18

Reporter's Signature: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_

PROCESSED  
2018 MAY 22 PM 3:29  
PUCO

BEFORE THE PUBLIC UTILITIES COMMISSION OF OHIO

- - -

In the Matter of FedEx :  
Custom Critical, Inc., :  
Notice of Apparent : Case No. 17-1960-TR-CVF  
Violation and Intent to :  
Assess Forfeiture. :

- - -

PROCEEDINGS

before Ms. Anna Sanyal, Attorney Examiner, at the  
Public Utilities Commission of Ohio, 180 East Broad  
Street, Room 11-D, Columbus, Ohio, called at 10:00  
a.m. on Tuesday, May 8, 2018.

- - -

ARMSTRONG & OKEY, INC.  
222 East Town Street, Second Floor  
Columbus, Ohio 43215-5201  
(614) 224-9481 - (800) 223-9481

- - -



*Privileged & Confidential*  
*Attorney Client Privilege*

*\*Please do not forward\**

**Post Drug & Alcohol Test Documentation:**

**Accident:**

Date: 12/22/14  
Time: 00:40  
Driver's Name: Steven Moreland  
Involving: Tow  
Citation issued: Yes, Too Fast for conditions

Missed test: Alcohol

**Timeline of events:**

00:40- accident occurred  
00:54- #1 notified FCC of accident involving tow. No citation given at this time  
02:40- 2 hr time frame associated with alcohol expires  
03:00- citation is issued to #1. FCC agent did not follow up with driver to note issuance of citation.  
07:50- FCC is made aware of citation being issued. Attempted to contact EMSI for collector in area, no one available for alcohol timeframe asked them to continue looking for collector for drug test.  
08:40- 8 hr timeframe associated with alcohol test expires, missed test.  
09:50- EMSI still trying to locate collector.  
11:00- EMSI advised no collector available. FCC found a clinic to get drug test done- Cedars Heath in Rock Springs, WY.  
13:15- Drug test completed.

FCC #1



*Privileged & Confidential*  
*Attorney Client Privilege*

*\*Please do not forward\**

**Post Drug & Alcohol Test Documentation:**

**Accident:**

Date: 4/21/15  
Time: 10:30  
Driver's Name: Chaune Duffy  
Involving: Tow  
Citation: Following too close

**Timeline of events:**

10:30- accident occurred  
11:50- #1 cited for following too close. #1 said he didn't see #2 unaware of tow.  
12:30- 2 hr timeframe for alcohol testing expired  
18:30- 8 hr timeframe for alcohol expired

**4/22/15:**

18:30- 32 hr timeframe for drug expired

**4/28/15:**

11:30- Vigillo reported crash w/ tow



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*Attorney Client Privilege*

*\*Please do not forward\**

**Post Drug & Alcohol Test Documentation:**

**Accident:**

Date: 2/4/15  
Time: 20:00  
Driver's Name: Michael Bridgett  
Involving: Tow  
Citation: Failing to maintain lane

**Timeline of events:**


2/4/15:

20:00- accident occurred  
20:35- #1 notified FCC of accident requiring tow  
22:00- 2 hour timeframe for alcohol expires

2/5/15:

04:00- 8 hour timeframe on alcohol expires.  
07:30-09:40- left messages for both drivers  
09:40- Contacted to reach #1 and notified of citation given in association with tow.  
09:45- #1 provided location for clinic for drug testing & told to proceed immediately.  
11:50- #1 at clinic, experiencing shy bladder. Clinic following guidelines to obtain the specimen  
12:54- Drug test completed

## PUBLIC UTILITIES COMMISSION OF OHIO TRANSPORTATION DEPARTMENT ENFORCEMENT DIVISION

	<b>US DOT #</b> 164025	<b>Legal:</b> FEDEX CUSTOM CRITICAL INC <b>Operating (DBA):</b>					
<b>MC/MX #:</b> 141898		<b>Federal Tax ID:</b> 34-1175962 (EIN)					
<b>Review Type:</b> Non-ratable Review - CSA		<b>Focused Investigation</b>					
<b>Scope:</b> Principal Office		<b>Location of Review/Audit:</b> Company facility in the U. S.		<b>Territory:</b> E			
<b>Operation Types</b> Interstate Intrastate							
<b>Carrier:</b> HM HM		<b>Business:</b> Corporation					
<b>Shipper:</b> N/A N/A		<b>Gross Revenue:</b> \$308,000,000.00 for year ending: 5/31/2015					
<b>Cargo Tank:</b> N/A							
<b>Company Physical Address:</b>							
1475 BOETTLER RD UNIONTOWN, OH 44685-9584							
<b>Contact Name:</b> Scott A. McCahan							
<b>Phone numbers:</b> (1) 234-310-4090 (2) Fax 888-234-3792							
<b>E-Mail Address:</b> scott.mccahan@fedex.com							
<b>Company Mailing Address:</b>							
PO BOX 5000 GREEN, OH 44232-5000							
<b>Carrier Classification</b>							
Authorized for Hire							
<b>Cargo Classification</b>							
General Freight		Metal: Sheets, Coils, Rolls		Motor Vehicles			
Building Materials		Machinery, Large Objects		Oil Field Equipment			
U.S. Mail		Chemicals		Commodities Dry Bulk			
Refrigerated Foods		Beverages		Paper Products			
<b>Hazardous Materials</b>							
1.1 Explosives	Carried	Bulk/Non-Bulk	1.2 Explosives	Carried	Bulk/Non-Bulk		
1.3 Explosives	Carried	Bulk/Non-Bulk	1.4 Explosives	Carried	Bulk/Non-Bulk		
1.5 Explosives	Carried	Bulk/Non-Bulk	1.6 Explosives	Carried	Bulk/Non-Bulk		
2.1 Flammable gas	Carried	Bulk/Non-Bulk	2.1 LPG	Carried	Bulk/Non-Bulk		
2.1 Methane	Carried	Bulk/Non-Bulk	2.2 Nonflammable gas	Carried	Bulk/Non-Bulk		
2.2 Anhydrous ammonia	Carried	Bulk/Non-Bulk	2.3 Zone A	Carried	Bulk/Non-Bulk		
2.3 Zone B	Carried	Bulk/Non-Bulk	2.3 Zone C	Carried	Bulk/Non-Bulk		
2.3 Zone D	Carried	Bulk/Non-Bulk	3 Flammable liquid	Carried	Bulk/Non-Bulk		
3 Zone A	Carried	Bulk/Non-Bulk	3 Zone B	Carried	Bulk/Non-Bulk		
3 Combustible liquid	Carried	Bulk/Non-Bulk	4.1 Flammable solid	Carried	Bulk/Non-Bulk		
4.2 Spontaneous combustible	Carried	Bulk/Non-Bulk	4.3 Dangerous when wet	Carried	Bulk/Non-Bulk		
5.1 Oxidizer	Carried	Bulk/Non-Bulk	5.2 Organic peroxide	Carried	Bulk/Non-Bulk		
6.1 Zone A	Carried	Bulk/Non-Bulk	6.1 Zone B	Carried	Bulk/Non-Bulk		
6.1 (Poison)	Carried	Bulk/Non-Bulk	6.1 (Solids)	Carried	Bulk/Non-Bulk		
6.2 Infectious substance	Carried	Bulk/Non-Bulk	7 Radioactive material	Carried	Bulk/Non-Bulk		
7 Hwy Route Cntr Qty	Carried	Bulk/Non-Bulk	8 Corrosive material	Carried	Bulk/Non-Bulk		
8 Zone A	Carried	Bulk/Non-Bulk	8 Zone B	Carried	Bulk/Non-Bulk		
9 Miscellaneous HM	Carried	Bulk/Non-Bulk	9 (Marine pollutants)	Carried	Bulk/Non-Bulk		
9 (Hazardous substance)	Carried	Bulk/Non-Bulk	ORM-D	Carried	Bulk/Non-Bulk		
<b>Equipment</b>							
	<b>Owned</b>	<b>Term Leased</b>	<b>Trip Leased</b>		<b>Owned</b>	<b>Term Leased</b>	<b>Trip Leased</b>
Truck	0	1087	0	Truck Tractor	0	341	0
Trailer	392	40	0				





**FEDEX CUSTOM CRITICAL INC**  
U.S. DOT #: 164025

Review Date:  
09/18/2015

**Part A**

Power units used in the U.S.:1388

Percentage of time used in the U.S.:95

**Does carrier transport placardable quantities of HM?** Yes

**Is an HM Permit required?** Yes

**Driver Information**

	Inter	Intra
< 100 Miles:		
>= 100 Miles:	1944	

Average trip leased drivers/month: 0  
**Total Drivers:** 1944  
**CDL Drivers:** 1901

QUESTIONS regarding this report or the Federal Motor Carrier Safety or  
Hazardous Materials rules may be addressed to the Office of Motor Carriers at:

180 East Broad Street, 4th Floor  
Columbus, Ohio 43215 ATTN: Chris May  
Phone: (614) 728-9128 Fax: (614) 728-2133

**This report will be used to assess your safety compliance.**

**Person(s) Interviewed**

**Name:** Scott A. McCahan

**Title:** Senior Manager/Safety

**Name:** Diane L Conner

**Title:** Safety Supervisor





**FEDEX CUSTOM CRITICAL INC**  
U.S. DOT #: 164025

Review Date:  
09/18/2015

### Part B Violations

1 FEDERAL	Primary: 382.303(a)	Discovered 3	Checked 7	Drivers/Vehicles In Violation 3	Checked 7
<b>Description</b> Failing to conduct post accident alcohol testing on driver following a recordable crash. <b>Example</b> Michael L. Bridgett, Interstate trip 2/4/2015, between Bedford Park, IL and Northwood, OH. Driver Bridgett was involved in a recordable crash in Woodville, OH resulting 1 disabled/towed unit and was cited for "Failing to Drive in Marked Lanes." Driver Bridgett did not submit to a post-accident alcohol test (7 of the 33 reportable accidents in the past 365 days subject to post-accident alcohol testing requirements).					
2 FEDERAL	Primary: 382.303(b)	Discovered 1	Checked 7	Drivers/Vehicles In Violation 1	Checked 7
<b>Description</b> Failing to conduct post accident testing on driver for controlled substances. <b>Example</b> Chaune D. Duffy, Interstate trip 4/21/2015, between Syracuse, NY and Elmira, NY transporting Interstate freight. Driver Duffy was involved in a recordable crash in Cortland, NY resulting 1 disabled/towed unit and was cited for "Following too Close." Driver Duffy did not submit to a post-accident controlled substances test (7 of the 33 reportable accidents in the past 365 days subject to post-accident controlled substances testing requirements).					
3 FEDERAL	Primary: 396.3(b)	Discovered 3	Checked 125	Drivers/Vehicles In Violation 3	Checked 125
<b>Description</b> Failing to keep minimum records of inspection and vehicle maintenance. <b>Example</b> Truck Tractor No. E10674, Interstate Trip 5/12/2015, Moonachie, NJ to Buffalo, NY. Truck Tractor No. E10674 was operated in excess of 120,000 miles in the past 365 days, however, no record of any oil changes and lubrications, or any other maintenance performed, was maintained in the vehicle maintenance file.					
4 FEDERAL	Primary: 396.11(a)	Discovered 24	Checked 26	Drivers/Vehicles In Violation 23	Checked 27
<b>Description</b> Failing to require driver to prepare driver vehicle inspection report. <b>Example</b> Truck No. D8565, Interstate Trip 8/25/2015, Richmond, VA to Jamaica, NY. No DVIR was prepared even though four defects were identified on MCSAP inspection, that were not repaired until 9/5/2015.					
<b>Safety Fitness Rating Information:</b>		<b>OOS Vehicle (CR): 0</b>			
<b>Total Miles Operated</b> 89,741,549		<b>Number of Vehicle Inspected (CR): 0</b>			
<b>Recordable Accidents</b> 0		<b>OOS Vehicle (MCMIS): 8</b>			
		<b>Number of Vehicles Inspected (MCMIS): 125</b>			







**FEDEX CUSTOM CRITICAL INC**  
U.S. DOT #: 164025

Review Date:  
09/18/2015

### Part B Violations

Your proposed safety rating is :

**This Review is not Rated.**

If this was a focused investigation, which will be noted in the Review Type on the first page of this report (Part A), some factors shown above may be marked "SATISFACTORY" even if they were not reviewed.

A focused investigation does not include review of all regulatory parts and factors as set forth in 49 C.F.R. Part 385, Appendix B's safety rating methodology and cannot therefore result in a SATISFACTORY safety rating. It may, however, result in a less than SATISFACTORY rating if sufficient violations are discovered in the parts and factors examined to result in a CONDITIONAL or UNSATISFACTORY rating.





**FEDEX CUSTOM CRITICAL INC**  
U.S. DOT #: 164025

Review Date:  
09/18/2015

**Security Contact Q & A**  
**Sensitive Security Information**

**Security Assessment**

- |   |  |             |
|---|--|-------------|
| 1 | Does plan include a specific assessment of possible HM transp. security risks? | Answer: Yes |
| 2 | Does assessment adequately capture specific threats and vulnerabilities (T&V)? | Answer: Yes |
| 3 | Does the assessment adequately capture specific T&V of personnel security?     | Answer: Yes |
| 4 | Does the assessment adequately capture specific T&V of unauthorized access?    | Answer: Yes |
| 5 | Does the assessment adequately capture specific T&V of en route security?      | Answer: Yes |
| 6 | Is the organization's security posture periodically assessed?                  | Answer: Yes |

**Security Plan**

- |    |  |             |
|----|--|-------------|
| 7  | Does the security plan correlate to the security assessment in question 2 above? | Answer: Yes |
| 8  | Is the security plan "specific" to the organization?                             | Answer: Yes |
| 9  | Are there written procedures on actions to take in event of a security breach?   | Answer: Yes |
| 10 | Are there written procedures to report the above to law enforcement?             | Answer: Yes |
| 11 | Do security plan measures "vary commensurate with the level of threat"?          | Answer: Yes |

**Personnel Security**

- |    |  |             |
|----|--|-------------|
| 12 | Are the personnel security measures appropriate for the assessment as written?   | Answer: Yes |
| 13 | Are the personnel security measures adequate even if not all risks identified?   | Answer: Yes |
| 14 | Are the security plan's personnel security measures being followed?              | Answer: Yes |
| 15 | Do all drivers required to have valid CDLs with required endorsements have them? | Answer: Yes |
| 16 | Are required background checks on drivers conducted?                             | Answer: Yes |
| 17 | Is information confirmed for applicants applying for positions dealing with HM?  | Answer: Yes |
| 18 | Are performance standards or PSOs used in the approach to personnel security?    | Answer: Yes |
| 19 | Is citizenship or legal residence status confirmed for all employees?            | Answer: Yes |

**Unauthorized Access**

- |    |   |             |
|----|---|-------------|
| 20 | Is the security plan's approach to unauthorized access operation specific?      | Answer: Yes |
| 21 | Are the unauthorized access measures appropriate for the assessment as written? | Answer: Yes |
| 22 | Are the unauthorized access measures adequate even if not all risks identified? | Answer: Yes |
| 23 | Are the security plan's unauthorized access measures being followed?            | Answer: Yes |

**En Route Security**

- |    |   |             |
|----|---|-------------|
| 24 | Is the security plan's approach to en route security operation specific?        | Answer: Yes |
| 25 | Are the en route security measures appropriate for the assessment as written?   | Answer: Yes |
| 26 | Are State/Indian tribe NRHM (non-RAM) routing designations being followed?      | Answer: N/A |
| 27 | Are written route plans provided to drivers of Division 1.1, 1.2, and 1.3 HM?   | Answer: Yes |
| 28 | Are drivers of vehicles transporting HRCQ RAM complying with preferred routing? | Answer: Yes |





**FEDEX CUSTOM CRITICAL INC**  
U.S. DOT #: 164025

Review Date:  
09/18/2015

**Security Contact Q & A**  
**Sensitive Security Information**

- |    |   |                    |
|----|---|--------------------|
| 29 | Are routing guidelines being followed for vehicles transporting NRHM (non-RAM)? | <b>Answer: Yes</b> |
| 30 | Are hazardous materials delivered expeditiously?                                | <b>Answer: Yes</b> |
| 31 | Are the routing regs. and ER instr. provided for Div. 1.1, 1.2, and 1.3 HM?     | <b>Answer: Yes</b> |

**Security Plan Administration**

- |    |  |                    |
|----|--|--------------------|
| 32 | Is the security plan written?  | <b>Answer: Yes</b> |
| 33 | Is the security plan retained for as long as it remains in effect?             | <b>Answer: Yes</b> |
| 34 | Is the plan (or parts) available to employees responsible for implementing it? | <b>Answer: Yes</b> |
| 35 | Are all copies of the security plan updated and revised as necessary?          | <b>Answer: Yes</b> |
| 36 | Does the organization have fixed management responsibility for security?       | <b>Answer: Yes</b> |

**Security Training**

- |    |  |                    |
|----|--|--------------------|
| 37 | Has security awareness training been provided to all HM employees on schedule?   | <b>Answer: Yes</b> |
| 38 | Has in-depth training been provided to HM employees with plan responsibilities?  | <b>Answer: Yes</b> |
| 39 | Does the in-depth training include company security objectives?                  | <b>Answer: Yes</b> |
| 40 | Does the in-depth training include specific personnel security procedures?       | <b>Answer: Yes</b> |
| 41 | Does in-depth training material include specific unauthorized access procedures? | <b>Answer: Yes</b> |
| 42 | Does in-depth training material include specific en route security procedures?   | <b>Answer: Yes</b> |
| 43 | Does the in-depth training material include employee responsibilities?           | <b>Answer: Yes</b> |
| 44 | Does in-depth training include actions to take in event of a security breach?    | <b>Answer: Yes</b> |
| 45 | Does in-depth training material include an organizational security structure?    | <b>Answer: Yes</b> |

**Additional Security Management**

- |    |   |                    |
|----|---|--------------------|
| 46 | Has the organization established partnerships with other agencies for security? | <b>Answer: Yes</b> |
|----|---|--------------------|

**Security Plan**

- |    |   |                    |
|----|---|--------------------|
| 47 | Overall, does the Security Plan conform to Part 172, Subpart 1? | <b>Answer: Yes</b> |
|----|---|--------------------|

**Security Plan Administration**

- |    |   |                    |
|----|---|--------------------|
| 48 | Ensure the individual for security reports to top management. | <b>Answer: Yes</b> |
|----|---|--------------------|



**Safety Management Process Breakdowns and Remedies****1. VEHICLE MAINTENANCE BASIC - INSPECTION-REPAIR-MAINTENANCE PROCESS BREAKDOWN: Policies and Procedures****DESCRIPTION OF PROCESS BREAKDOWN**

Fedex Custom Critical Inc. had policies in place specific to driver vehicle inspection reports (DVIRs), but needed adjustment to address when a DVIR was required. The carrier has recently drafted and implemented a proper policy. This lack of policy adjustment and implementation has led to Fedex Custom Critical Inc.'s current state of vehicle maintenance shortages. With sound policies and procedures in place, and ensuring that all carrier personnel (managers, drivers, and mechanics) follow the policies, the carrier should see a marked improvement in the DVIR requirement compliance.

**BASIC SPECIFIC RECOMMENDED REMEDIES**

Implement Safety Improvement Practices: The following are recommended practices related to Policies and Procedures.

- Develop a system of preventive maintenance for compliant, safe, and efficient fleet operations, including a schedule for periodic maintenance, inspection, and recordkeeping. This system should be attuned to manufacturer recommendations, the carrier's own experience, and regulatory requirements.
- Develop a procedure ensuring that vehicle defects that impact safety and/or safety compliance are reported, repaired, and certified before the vehicle is operated.
- Develop procedures to ensure that management is notified of vehicle defects through the use of Driver Vehicle Inspection Records (DVIRs) and other communication channels, such as driver call-in and e-mail from mechanics.
- Develop a policy ensuring that drivers are qualified to complete thorough and timely Driver Vehicle Inspection Records (DVIRs) by the end of the day of the trip and prior to a subsequent assignment.
- Establish a policy requiring drivers to submit copies of all roadside inspections to carrier management within 24 hours.
- Develop policies and procedures requiring drivers to immediately notify appropriate management of any roadside vehicle Out-of-Service (OOS) order.
- Develop a written and progressive disciplinary policy focused on taking corrective action to ensure drivers comply with regulations and policies. A progressive disciplinary policy could include, among other things, written warnings, suspensions, or work restrictions, monetary penalties, and termination. This policy should also specify consequences for any carrier official who knowingly and willfully allows vehicle maintenance violations.
- Implement fire-detection-and-suppression systems on current fleets and as purchase options on new coaches.

**Seek Out Resources:**

- You are encouraged to review your company's record at the following website: <http://ai.fmcsa.dot.gov/SMS>. You will need to use your PIN Number that has been provided by the FMCSA.
- Contact industry associations to get resources and ideas on safety improvement practices from other carriers in the industry.

**2. CONTROLLED SUBSTANCES AND ALCOHOL BASIC PROCESS BREAKDOWN: Training and Communication****DESCRIPTION OF PROCESS BREAKDOWN**

Two instances were discovered during this compliance review of drivers not submitting to post-accident alcohol tests, and one instance of a driver not submitting to post-accident controlled substance test, or alcohol test. All three instances were because of the driver and safety personnel not properly communicating about the severity of the accident within a timely manner. When post-accident alcohol tests are not conducted, it is impossible for Fedex Custom Critical Inc. to determine if alcohol abuse played a role in the accident and prevent future alcohol-related incidents. Many steps can be taken to eliminate this problem such as placing kits in trucks and making contact with agencies that can assist during off-duty hours. In addition to taking practical steps, Fedex Custom Critical Inc. should thoroughly train dispatchers, drivers, and all other personnel with regard to what must be done in the event of an accident. Fedex Custom Critical Inc. should use tools to communicate with drivers and dispatchers such as laminated checklists placed beside computer terminals and in trucks, for example. With communication and training, the safety department should be able to eliminate deficiencies in post-accident alcohol testing, which will



**Safety Management Process Breakdowns and Remedies**

give the company the ability to properly screen for alcohol-related incidents, thereby making Fedex Custom Critical Inc.'s transportation safer.

**BASIC SPECIFIC RECOMMENDED REMEDIES**

**Implement Safety Improvement Practices:** The following are recommended practices related to Communication and Training.

- Convey expectations to all applicable staff for adhering to controlled substance and alcohol regulations and to company policies and procedures, and for executing responsibilities by providing new-hire and refresher training. Establish communication channels such as newsletters and/or meetings focused on resolving conflicts: for example, for drivers, between testing requirements and lifestyle decisions with regard to controlled substance and alcohol abuse or misuse.
- Encourage disclosure of personal problems with controlled substances and alcohol within a safe environment by having an open-door policy with management or using an Employee Assistance Program (EAP). An EAP enables drivers to alert management of concerns about other personnel and to seek help for their own substance abuse and/or alcohol problems.
- After selection of drivers for random testing, the program coordinator should send confidential correspondence to whoever is informing the selected drivers, noting the selection date, selected names, proper notification procedure, testing location, and when test results need to be completed. Drivers should be reminded that refusal to take the test will be equivalent to a positive result.
- Ensure that managers and supervisors regularly communicate and demonstrate their ongoing commitment to abiding by regulations and company policies regarding controlled-substance and alcohol use.
- Communicate the carrier's Controlled Substances and Alcohol BASIC percentile to all staff, and explain to them individually what they can do to help improve compliance.
- Provide new-hire and refresher training, to all drivers, managers, other designated personnel, and the designated employer representative (DER), on controlled-substance and alcohol regulations and related company policies and procedures, including those pertaining to prohibited behavior; testing protocols and monitoring, for example, on grounds of "reasonable suspicion"; the consequences of a positive test result; referral to a Substance Abuse Professional (SAP); and confidentiality requirements in relation to recordkeeping.
- Ensure that personnel in safety-sensitive positions receive required training on the importance of responsible lifestyle behaviors and personal choices regarding controlled-substance and alcohol use.
- Train all staff who are required to monitor and track controlled-substance and alcohol compliance on the appropriate company policies, including those related to discipline and incentives.
- Ensure that drivers are trained on driver Out-of-Service (OOS) rules, their responsibility in adhering to them, and the carrier's procedures for reporting OOS violations and communicating appropriately with other personnel.
- Reinforce training about controlled-substance and alcohol policies, procedures, and responsibilities to drivers, controlled-substance and alcohol-testing personnel, and other employees, using job aids, post-training testing, and/or refresher training. Encourage informal feedback among all involved with the testing so that they can help each other to improve.
- Provide hiring officials with guidance on how best to attract, screen, and qualify applicants who are most likely to adhere to controlled-substance and alcohol-use regulations and related company policies and procedures.

**Seek Out Resources:**

- You are encouraged to review your company's record at the following website: <http://ai.fmcsa.dot.gov/SMS>. You will need to use your PIN Number that has been provided by the FMCSA.
- Contact industry associations to get resources and ideas on safety improvement practices from other carriers in the industry.

3. • **Understand Why Compliance Saves Time and Money:** Compliance with FMCSRs will not only save lives, but also saves your business time and money. Tracking how much your business spends on non-compliance activities can help you understand the many benefits of compliance to your business and why safety is good business.

- **Document and Follow Through on Action Plans:** Document and follow through on action plans to ensure the actions you are taking are creating improvement in safety management and compliance.





## **Safety Management Process Breakdowns and Remedies**

• **NOTICE:** A pattern and/or repeated violations of the same or related acute or critical regulations (violations of the same Part in Title 49, Code of Federal Regulations) will cause the maximum penalties allowed by law to be assessed under Section 222 of the Motor Carrier Safety Improvement Act of 1999 (MCSIA). A pattern of violations means two or more violations of acute and/or critical regulations in three or more Parts of Title 49, Code of Federal Regulations discovered during any eligible investigation. Repeated violations means violation(s) of an acute regulation of the same Part of Title 49, Code of Federal Regulations discovered in an investigation after one or more closed enforcement actions within a six year period and/or violation(s) of a critical regulation in the same Part of Title 49, Code of Federal Regulations discovered in an investigation after two or more closed enforcement actions within a six year period.

• **NOTICE:** 49 CFR Part 391.23 requires prospective employers to, at a minimum, investigate a driver's employment information, crash record, and alcohol and controlled substances history from all employers the driver worked for within the previous 3 years.

• The Pre-Employment Screening Program (PSP) is a screening tool that assists motor carriers in investigating crash history and roadside safety performance of prospective drivers. The PSP allows motor carriers to purchase 5 years of crash data and 3 years of roadside inspection data from the Federal Motor Carrier Safety Administration's (FMCSA) Motor Carrier Management Information System (MCMIS). Records are available 24 hours a day via Web request. Motor carriers should visit the following website for more information:  
<http://www.psp.fmcsa.dot.gov/Pages/default.aspx>

• All motor carriers and truck drivers are needed to fight against terrorism and hijacking. You could be a target. Protect yourself, your trucks, your cargo, and your facilities. If you see an incident in Ohio the Ohio State Highway Patrol can be directly reached at #677 (non-emergency number) or 911 for the nearest police department. Discuss with your employees/drivers the "Security Measures for Truck Drivers and Companies" which are available online. Carriers should visit the following website for more information:  
<http://www.fmcsa.dot.gov/documents/Hijacking-Brochure.pdf>

• **COMPASS PORTAL COMPANY ACCESS ACCOUNT** - The COMPASS program is an FMCSA-wide initiative that is leveraging new technology to transform the way the FMCSA does business. The ultimate goal is to implement a customer-centric information technology (IT) solution that optimizes FMCSA's business processes and improves the Agency's ability to save lives. Key objectives include (1) creating a single source for crucial safety data via single sign-on access, (2) improving data quality to ensure better, more informed decision-making and (3) providing actionable information as well as data. For companies, the FMCSA Portal provides single sign-on access to L&I, DataQs, Analysis and Information (A&I) Online, and the National Consumer Complaint Database (NCCDB) via a single password and user ID. Company users can also access public functionality in L&I, SAFER, Commercial Vehicle Information Systems and Networks (CVISN), and the National Hazardous Material Route Registry (NHMRR) as well as the "Protect Your Move" and "Share the Road Safely" Web sites. To register for a COMPASS account, go to: <https://portal.fmcsa.dot.gov>.

• Company access accounts are available to the following types of users: (1) carriers with a USDOT number and (2) carrier employees or other professionals (i.e. freight-forwarders, insurance companies) who need access to carrier information. Note: You must know the carrier's USDOT Number. In order to set up an account, you must know the user account type that you are requesting. A Company Official Account is for a person who will have full access to company information, and the ability and responsibility of approving and managing account requests from Company Employees. Note: There will be only one Company Official for each USDOT#. To request a Company Official user account, you must have the PIN associated with your USDOT#. If you do not have a PIN, or do not know your PIN, go to the USDOT PIN Request. An Access Company Information Account is for a person who needs access to limited company information, but is not responsible for managing accounts or other users. For additional information about COMPASS, go to  
<http://www.fmcsa.dot.gov/about/what-we-do/keyprograms/compass-factsheet.htm>.

• Supporting documents are the records of the motor carrier which are maintained in the ordinary course of business and may be used by the motor carrier to verify the information recorded on the driver's record of duty status. Effective 12/19/2008, the FMCSA formally adopted a policy of including GPS and other advanced technology records as supporting documents (see Federal Register Vol. 73 No. 224, 11/19/2008). Failure to maintain such



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**Safety Management Process Breakdowns and Remedies**

records for six months as required will result in your company being cited and/or penalized for failure to maintain supporting documents.

Other examples of supporting documents you should maintain are: Bills of lading, GPS tracking information, vehicle position reports, carrier pros, freight bills, dispatch records, driver call-in records, gate record receipts, weight/scale tickets, fuel receipts, fuel billing statements, toll receipts, international registration plan receipts, international fuel tax agreement receipts, trip permits, port of entry receipts, cash advance receipts, delivery receipts, lump sum receipts, interchange and inspection reports, lessor settlement sheets, over/short and damage reports, agricultural inspection reports, CVSA reports, accident reports, telephone billing statements, credit card receipts, driver fax reports, on-board computer reports, border crossing reports, custom declarations, traffic citations, overweight/oversize reports and citations, and/or other documents directly related to the motor carrier's operation, which are retained by the motor carrier in connection with the operation of its transportation business. Supporting documents may include other documents which the motor carrier maintains and can be used to verify information on the driver's records of duty status. If these records are maintained at locations other than the principal place of business but are not used by the motor carrier for verification purposes, they must be forwarded to the principal place of business upon a request by an authorized representative of the FMCSA or State official within 2 business days.



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**Part C****Reason for Review:** Focused CR**Planned Action:** Compliance Monitoring**Parts Reviewed Certification:**

325	382	383	387	390	391	392	393	395	396	397	398	399	171	172	173	177	178	180
✓	✓	✓	✓	✓	✓	✓	✓		✓	✓			✓	✓	✓	✓	✓	✓

**Prior Reviews**

4/25/2013

8/5/2009

8/25/1997

**Prior Prosecutions****Reason not Rated:CSA****Unsat/Unfit Information**

Is the motor carrier of passengers subject to the safety fitness procedures contained in 49 CFR part 385 subpart A, AND does it transport passengers in a commercial motor vehicle?

Does carrier transport placardable quantities of hazardous materials? Yes - Interstate and Intrastate

Unsat/Unfit rule:

Not Applicable

**Corporate Contact:** Scott A. McCahan

**Corporate Contact Title:** Senior Manager/Safety

**Special Study Information:****Remarks:****REMARKS:**

INVESTIGATIVE REPORT RECEIVED BY:

Name: Virginia C. Albanese

Title: President and CEO

Carrier/Shipper Name: Fedex Custom Critical Inc

Carrier USDOT#: 164025

Date: 9/16/2015

Telephone Number (if different from Part A): Same

List of drivers is stored in electronic documentation file on PUCO server.

List of vehicles is stored in electronic documentation file on PUCO server.

**MCS-150:**

Significant findings regarding accuracy of registration data (MCS-150 data): No significant inaccuracies discovered on carrier's most recent MCS-150.

**RECURRING VIOLATIONS:**

Recurring violations, both serious and non-serious, discovered during prior investigations: Examination of past investigations does not indicate any recurring violations, although the latest investigation (4/25/2013) resulted in three serious violations being cited.

**REASON FOR INVESTIGATION:**

The reason for this investigation's assignment was because the carrier has unresolved serious violations in the Vehicle Maintenance BASIC and the Drug and Alcohol BASIC. The original assignment date was 8/11/2015. The type of investigation originally assigned was onsite focused. A D & A Supplemental Review was not assigned, as a full review of the BASIC was indicated. A HM Supplemental Review was assigned. At the time this investigation was initiated (9/3/2015) the following BASIC(s) were at or above their intervention threshold: None  
Source of assignment prioritization: Investigate 1.

**SCOPE OF INVESTIGATION:**

The original assignment was onsite focus investigation without a D & A Supplemental review and with a HM Supplemental







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review based on 2 BASIC(s) with unresolved serious violations. It was discovered that the carrier's current data indicates 0 BASIC(s) at or above their intervention threshold. The carrier has the following unresolved violations, from the most recent review (4/25/2013): 382.303(a), 396.9(c)(2), and 396.11(a). This investigation remains a onsite focused investigation. 6 Red Flag Drivers noted.

#### DATES OF INVESTIGATION:

Off-Site Scheduling date: 9/3/2015

Off-Site Investigation preparation date(s): 9/2/2015, 9/3/2015, 9/4/2015, & 9/8/2015

On-Site Investigation date(s): 9/9/2015, 9/10/2015, (SI Lockhart assisting), 9/11/2015, 9/14/2015(SI Lockhart assisting), and 9/18/2015

Off-Site Investigation and completion date(s): 9/16/2015 and 9/18/2015

#### CARRIER OPERATION DESCRIPTION:

The carrier did not discuss its' financial condition.

The gross revenue listed in Part A was provided by Scott A. McCahan.

The major assets of the company include carrier's facility.

#### Carrier Officials include:

Virginia C. Albanese President and CEO

Allan W. Brown Vice President, General Counsel

Harold B. Scott Vice President Sales and Marketing

Jason Frederick Vice President Operations

Carrier officials or employees who were interviewed, but not listed in Part A include: Kellie J. Toth, Sr. Hazard Accident Specialist and Jason Frederick, Vice President Operations.

Carrier hauls general freight, including hazmat of all types in a for-hire operation. The carrier operates both interstate and intrastate. The carrier's operation is a coast to coast and all points in between operation. An example of an Interstate trip was on 8/25/2015 when driver Direu M. Azevedo made an interstate trip from Richmond, VA to Jamaica, NY.

The carrier operates 341 truck tractors, 1080 straight trucks, and 432 trailers.

Fleet miles were provided by Scott A. McCahan and were determined by latest 4 quarter IFTA reports.

The motor carrier was not involved in emergency relief efforts and did not operate under an exemption or waiver during the past 365 days.

The company personnel responsible for safety management is: Scott A. McCahan

Affiliated motor carriers: None

#### PRE-INVESTIGATION:

I scheduled this investigation on 9/3/2015, with Diane L. Conner, the Safety Supervisor. The appointment was made via telephone. I provided the carrier with an appointment letter which I e-mailed to the carrier.

The written appointment letter requested the following documents: Accident Register and files, MCS-90 Insurance Form, Drug and Alcohol Data, Driver Qualification Files, Driver's List, Records of Duty Status for the past 6 months, RODS Supporting Documents, Maintenance Files, Equipment List, and DVIRs, Fleet Miles, Corporate Officials, and Gross Revenue.

The following is a listing of the specific supporting documents that were requested: N/A- The carrier is using Electronic Logs. These logs were not examined during this review, other than to provide trip and movement verifications.

#### CDLIS (DRIVER LICENSE) CHECK:

The carrier employs 1944 drivers, including 1901 CDL drivers.

125 CDLIS checks were conducted on 9/2/2015, 9/3/2015, and 9/8/2015. The following problems/violations were discovered: None-all drivers had current valid CDLs, and those transporting hazardous materials had the proper



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endorsements.

**AUTHORITY:**

L &amp; I shows the carrier's authority as: Active.

**INSURANCE:**

Insurance level required: \$5,000,000

Insurance level maintained: \$5,000,000

MCS-82: Provided with proper level shown. Copy attached to documentation file

**DRIVERS WITH RED FLAG VIOLATIONS:**

The carrier had 6 red flag driver violations:

6/29/2015, Driver Michael L. Roth, DOH 1/28/2015, IL Inspection # IL3694510132

<<https://ai.fmcsa.dot.gov/SMS/Event/Inspection/53465904.aspx>>, Violation: 383.51(a)-SIN - Driving a CMV while CDL is suspended for a safety-related or unknown reason and in the state of driver's license issuance. Carrier at time of Red Flag violation: Fedex Custom Critical Inc (USDOT 164025). The MCSAP inspection lists no notes related to this violation. CDLIS check revealed driver Roth is currently valid, and does not list any prior suspensions or withdrawals. The carrier's DQ file MVR (dated 1/23/2015) indicate a valid CDL, issued 10/17/2014. Medical certificate was valid from 8/14/2014 to 8/14/2016. DQ file was complete and no violations were discovered.

5/20/2015, Driver Kimberly D. Lakins, DOH (rehire) 7/24/2013, DOT 6/3/2015, OH Inspection # OH3242010289

<<https://ai.fmcsa.dot.gov/SMS/Event/Inspection/53042399.aspx>>, Violation: 392.4(a) - Possession of marijuana. Carrier at time of Red Flag violation: Fedex Custom Critical Inc (USDOT 164025). CDLIS check reveals a valid class A CDL with no convictions or withdrawals on this date. MCSAP Inspection indicates driver Larkins was in possession of marijuana at the time of stop. She was a Co-Driver at the time, but took responsibility for the marijuana found, and was cited for it. The carrier did not use driver Lakins after this violation, and SMS Driver Information resources indicate driver Lakins has had no inspections or accidents since this violation. DQ file revealed that she was fully qualified when hired and remained so. Drug testing was all negative, including pre-employment tests on 2/18/2010, random tests on 10/27/2010, 6/24/2011, 6/28/2011, and pre-employment test on 7/13/2013.

5/18/2015, Driver Feltus A. Prater, DOH 12/18/2013, AL Inspection # ALJZCV004932

<<https://ai.fmcsa.dot.gov/SMS/Event/Inspection/53022554.aspx>>, Violation: 383.51(a)-SIN - Driving a CMV while CDL is suspended for a safety-related or unknown reason and in the state of driver's license issuance. Carrier at time of Red Flag violation: Fedex Custom Critical Inc (USDOT 164025). CDLIS check revealed driver Prater was under suspension for failing to pay child support from 12/22/2014 to 5/19/2015. The carrier's DQ file revealed a valid initial MVR (12/5/2013) and a valid annual MVR (11/25/2014). The file also contained a MVR dated 5/20/2015 (two days after the inspection), indicating that the suspension was cleared, and driving privileges restored.

2/18/2015, Driver Michael T. Lish, DOH 7/11/2006, IL Inspection # IL6226000505

<<https://ai.fmcsa.dot.gov/SMS/Event/Inspection/52217288.aspx>>, Violation: 392.5(a) - Possession/use/under influence alcohol-4hrs prior to duty. Carrier at time of Red Flag violation: Fedex Custom Critical Inc (USDOT 164025). The inspection report indicates that driver Lish was charged with driving under the influence of alcohol and/or drugs. No further notes were entered. CDLIS report indicates valid class A CDL, with no withdrawals, suspensions, or mention of the citation in question. Driver Lish had these charges dismissed, after his police administered drug test came back negative. The carrier has complete DQ file, with full documentation of this violation. After charges were dismissed, based upon negative test, this violation was successfully DataQed.

12/4/2014, Driver Albert Grass, DOH 7/24/2014, DOT 11/29/2014, MD Inspection # MD00JS002124

<<https://ai.fmcsa.dot.gov/SMS/Event/Inspection/51522402.aspx>>, Violation: 392.4(a) - Driver uses or is in possession of drugs. Carrier at time of Red Flag violation: V Transport LLC (U.S. DOT# 2528904)

<<https://ai.fmcsa.dot.gov/SMS/Carrier/2528904/Overview.aspx>>. Inspection report indicates that the violation was for possession of marijuana. CDLIS report does not indicate this violation, and does not indicate a suspension or withdrawal associated it with. This violation occurred after driver Grass was terminated by this carrier. No further action taken during the review of this carrier.

10/24/2014, Driver Phyllip M. Taylor, DOH 1/11/2012, DOT 10/27/2014 MA Inspection # MATPM0000681

<<https://ai.fmcsa.dot.gov/SMS/Event/Inspection/51149006.aspx>>, Violation: 392.4(a) - Driver uses or is in possession of drugs. Carrier at time of Red Flag violation: Fedex Custom Critical Inc (USDOT 164025). CDLIS check reveals a valid class B CDL with no convictions or withdrawals on this date. MCSAP Inspections indicates driver Taylor was in possession of marijuana at the time of stop. Examination of DQ file revealed driver Taylor was fully qualified during his employment.

Carrier's files also revealed a negative pre-employment drug test dated 1/10/2012, and negative random tests dated





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9/3/2014, 7/29/2013, and 10/5/2012. Driver Taylor was terminated immediately after this violation.  
WORST 1% DSMS DRIVERS (Unsafe, HOS, Crash, when applicable)  
N/A

**CONTROLLED SUBSTANCES AND ALCOHOL SUPPLEMENTAL REVIEW:**  
AD & A Supplemental Review was not performed

**HAZARDOUS MATERIALS SUPPLEMENTAL REVIEW:**  
A HM Supplemental Review was performed  
The hazardous materials supplemental review did not result in a full review of the controlled substances and alcohol  
BASIC.

PHMSA HM Registration: Carrier has current PHMSA HM Registration as required, registration number- 050715 550 055XZ, Expires 6/30/2018.  
FMCSA HM Safety Permit: Carrier has current FMCSA HM Safety Permit as required, registration number- 052512001002UW-HIGHWAY, Expires 5/31/2016.  
PHMSA HM Special Permit: N/A-Carrier does not transport HM in packages or in a manne requiring a PHMSA HM Special Permit.  
Alliance for Uniform Hazmat Transportation Permit: Carrier has current Alliance for Uniform Hazmat Transportation Permit as required, registration number- UPM0164025OH Expires 10/1/2015.

**HM Shipping Papers:**  
I checked one HM shipping paper per Class/Division of HM (up to a maximum of three different Classes/Divisions). I checked 3 total shipping paper(s). I checked shipping papers numbers 3003163344, 45449655, and 3097234.  
I found the following violations: None

**Training Records:**  
I checked the training records for a total of 3 HazMat employees. Below are the employees I checked, and examples of hazmat trips they have made:  
8/7/2015, Thamir Y. Shadda, Interstate Trip, Midland, MI to Independence, OH, transporting 1 box of UN1810, Phosphorous Oxychloride, 6.1, PG I. This material is poison by inhalation Zone B. Proper training conducted 11/18/2012 and 10/27/2014.  
8/11/2015, Rebecca L. Evans, Interstate Trip, Graham, KY to Camden, AR, transporting UN0408, Fuzes, Detonating, 1.1D, PG II. Proper training conducted 1/2/2014.  
8/6/2015, Ronald White, Interstate Trip, Sunol, CA to Rockville, MD, transporting 5300 lbs. of UN2916, Radioactive Material, Type B (U) Package, 7, RQ. Proper training conducted 9/30/2012 and 1/08/2014.

The carrier provides all HM employees training every two years. The training appeared to be very comprehensive and complete (including in-depth security).

**Security Plan:**  
The carrier is require a Security Plan, and has one. An example of an HM shipment that required a security plan is: 8/7/2015, Thamir Y. Shadda, Interstate Trip, Midland, MI to Independence, OH, transporting 1 box of UN1810, Phosphorous Oxychloride, 6.1, PG I. This material is poison by inhalation Zone B.  
Examination of the Security Plan and the Threat Assessment resulted in no violations being discovered.

**Cargo Tank Testing/ Inspection Records:** (one tank type records up to a maximum of three types):  
N/A The carrier does not operate Cargo Tanks.

**HM Incident Reporting:**  
N/A-The carrier has not had any HM incidents in the past 12 months.

**INVESTIGATION:**  
On 9/9/2015 I met with carrier officials Diane L. Conner, Scott A. McCahan, and Kellie J. Toth at the PPOB. On this date the following requested documents were not provided: None, all requested documents were provided.

Full documentation is included in electronic form.



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Further details on this investigation is contained within the BASIC(s) sections listed below.

**CONTROLLED SUBSTANCE & ALCOHOL:**

The carrier is required a controlled substance and alcohol testing program and has implemented one.

**Pre-employment:** Carrier does not allow drivers to drive prior to receiving a negative test result. The carrier has hired 1378 CDL drivers in the past 365 days. 125 new CDL hires were checked, verifying that they did not perform any safety sensitive functions, prior to the carrier receiving a negative result. I checked pre-employment tests for the following driver(s): Woodard, Wilson, Joost, Dogar, Weldelibanos, Travis, Peralta, Jones, England-Peay, Bailey, Castellanos, Soular, Gonzalez, Jama, Kuhl, Todorovic, Smith, Rodriguez, Sedano, Juarez, Carrasquillo, Grant, Cotter, Batista, Marshall, Rubio, haji-Ibrahim, Bulovic, Crawford Sr., Crawford Jr., Jimenez Ibarra, Toland, Winters, Ruiz, Box, Lopez, Sanders, Green, Sullivan, Loule, C. Cigonthini, J. Cigonthini, Farah, Sullivan, Wayman, Carrasquillo, Galyean, R. Peralta, Moorman, Lacka, Yee, Purrington, Thomany, Gilardetti, Terrell, Abshir, Green, Winkelman, Nur, Adam, Yusuf, Farr, Omar, Mohamed, Brailsford, Velez, Richardson, Hooks, Doss, M. Hooks, Barone, Ivery, Johnson, Smith, Phillips, Denny, Heideman, W. Wishard, R. Wishard, Labell-Garrett, Abdelhafez, Williams, Mashaw, Lopez, Davis, Hubner, Medlock, Ojinta, Amurun, sanchez, Johnson, Canty, Ross, Gidey, Day, Santiago Yepes, J. Benit, A. Benit, Lehmbecker, Greer, Whitten, Boza-Naranjo, R. Watts, A. Watts, Kidd, Arroyo, Campanioni, Bridges, Dowston, Jacobsen, Marcos Rios, Bernal, Taylor, James, Perez, Dmytryk, Heard, Hough, Brown, Wooten, Ibrahim, Rowe, Carter, Wright, Starovoytov, and Martinez. A list with driver's full names, hire dates, and MRO result dates is included in the documentation file. I used log books, payroll and dispatch records. The following violation(s) were discovered: None

**Random:** Carrier has implemented a random controlled substance and alcohol testing program. The carrier is using a TPA-Private Emergency Physicians Inc, of Akron OH. The carrier/TPA is testing at the appropriate levels. The carrier averaged 2283 drivers in calendar year 2014. They conducted 1150 random drug tests (50.3%) and 231 random alcohol tests (10.1%). The carrier had six positive random tests during the year. All six drivers were immediately terminated with SAP information provided. No violations discovered.

**Post Accident:** Carrier has not conducted post accident testing when required. I discovered seven accidents that required post accident testing. These accidents were 7/22/2015 Abdirahman A. Ali, 6/23/2015 Jerry L. Jeffers, 4/21/2015 Chaune D. Duffy, 2/4/2014 Michael L. Bridgett, 12/21/2014 Steven A. Moreland, 10/14/2014 Shukri H. Hassan, and 9/17/2015 Christopher R. Yates. The following violations were discovered:

4/21/2015, Driver Chaune D. Duffy was involved in a two vehicle accident, in which he rear ended another vehicle. The other vehicle was towed from the scene and driver Duffy was cited for "Following Too Close". No post accident testing was conducted for controlled substances or alcohol. The reason listed by the carrier is because the accident was not reported to them (by driver or agent) until 4/28/2015.

2/4/2015, Driver Michael L. Bridgett was involved in a one vehicle accident, in which he lost control, crossed two lanes, and struck the median wall. The vehicle was towed from the scene and driver Bridgett was cited for "Failing to Drive in Marked Lanes." The crash occurred at 8:31 pm and the scene was cleared at 9:45 pm. No post accident testing was completed for alcohol. The reason listed by the carrier is because the driver did not report this crash until 2/5/2015 at 9:40 am.

12/22/2014, Driver Steven A. Moreland was involved in a one vehicle accident in which he lost control, slid sideways, and overturned. The vehicle was towed from the scene and driver Moreland was cited for "Speed for Conditions." The crash occurred at 12:37 am and driver was cited at 3:00 am. No post accident testing was completed for alcohol. The reason listed by the carrier is because the driver did not report the citation being issued until 7:50 am, and carrier could not get it completed in such a short time.

**Policy:** The carrier's controlled substances and alcohol testing policies contain all information required by 382.60(b)1-11, and the carrier was maintaining receipt for policy in all the driver's files.

**Reasonable Suspicion Training:** The carrier presented proper training certificates for seven supervisors. No violations.

**MAINTENANCE:**

Fedex Custom Critical was in the 30th% for the Maintenance BASIC, and have a 9% vehicle out-of-service rate over the past 2 years. This indicates that generally the carrier's maintenance program is successful. The carrier uses





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owner/operators for all the power units. The carrier owns 392 trailers. Owner/Operators are responsible (with carrier oversight) for the maintenance on their vehicles.

#### INSPECTIONS

The sample size for vehicle inspections is 125. Of the 125 most recent Level 1, 2, or 5 inspections, 8 resulted in Out of Service vehicle violation. This is listed in Part A.

#### VEHICLE MAINTENANCE

The sample size for maintenance files is 125. I sampled the following vehicle files: Trucks # D8819, D8565, D8801, D8280, OH-PVQ9272, D8746, CR3223, OHPVZ6991, D8678, DA7926, D8745, D8268, D8812, DR4439, CS2533, DR4611, DA8376, DR4457, DR8480, DR8481, DR8749, C2675, D7973, D8765, DR8463, C3050, DR8324, D8665, DR4596, DR4541, CR3167, D8650, D5496, D8075, DR4617, DR8466, DR8761, DR8851, B4817, B4900, B5078, B5109, B5466, B5480, B5674, B5701, C2529, CR2674, CR2710, CR3183, CR3248, CR3255, DA7889, D2444, D5013, D7905, D8569, D8744, D8764, DR4334, DR4475, DR4529, DR4536, DR4569, DR4571, DR4610, DR8458, DR8470, DR8471, DR8478, DR8555, DR8659, DR8756, CR2658, D8447, and DR4293. Truck Tractor # ER5280, ER10579, E10284, E11187, E11079, E11080, ER10027, E10578, E10782, E10137, OH-PVZ6792, E10674, E9544, E10930, E10939, E10986, E10996, E8633, E10775, ER9514, ER10010, E10098, ER10365, E10494, E10573, ER10774, E10776, ER10972, and ER11007. Trailer # FCC166, FCC436, FCC200, FCC355, FCR056, TR392, FCC157, FCC222, FCC251, FCR060, FCC271, FCC321, FCR009, FCC114, FCC221, FCC201, FCC356, FCC158, and FCC223.

#### Violations discovered:

Truck DR8749, in service 3/30/2015. This file had no maintenance performed listed. The vehicle has traveled over 50,000 miles. Roadside inspection on 6/2/2015 listed 3 vehicle defects, including 2 out-of-service violations, but no records of any repairs for this was listed. The only thing in the file was a periodic inspection.

Truck DR8665, in service 3/20/2015. This file had no maintenance performed listed. The vehicle has traveled over 50,000 miles. The only thing in the file was a periodic inspection.

Truck Tractor E10674, in service 7/23/2014. This file had no maintenance performed listed. The vehicle has traveled over 120,000 miles in the past 365 days. The only thing in the file was two periodic inspections.

#### ANNUAL INSPECTIONS

I inspected the annual inspections for all 125 vehicles, and noted the following: None-all vehicles are being periodically inspected every 6 months.

#### DVIRs

Sample size for DVIRs is 27 vehicles for one month each. I discovered the following: DVIRs were not being completed when required. The carrier is in the process of instituting new procedures to correct this, and presented me with a "draft" policy. Of the 27 months of DVIRs requested, the carrier was able to provide 2 DVIRs completed by the same driver, for defects discovered by him (not during a MCSAP inspection). I documented 24 instances from roadside inspections that a DVIR was required, (making it 26 total required, including the 2 completed) and none of these DVIRs had been prepared. I encouraged the carrier to institute their DVIR policy, with specific attention to roadside inspections containing defects, and maintenance performed records. During this review I only documented violations for the day of the inspection (with the repairs made at a later date) and not all dates between date of inspection and date of repair. This would have only increased the violation count, and would not effect the outcome of the investigation, or benefit the carrier in any manner. The carrier uses all owner/operators and requires all repairs be taken care of by them. The carrier's very low out-of-service rate (9% over the last two years), and low maintenance SMS score (30% currently) indicate that the drivers are conducting driver inspections, they are just not documenting them.

#### FOLLOW-ON ACTION:

During closeout on 9/18/2015, I was joined by carrier officials, including Virginia C. Albanese, the President and CEO, Jason Frederick the Vice President of Operations, other corporate officials, and the entire Safety Management Team. I discussed each violation in detail. Enforcement action on State of Ohio PUC reviews is handled by the staff Compliance Division.

#### DOCUMENTS PROVIDED TO CARRIER:

I provided the carrier with the following educational materials: None





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**Part C**

Upload Authorized:	Yes	No
Authorized by:		Date:
Uploaded:	Yes	No
Verified by:		Failure Code:
		Date:



# **POST ACCIDENT TESTING**

**12/21/2014**



CASE NO. P 2 0 1 4 1 9 9 4 8 7

## INVESTIGATOR'S TRAFFIC CRASH REPORT

Mail completed form within 10 days to: Wyoming Department of Transportation  
Crash Records  
6300 Bishop Boulevard  
Cheyenne, WY 82009-3340

Date of Crash (yyyy/mm/dd) 2 0 1 4 / 1 2 / 2 1		Time (24 hr) 2 2 / 3 7		Day of Week Su <input checked="" type="radio"/> Mo <input type="radio"/> Tu <input type="radio"/> We <input type="radio"/> Th <input type="radio"/> Fr <input type="radio"/> Sa <input type="radio"/>		Date: yyyy/mm/dd 2 0 1 4 / 1 2 / 2 1		Time (24 hr) 2 2 / 3 9	
Combined Total Damage greater than or equal to \$1,000 Yes <input checked="" type="radio"/> No <input type="radio"/>		Hit & Run Yes <input type="radio"/> No <input checked="" type="radio"/>		Investigated at the Scene Yes <input checked="" type="radio"/> No <input type="radio"/>		Photo/Video Photo <input type="radio"/> Video <input type="radio"/> None <input checked="" type="radio"/> Both <input type="radio"/>		Police Notified: 2 0 1 4 / 1 2 / 2 1 Arrived: 2 0 1 4 / 1 2 / 2 1 EMS Notified: Arrived: EMS Hospital Arrival Time: # non Motorists: # Injured: # Killed: # Person(s): # Driver(s): # Vehicle(s): Amount of Property Damage (if known) \$ Private Property: Yes <input type="radio"/> No <input checked="" type="radio"/> Public/Private Property Damage: Yes <input type="radio"/> No <input checked="" type="radio"/>	
County S W E E T W A T E R		In City/Town <input type="radio"/> Yes <input checked="" type="radio"/> No		GPS Latitude 4 1 . 6 3 7 0		GPS Longitude - 1 0 8 . 4 3 3 4		Highway LRS # Highway Section # 1 1 4 9 0 0 0 CAT. M L 8 0 DIR D	
Crash occurred on: Highway/Street 1 8 0		At/Related intersection: Highway/Street		Intersection LRS # CAT. ID # DIR		Occurred on Divided RDway if yes No <input type="radio"/> Yes <input checked="" type="radio"/>		Incr / Decr Incr <input type="radio"/> Decr <input checked="" type="radio"/> Unknown <input type="radio"/>	
If NOT at Intersection <input type="radio"/> 3 <input type="radio"/>		Feet or Miles <input type="radio"/> Feet <input checked="" type="radio"/> Miles		Direction E OF		nearest street, highway, ramp, bridge, city, railroad crossing, etc. E X I T 1 4 6 I - 8 0 W / B			

INSTRUCTIONS  
TO ENSURE ACCURACY  
PRINT IN UPPER-CASE LETTERS USING A BLACK OR DARK BLUE PEN!  
PRINT NEATLY

A B C D 4 5 6 7 8

If 'Other' is selected in any field, describe in narrative  
If a vehicle is towed, describe towed vehicle in narrative

mark if attached

- ☐ If more than 2 vehicles are involved, complete form 'Supplemental Additional Vehicle/Driver Form'
- ☐ If more than 5 persons in a crash, complete form 'Supplemental Additional Vehicle Occupant Information'
- ☒ Trucks or Commercial Motor Vehicles complete form 'Supplemental Truck/CMV Information'
- ☐ If a non-motorist is involved, complete form 'Supplemental Non-Motorist'
- ☐ If a bus is involved and carrying passengers, complete form 'Supplemental Bus Information'
- ☐ If any drug tests are performed, complete 'Supplemental Drug Test Results'
- ☐ Previous report submitted

## SUPPLEMENTAL REPORTS

Investigating Agency

0 6 01 - City PD 02 - Sheriff 03 - BIA  
04 - Forest Service 05 - Campus Police 06 - WHP 07 - Other E Division (WHP only)

Badge #

Officer Name &amp; Rank

1 2 2 J O H N D W I L L I A M S T R O O P E R  
First MI Last Rank

Report Date (yyyy/mm/dd)

2 0 1 4 / 1 2 / 2 4

Signature

Highway Safety Use Only

Proximity to Residence

1-Same Town 2-25 miles or less 3-25 miles Plus 4-Out of State

Date Received: / /

Report Number: / /

Rural ☒ PID ☐ NON-PID

Highway District 3

Accurately Located N

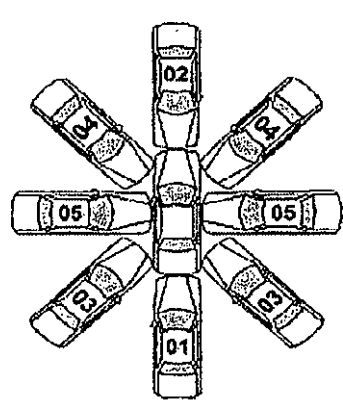
Crash Type: G  $\geq$  \$1,000 M - Missing LocationN  $\leq$  \$1,000 I - Industrial Crash

P - Private D - Deliberate

Highway System 1



## Base Information

FIRST HARMFUL EVENT	Location of FHE	Weather	Road	Lighting
<b>Non - Collision:</b> 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure 12 - Fell/Jumped from a motor vehicle 13 - Thrown or Falling Object 16 - Carbon Monoxide (CO) Poisoning 17 - Injuries by being thrown against part of the vehicle 18 - Other Non-Collision (Motorcycle Loss of Control)	01 - On Roadway 02 - Off Roadway 03 - Shoulder 04 - Median 05 - On OTHER Roadway 06 - Outside of ROW 07 - Gore 08 - Separator 09 - In Parking Lane/Zone 10 - Tunnel 11 - Bridge 12 - Port of Entry 13 - Rest Area 99 - Unknown	01 - Clear 02 - Raining 03 - Snowing 04 - Fog 05 - Blowing Dust/Sand/Dirt 06 - Severe Wind Only 07 - Blizzard 08 - Sleet/Hail/Freezing Rain 09 - Blowing Snow 10 - Cloudy, Overcast 11 - Smoke 12 - Other 99 - Unknown	01 - Dry 02 - Wet 03 - Ice/Frost 04 - Snow 05 - Mud/Dirt/Gravel 06 - Slush 07 - Oil/Fuel 08 - Sand on Dry Pavement 09 - Sand on Icy Road 10 - Water standing/Running 11 - Other 99 - Unknown	01 - Daylight 02 - Darkness Unlighted 03 - Darkness Lighted 04 - Dawn 05 - Dusk 06 - Other 99 - Unknown
<b>Collision w/ Person, MV, or Non-Fixed Object:</b> 19 - Pedestrian 20 - Pedacycle 21 - Railway Vehicle 22 - Motor Vehicle In Transport on Roadway 23 - Motor Vehicle on OTHER Roadway 24 - Parked Motor Vehicle 25 - Struck by Falling, Shifting Cargo or Anything Else Set in Motion by Motor Vehicle 26 - Other NON-Fixed Object 27 - Work Zone/Maintenance Equipment 28 - Work Zone Channeling Device 29 - Object Set in Motion by Another Vehicle	<b>Road Circumstance</b> choose up to 3 01 - None 02 - Road Surface Condition 03 - Debris, loose material on the surface 04 - Ruts, Holes, Bumps 05 - Work Zone/Construction Zone 06 - Worn or Polished Surface 07 - Obstruction in Roadway 08 - Traffic Control Device Missing 09 - Traffic Control Device Inoperative 10 - Traffic Control Device Obscured 11 - Shoulders (None, Low, Soft, High) 12 - Non-Highway Work 13 - Reduced Road Width 14 - Lane Markings Missing or Faded 15 - Obstructed by a Previous Crash 16 - Other 99 - Unknown	<b>Environmental Circumstance</b> choose up to 3 01 - Weather Conditions 02 - Visual Obstruction Buildings 03 - Visual Obstruction Other Vehicle 04 - Visual Obstruction Vegetation 05 - Visual Obstruction Hillcrest 06 - Visual Obstruction Embankment-Snow, Rock, etc 07 - Other Physical Obstruction 08 - Glare (Sun or Headlight) 09 - Animals in Roadway 10 - Other 11 - None 99 - Unknown	<b>School Bus Related</b> 01 - No 02 - Yes, Directly Involved 03 - Yes, Indirectly Involved	
<b>Animals:</b> 30 - Horse 31 - Cow 32 - Pig 33 - Sheep 34 - Other Domestic (Dog, Llama, etc) 35 - Elk 36 - Deer 37 - Moose 38 - Antelope 39 - Buffalo 40 - Other Wild (Bear, Coyote, Eagle)	<b>Work Zone Related</b> 01 - Yes 02 - No 99 - Unknown <b>Work Zone Workers Present</b> <b>Work Zone Location</b> 01 - Before the First Warning Sign 02 - Advance Warning Area 03 - Transition Area 04 - Activity Area 05 - Termination Area 99 - Unknown <b>Type of Work Zone</b> 01 - Lane Closure 02 - Lane Shift or Crossover 03 - Work on Shoulder/Median 04 - Intermittent or Moving Work 05 - Other 99 - Unknown <b>Manner of Collision</b> *see diagram right	<b>Relation to Junction</b> <b>Non-Interstate</b> 01 - Non-Junction 02 - Intersection 03 - Intersection Related 04 - Driveway Related 05 - Entrance/Exit Ramp 06 - Railway Grade Crossing 07 - Crossover Related 08 - Business Entrance 09 - Alley 10 - Other Non-Interchange (i.e. Bike, Snowmobile Trail, School Xing) 99 - Unknown (describe in narrative) <b>Interstate</b> 12 - Thru Roadway 13 - Intersection 14 - Intersection Related 15 - Ramp 16 - Other Parts (Gore) 99 - Unknown Interchange	<b>Type of Intersection</b> 01 - Not an Intersection 02 - Four (4) -Way Intersection 03 - T Intersection 04 - Y Intersection 05 - Five (5) Point or more 06 - Intersection as part of an interchange 07 - Roundabout 08 - L Intersection 09 - Diverging Diamond 99 - Unknown	
<b>Collision w/ Fixed Object</b> 41 - Guardrail End 42 - Guardrail Face 43 - Impact Attenuator/Crash Cushion 44 - Bridge Pier or Support 45 - Bridge Overhead Structure 46 - Bridge Rail 47 - Concrete Traffic Barrier/Jersey Barrier 48 - Other Traffic Barrier (Includes temporary) 49 - Utility Pole/Light Support 50 - Traffic Signal Support 51 - Traffic Sign Support 52 - Overhead Traffic Sign 53 - Sign Support Single Post 54 - Sign Support Multiple Post 55 - Other Traffic Sign Support 56 - Barricade 57 - Tree/Shrubbery 58 - Cut Slope 59 - Road Approach 60 - Rock, Boulder, Rock Slide 61 - End of Drainage Pipe/Structure/Culvert 62 - Building or Other Structure Wall 63 - Fence (Including Post) 64 - Raised Median or Curb 65 - Delineator Post 66 - Earth Embankment/Berm 67 - Ditch 68 - Snow Embankment 69 - Mail Box 70 - Tunnel 71 - Cattle Guard 72 - Fixed Object Other 73 - Cable Barrier 99 - Unknown	<b>Direction of Force</b> 01 - Opposing (Opposite Direction within 15 degrees) 02 - Angle (force exceeds 15 degrees) 03 - Same (same direction within 15 degrees) 04 - Meeting (glancing collision from opposite direction) 05 - Passing (glancing collision from same direction) 99 - Unknown			

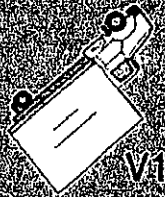
## Manner of Collision CLARIFICATION

- 01 - Rear End (Front-to-Rear)  
 02 - Head-on (Front-to-Front)  
 03 - Angle (Front-to-Side), Same Direction  
 04 - Angle (Front-to-Side), Opposing Direction  
 05 - Angle (Front-to-Side), Right Angle/Broadside



Not to Scale

I-80 W/B



I-80 E/B

Vehicle One was traveling West on I-80 near Mile Marker 149 when it lost traction on the icy roads due to driving too fast for conditions. Vehicle One fishtailed out of control and veered toward the median where it overturned coming to rest on its passenger side.

Witnesses

1st

First Name

MI

Last Name

Street Number

Street Name

City:

State:

Zip Code

☐ Home

☐ Work

☐ Cell Phone

and/

or

☐ Home

☐ Work

☐ Cell Phone

2nd

First Name

MI

Last Name

Street Number

Street Name

City:

State:

Zip Code

☐ Home

☐ Work

☐ Cell Phone

and/

or

☐ Home

☐ Work

☐ Cell Phone

3rd

First Name

MI

Last Name

Street Number

Street Name

City:

State:

Zip Code

☐ Home

☐ Work

☐ Cell Phone

and/

or

☐ Home

☐ Work

☐ Cell Phone

# Driver/Vehicle Information CASE NO. P 2 0 1 4 1 9 9 4 8 7

Vehicle No. 01 02 03... 0 1

Last Name M O R E L A N D First Name S T E V E N MI Gender A M DOB (yyyy/mm/dd) 1 9 5 4 / 0 8 / 1 0

Street Number 7 5 1 2 Street Name J O H N A U T R Y

Mailing Address (PO Box Number) City N R I C H L A N D H I L L S State T X Zip Code 7 6 1 8 2 -

Occupation T R A N S P O R T A T I O N Employer F E D E X C U S T O M Age 6 0

Driver Home Work Cell Phone Emp Home Work Cell Phone SSN (fatals only)

Phone 6 8 2 - 9 9 9 - 2 2 4 4 Phone 5 7 4 - 5 8 3 - 0 9 6 9

Driver's License Number 3 6 9 4 9 7 3 0 State (FIPS) T X 4 8 Restrictions P CDL Endorsement T X

DL Type 2 DL Class 1 DL Status 1 No. of Vehicle Occupants (01 to 50) 0 2

1 - Not Licensed 5 - CDL 1 - A 5 - Improper or 1 - Clear 4 - Revoked

2 - Driver License 6 - CDL Permit 2 - B No Endorsement 2 - Expired 5 - Suspended

3 - Instruction Permit 7 - No License Required 3 - C 6 - Other 3 - Canceled or Denied 99 - Unknown

4 - I2 Permit-Intermediate 8 - Restricted License 4 - M

Last Name L E A D E R ENTERPRISES First Name MI

Street Number 6 0 4 Street Name E. OHIO ST City M O N T I C E L L O State I N Zip Code 4 7 9 6 0

Make (ie, Chevrolet, Dodge, Toyota) Model (ie, Silverado, Dakota, Solara) Year 2 0 1 2 Expir. Date (mm/yy) 1 2 - 1 4

F R E I G H T L I N E R S T Initial Impact Point 0 0 Most Damaged Area 0 0

Vehicle Identification Number 1 F V A G A D V 2 C S B H 0 2 9 9 License Plate No. 2 0 5 5 4 9 4 State (FIPS) I N 1 8 Color W H I

Insurance N Company PROGRESSIVE Direction of Travel Prior to Crash 0 7

E-Verified Y-Yes Policy # 0 3 0 3 1 8 6 8 0

Vehicle N-No By WAMSUTTER CONOCO

Towed Y-Yes To ROCK SPRINGS

Extent of Damage 0 4 01 - None 02 - Functional 03 - Minor 04 - Disabling 99 - Unknown

MV Damage > \$1,000 0 1 01-Yes 02-No 99-Unk.

01 - North 05 - South 02 - Northeast 06 - Southwest 03 - East 07 - West 04 - Southeast 08 - Northwest 99 - Unknown

00 Non-Collision (Overturn/Rollover) 01-12 (Use 12 Point Clock Diagram) 13 Top (Roof) 14 Undercarriage 99 Unknown (Can't determine)

Driver's Action (choose up to 4/ie. 01, 10, 25) 1st choice 0 8 2nd choice 3rd choice 4th choice

01 - No Improper Driving 02 - Ran Off Road 03 - Failed to Yield ROW 04 - Disregarded Traffic Signs (e.g. Stop Sign)

05 - Ran Red Light 06 - Disregarded Other Road Marking 07 - Speeding 08 - Drove too Fast for Conditions

09 - Improper Turn or No Signal 10 - Improper Backing 11 - Improper Passing 12 - Improper Parking

13 - Wrong Side/Wrong Way 14 - Following too Close 15 - Failed to Keep Proper Lane 16 - Erratic/Reckless/Careless/Aggressive

17 - Avoiding an Object on Road 18 - Avoiding Animal 19 - Avoiding Non-Motorist 20 - Avoiding MV

21 - Swerve Due to Wind/Slippery Surface 22 - Over Corrected/Over Steered 23 - Evading Law Enforcement 24 - Other Improper Action

99 - Unknown

Suspect Alcohol 0 2 Alcohol Test Type 0 1

01 - Yes 02 - No 99 - Unknown 01 - No Test Performed 02 - Test Refused 03 - Blood 04 - Serum 05 - Breath 06 - Urine 07 - Other 99 - Unknown

Alcohol Test Result

Driver's Condition (choose up to 2) 1st choice 0 1 2nd choice

01 - Apparently Normal 02 - Emotional (depressed, angry, disturbed...)

03 - ill (Sick) 04 - Fell Asleep, Fainted 05 - Fatigued

06 - Under Influence of Medication 07 - Physical Disability 08 - Suspected Drug Use

09 - Suspected Alcohol Use 10 - Other 11 - Driver Inattention

99 - Unknown

Driver's Distraction (choose one) 9 9

01 - Not Distracted 02 - Electronic Communication Device (cell, pager...)

03 - Other Electronic Device (palm, TV, computer...) 04 - Other Distraction Inside MV (passenger, pet...)

05 - Other Distraction Outside MV 99 - Unknown

Suspect Drugs 0 2 Drug Test Type 0 1

01 - Yes 02 - No 99 - Unknown 01 - No Test Performed 02 - Test Refused 03 - Blood 04 - Serum 05 - Urine 06 - Other 99 - Unknown

If Drug Test performed then form 902E will be required with results at a later date.

Citations Issued (choose up to 5) 1st choice 0 5 2nd choice 3rd choice 4th choice 5th choice

01 - None 02 - DWUI 03 - Drinking - (i.e., open container)

04 - Exceeding Speed Limit 05 - Speed too Fast 06 - Following too Close

07 - Wrong Side of Road 08 - Improper or No Signal 09 - Improper Lane Use

10 - Improper Turn 11 - Improper Passing 12 - Improper Starting Out

13 - Failed to Grant ROW to Ped 14 - Failed to Grant ROW to MV 15 - Disregard Officer

16 - Disregard Stop Light 17 - Disregard Stop Sign 18 - Disregard Other

19 - Improper Parking 20 - Reckless Driving 21 - Vehicular Homicide

22 - Driver's License Violation 23 - Improper Backing 24 - No Insurance

25 - Hit & Run 26 - Registration Violation 27 - Failure to Use Seat Belt

28 - Charges Pending 29 - Fed R & R Driver 30 - Fed R & R Vehicle

31 - Racing 32 - Careless 33 - Other (explain in narrative)

DL Investigation 0 2 01 - Yes 02 - No 99 - Unknown PR-902A

Revised 04/10/2014

## Vehicle Information

1st event <input type="text" value="0"/> <input type="text" value="1"/>	Sequence <input type="text" value="0"/> <input type="text" value="1"/>	Motor Vehicle Unit Type <input type="text" value="0"/> <input type="text" value="1"/>		Vehicle Maneuver/Action prior to crash <input type="text" value="0"/> <input type="text" value="1"/>	
2nd event <input type="text" value=""/>	← choose up to 4:	01 - Motor Vehicle in Transport 02 - Parked Motor Vehicle 03 - Working Vehicle/Equipment		01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Turning Right 06 - Turning Left 07 - Make U-Turn 08 - Leaving a Traffic Lane/Parking 09 - Entering a Traffic Lane 10 - Slowing 11 - Negotiating a Curve 12 - Parked 13 - Stopped in Traffic 14 - Driverless Motor Vehicle 15 - Trafficway Maintenance 16 - Other 99 - Unknown	
3rd event <input type="text" value=""/>	Most Harmful Event <input type="text" value="0"/> <input type="text" value="1"/>	Commercial Motor Vehicle or HM Placard <input type="text" value="0"/> <input type="text" value="1"/>			
4th event <input type="text" value=""/>	choose 1 →	01 - Yes 02 - No 99 - Unknown if yes, complete CMV supplement			
Non-Collision		Vehicle Owner <input type="text" value="0"/> <input type="text" value="6"/>		Road Surface <input type="text" value="0"/> <input type="text" value="2"/> Grade <input type="text" value="0"/> <input type="text" value="1"/>	
01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure 07 - Separation of Units 08 - Ran Off the Road Right 09 - Ran Off the Road Left 10 - Cross Median 11 - Cross Centerline 12 - Downhill Runaway 13 - Fell/Jumped from a MV 14 - Thrown or Falling Object 15 - Avoiding an Object on Road 16 - Avoiding an Animal on Road 17 - Carbon Monoxide (CO) Poisoning 18 - Injuries by being thrown against part of vehicle 19 - Other Non-Collision (MC Loss of Control)		01 - Same as Driver 02 - Other 03 - Passenger 04 - Relative 05 - Rental Vehicle 06 - Commercial 07 - Occupant 08 - Vehicle Parked 09 - Federal Law Enforcement 10 - Federal Other 11 - County Law Enforcement 12 - County Fire Department 13 - County Other 14 - City Law Enforcement 15 - City Fire Department 16 - City Other 17 - Government Other 18 - Ambulance/EMS 19 - WHP 20 - State Law Enforc Other		01 - Concrete 02 - Asphalt 03 - Gravel/Rock 04 - Dirt 05 - Brick/Stone 99 - Unknown 01 - Level 02 - Hillcrest 03 - Uphill 04 - Downhill 05 - Sag (Bottom) 99 - Unknown	
Collision w/ Person, MV, or Non-Fixed Object		Vehicle Type <input type="text" value="1"/> <input type="text" value="9"/>		Horizontal Alignment <input type="text" value="0"/> <input type="text" value="1"/>	
19 - Pedestrian 20 - Pedalcycle 21 - Railway Vehicle 22 - Motor Vehicle in Transport on Roadway 23 - Motor Vehicle in Transport on OTHER Roadway 24 - Parked Motor Vehicle 25 - Struck by Falling, Shifting Cargo or Anything Else Set in Motion by Motor Vehicle 26 - Other NON-Fixed Object 27 - Work Zone/Maintenance Equipment 28 - Work Zone Channeling Device 29 - Object Set in Motion by Another Vehicle		01 - Passenger 02 - Passenger Van 03 - PU 04 - School Bus 05 - Other Bus 06 - Transit Bus 07 - Charter Bus 08 - MC >150 cc 09 - Off Road MC 13 - Other Vehicle 14 - SUV 15 - Cargo Van 16 - Motor Home 17 - Light Truck (10K or less) 18 - Medium Truck (>10K <26K) 19 - Heavy Truck (>26K) 20 - Farm Equipment 21 - Construction Vehicle 22 - MC <150 cc 23 - Moped 24 - Snowmobile 26 - ATV 27 - MPV 99 - Unknown		01 - Straight 02 - Curve Right 03 - Curve Left 99 - Unknown	
Animals		Non-Commercial Trailer Style <input type="text" value=""/>		Total No. Lanes <input type="text" value="0"/> <input type="text" value="2"/>	
30 - Horse 31 - Cow 32 - Pig 33 - Sheep 34 - Other Domestic (Dog, Llama, ...) 35 - Elk 36 - Deer 37 - Moose 38 - Antelope 39 - Buffalo 40 - Other Wild		01 - No Trailer 02 - Camping Trailer 03 - Mobile Home 04 - Utility Trailer 05 - Boat/Jet Ski Trailer 06 - Towed Vehicle 07 - Horse/Stock Trailer 08 - Motorcycle Trailer 09 - Multiple Trailers 10 - Other (ie. Bicycle) 99 - Unknown		01 - 06, 99 = Unknown (exclude turn lanes)	
Collision w/ Fixed Object		Underride/Override <input type="text" value="0"/> <input type="text" value="1"/>		Traffic Control Working Properly <input type="text" value="0"/> <input type="text" value="1"/>	
41 - Guardrail End 42 - Guardrail Face 43 - Impact Attenuator/Crash Cushion 44 - Bridge Pier or Support 45 - Bridge Overhead Structure 46 - Bridge Rail 47 - Concrete Traffic Barrier/Jersey Barrier 48 - Other Traffic Barrier (includes temporary) 49 - Utility Pole/Light Support 50 - Traffic Signal Support 51 - Traffic Sign Support 52 - Overhead Traffic Sign 53 - Sign Support Single Post 54 - Sign Support Multiple Post 55 - Other Traffic Sign Support 56 - Barricade 57 - Tree/Shrubbery 58 - Cut Slope 59 - Road Approach 60 - Rock, Boulder, Rock Slide 61 - End of Drainage Pipe/Structure/Culvert 62 - Building or Other Structure Wall 63 - Fence (including Post) 64 - Raised Median or Curb 65 - Delineator Post 66 - Earth Embankment/UBerm 67 - Ditch 68 - Snow Embankment 69 - Mail Box 70 - Tunnel 71 - Cattle Guard 72 - Other Fixed Object 73 - Cable Barrier		01 - No Underride or Override 02 - Underride-Compartment Intrusion 03 - Underride-No Compartment Intrusion 04 - Underride-Compartment Intrusion Unknown 05 - Override-Motor Vehicle in Transport 06 - Override-Other Motor Vehicle 99 - Unknown if Underride or Override		01 - Yes 02 - No 99 - Unknown	
99 - Unknown		Emergency Vehicle Use <input type="text" value=""/>		Traffic Control <input type="text" value="1"/> <input type="text" value="3"/>	
		01 - Yes 02 - No 99 - Unknown		01 - None 02 - Stop Sign 03 - Yield Sign 04 - Flashing Traffic Signal 05 - Do Not Enter Sign 06 - Traffic Signal 07 - Traffic Signal w/ Ped 08 - Traffic Signal w/ Ped & Audible Signals 09 - Person (Officer/Flagger, Xing Guard, etc) 10 - Pedestrian Crossing 11 - No Passing Zone 12 - Warning Signs 13 - Pavement Markings 14 - Traffic Barrels/Cones 15 - Temporary Jersey Barrier 16 - School Bus Flashing Stop Lamps 17 - School Zone Crossing 18 - RR Crossing Signal 19 - RR Crossing Signal & Gate 20 - RR Crossing Cross Buck Sign Only 21 - RR Crossing Cross Buck with Stop Sign 22 - RR Crossing Cross Buck with Yield Sign 23 - Other 99 - Unknown	
		Special Function of MV in Transport <input type="text" value="0"/> <input type="text" value="1"/>		Trafficway Description <input type="text" value="0"/> <input type="text" value="4"/>	
		01 - None 02 - Police 03 - Ambulance/EMS 04 - Fire Truck 05 - Military 06 - Snow Plow 07 - Tow Truck 08 - MV used as School Bus 09 - MV used as Other Bus 10 - Construction Equipment 11 - Farm Equipment 12 - Taxi 13 - Train 99 - Unknown		01 - Two-Way-Undivided 02 - Two-Way-Undivided w/ Continuous Left Turn Lane 03 - Two-Way-Divided, No Barrier 04 - Two-Way-Divided, With Barrier 05 - One Way 99 - Unknown	
		Contributing Circumstance <input type="text" value="0"/> <input type="text" value="1"/>		Rumble Strips Present <input type="text" value="0"/> <input type="text" value="1"/>	
		01 - None 02 - Brakes 03 - Trailer Brakes 04 - Steering 05 - Power Train 06 - Suspension 07 - Tires 08 - Wheels 09 - Lights (Head, Signal or Tail) 10 - Windows/Windshield 11 - Rain/Snow/Ice on Windshield 12 - Tinted Windows 13 - Vehicle Cargo Blocking View 14 - Exhaust System 15 - Oversized Load 16 - Defroster 17 - Mirrors 18 - Wipers 19 - Truck Coupling/Trailer Hitch/Safety Chain 20 - Stalled Vehicle 21 - Cruise Control 22 - Other 99 - Unknown		01 - Yes 02 - No 99 - Unknown	
				Rumble Strips Applicable <input type="text" value="0"/> <input type="text" value="1"/>	
				01 - Yes 02 - No 99 - Unknown	
				Rumble Strips <input type="text" value="0"/> <input type="text" value="5"/>	
				01 - None 02 - Centerline Rumble Strips 03 - Median Shoulder Only 04 - Transverse Rumble Strips (Road Apprch) 05 - Both Shoulders 06 - Both Centerline and Outside Shoulder 07 - Outside Shoulders Only 99 - Unknown	





CASE NO. P 2 0 1 4 1 9 4 8 7

## Supplemental Truck/CMV Information

01 - Commercial Vehicle

02 - Non-Commercial Vehicle 0 1

Vehicle Number 01 02 03 04 05.. 0 1



GVW	0 3
Combination GVW	
01 - 10,000 lbs or less	
02 - 10,001 to 26,000 lbs	
03 - More than 26,000 lbs	

Driver Last Name

M O R E L A N D

Driver First Name

S T E V E N

MI

A

ICC/MC No.

US DOT No.

1 6 4 0 2 5

No. Axles

02-98 or 99 for unknown 0 3

Carrier's Name

F E D E X C U S T O M C R I T I C A L

Carrier's Street

Number

1 4 7 5

Carrier's Street Name

B O E T T L E R R O A D

Street Address or PO Box of Individual,  
Partnership, or Corporation

City

U N I O N T O W N

State

O H

Zip Code

4 4 6 8 5

Carrier's Country

U N I T E D S T A T E S O F A M E R I C A

Commercial Cargo Body Type 0 3

- 01 - No Cargo Body
- 02 - Bus
- 03 - Van/Enclosed Box
- 04 - Hopper (grain/chips/Benonite)
- 05 - Pole
- 06 - Cargo Tank
- 07 - Flatbed
- 08 - Dump (Belly, Side, or Tail Dump)
- 09 - Concrete Mixer
- 10 - Auto Transporter
- 11 - Tow Truck
- 12 - Garbage/Refuse
- 13 - Snowplow
- 14 - Livestock
- 15 - Drilling Equipment
- 16 - Other Truck
- 17 - Logging
- 18 - Intermodal
- 99 - Unknown

Commercial Cargo 1 4

- 01 - Not Applicable  
(Light MV w/o HM Placard or Bobtail)
- 02 - General Freight
- 03 - Household Goods
- 04 - Heavy Machinery
- 05 - Motor Vehicles
- 06 - Gases in Bulk
- 07 - Livestock
- 08 - Solids in Bulk
- 09 - Liquids in Bulk
- 10 - Explosives
- 11 - Other Hazardous Materials
- 12 - Empty
- 13 - Refrigerated Foods
- 14 - Other
- 99 - Unknown

Commercial MV Configuration 0 3

- 01 - Passenger Vehicles Carrying Hazardous Materials
- 02 - Single-Unit Truck (2 axle and GVWR more than 10,000 lbs)
- 03 - Single-Unit Truck (3 or more axles)
- 04 - Truck Pulling Trailer(s)
- 05 - Truck Tractor Only (Bobtail)
- 06 - Truck Tractor/Semi-Trailer
- 07 - Truck Tractor/Double Trailer
- 08 - Truck Tractor/Triples Trailer (illegal in WY)
- 09 - Truck - Can't Classify (More than 10,000 lbs GVWR)
- 99 - Unknown

HZ Materials Placard 0 2

- 01 - Yes, (If yes continue on)
- 02 - No
- 99 - Unknown

HZ Materials Spill 0 2

- 01 - Yes
- 02 - No
- 99 - Unknown

HZ Material Placard Class

- |   | 1st | 2nd | 3rd |
|---|-----|-----|-----|
| 01 - Class 1 Explosives   | 1   | 1   |     |
| 02 - Class 2 Gases (Flammable, Non-Flammable, Poison and Toxic) | 1   | 1   |     |
| 03 - Class 3 Flammable Liquids                                  |     |     |     |
| 04 - Class 4 Flammable Solids                                   |     |     |     |
| 05 - Class 5 Oxidizers & Organic Peroxides                      |     |     |     |
| 06 - Class 6 Poisonous & Toxic                                  |     |     |     |
| 07 - Class 7 Radioactive Materials                              |     |     |     |
| 08 - Class 8 Corrosives   |     |     |     |
| 09 - Class 9 Miscellaneous Hazardous Materials                  |     |     |     |
| 10 - Other Placards (Dangerous Mixed Loads, Hot Markings)       |     |     |     |
| 11 - Not Applicable   |     |     |     |
| 99 - Unknown  |     |     |     |



HZ Material Placard ID No. 1

HZ Material Placard ID No. 2

HZ Material Placard ID No. 3

#10887

Police OK

Driver Name: MORELAND, STEVEN

Date of Loss: 12/22/14

Entered in Safety Screen

Date: 12/22/14

Entered in Accident Register

Date: 12/22/14

Preventable Y

Fleet Accident Y

DOT Accident Y

Drug Test Y

tow: #1 (SINGLE VEHICLE)  
Alcohol Test Y

Prior Accident(s)

Accident #6

Accident #5

Accident #4

Accident #3

Accident #2

Accident #1

Date	12/22/14	Accident #1	Accident #2	Accident #3	Accident #4	Accident #5	Accident #6
Description	ICY #1 CRESTED HILL #1 SAW OTHER TRUCKS JACKKNIFED #1 MOVED TO L IN TO AVOID ANOTHER VEHICLE #1 STARTED TO SLIDE & LOST CONTROL #1 WENT INTO MEDIAN & FLIPPED ON R SIDE #1 CITED FOR TOO FAST FOR CONDITIONS						
Preventable (Y, N, X)	Y						
Reserves/Amount Paid	\$	\$	\$	\$	\$	\$	\$

Current MVR: 1/6/14 CLEAR

Meets FedEx CC Safety Policy

ACCIDENT LETTER 12/22/14



*Privileged & Confidential  
Attorney Client Privilege*

*\*Please do not forward\**

**Post Drug & Alcohol Test Documentation:**

**Accident:**

Date: 12/22/14

Time: 00:40

Driver's Name: Steven Moreland

Involving: Tow

Citation issued: Yes, Too Fast for conditions

Missed test: Alcohol

**Timeline of events:**

00:40- accident occurred

00:54- #1 notified FCC of accident involving tow. No citation given at this time

02:40- 2 hr time frame associated with alcohol expires

03:00- citation is issued to #1. FCC agent did not follow up with driver to note issuance of citation.

07:50- FCC is made aware of citation being issued. Attempted to contact EMSI for collector in area, no one available for alcohol timeframe asked them to continue looking for collector for drug test.

08:40- 8 hr timeframe associated with alcohol test expires, missed test.

09:50- EMSI still trying to locate collector.

11:00- EMSI advised no collector available. FCC found a clinic to get drug test done- Cedars Heath in Rock Springs, WY.

13:15- Drug test completed.





# MCMIS

Motor Carrier Management  
Information System

## View Crash Report

**Report/Location**   **Company**   **Driver**   **Vehicle/HM**   **Conditions/Events/Outcome**   **Show All Data**

<b>Report State:</b>	WY	<b>Report Number:</b>	WY0201417550	<b>Sequence Number:</b>	1	<b>Report Status:</b>	COMPLETE
<b>USDOT Number:</b>	164025	<b>Company Type:</b>	CARRIER	<b>Status:</b>		<b>ACTIVE</b>	
<b>Company Name:</b>	FEDEX CUSTOM CRITICAL INC						

Report Information			
<b>Report Number:</b>	WY0201417550	<b>Sequence Number:</b>	1
<b>Crash Date:</b>	12/21/2014	<b>Crash Time:</b>	22:37
<b>Reporting Agency:</b>	WYOMING HIGHWAY PATROL	<b>Officer Badge:</b>	122

Location Details			
<b>Street/Highway:</b>	I-80 MP 149		
<b>City Name:</b>	POINT OF ROCKS	<b>City Code:</b>	
<b>State:</b>	WY	<b>County:</b>	037 - SWEETWATER

Uploaded/Calculated Fields					
<b>SAFETYNET Version:</b>	4.0.0.18	<b>SAFETYNET Search Date:</b>			
<b>Last Uploaded Transaction Code:</b>	A	<b>Transaction Date:</b>	12/29/2014		
<b>Upload Date:</b>	12/29/2014	<b>MCMIS Add Date:</b>	12/29/2014	<b>Final Status Date:</b>	12/29/2014
<b>Census Search Date:</b>	12/29/2014	<b>Census Source Code:</b>		<b>Upload Search Indicator:</b>	M

Uploaded Company Fields			
<b>Company Name:</b>	FEDEX CUSTOM CRITICAL INC		
<b>Upload DOT Number:</b>	000164025	<b>Docket Number:</b>	3926
<b>Street Address:</b>	1475 BOETTLER RD	<b>Colonia:</b>	
<b>City:</b>	UNIONTOWN	<b>City Code:</b>	
<b>State:</b>	OH	<b>ZIP/Postal Code:</b>	44685-9584
<b>Interstate:</b>	INTERSTATE	<b>No ID Flag:</b>	0
<b>State Census Number:</b>		<b>Issuing State:</b>	
<b>Source of Company Name:</b>			

Driver Identification			
<b>Name:</b>	STEVEN A. MORELAND	<b>Date of Birth:</b>	08/10/1954
<b>License State:</b>	TX	<b>License Number:</b>	36949730
<b>Valid Drivers License:</b>	YES	<b>Drivers License Class:</b>	CLASS A
<b>Citation Issued:</b>	YES	<b>Apparent Condition:</b>	

Vehicle Information			
Vehicle Configuration:	SINGLE-UNIT TRUCK (3 OR MORE AXLES)		
Cargo Body Type:	VAN/ENCLOSED BOX		
Vehicle Identification Number:	1FVAGADV2CSBH0299	Number of Axles:	
License State:	IN	Vehicle License Number:	2055494
Gross Vehicle Weight Rating:	MORE THAN 26,000 POUNDS	Gross Combined Vehicle Weight:	
Truck/Bus Indicator:	TRUCK	Bus Use:	NOT A BUS

Hazardous Materials Information			
HM Name:			
Hazmat Placard:		HM 4-digit Number:	
HM Class:			

Crash Conditions			
Trafficway:	TWO-WAY TRAFFICWAY, DIVIDED, POSITIVE BARRIER		
Access Control:	FULL CONTROL		
Weather:	SNOW		
Road Surface:	ICE	Light:	DARK - NOT LIGHTED

Crash Events	
Event 1:	01 - NONCOLLISION:RAN OFF ROAD
Event 2:	03 - NONCOLLISION:OVERTURN (ROLLOVER)
Event 3:	
Event 4:	

Crash Outcome					
Number Vehicles in Crash:	1	Federally Recordable Crash:	YES	State Reportable Crash:	YES
Number of Fatalities:	0	Number of Injuries:	0	Towaway:	YES
Hazardous Materials Released:					

[Return to Crashes for Company](#)

[Return to Crash Selections](#)

Options for this Company



September 02, 2015

[Close](#)

## History Search Results for STEVEN MORELAND

/TX/36949730

2015090212514329286C6F8WS

**Driver General Information**

First Name	Middle Name	Last Name	Suffix		
STEVEN	ALAN	MORELAND			
SSN	Birth Date	Height	Weight	Eye Color	Sex
XXXXXXXXX	1954-08-10	600	225	BROWN	M

**Residence**

Street	City	County	State	Zip	Country
6121 PLANTATION DR	TYLER		TX	75703	

**Mailing Address**

Street	City	County	State	Zip	Country
6121 PLANTATION DR	TYLER		TX	75703	

**Driver License Details**

Driver State	Driver License	Issue Date	Exp. Date	Commercial Class
TX	36949730	2015-03-26	2018-08-10	A
Non Commercial Class	Commercial Status	Non Commercial Status	Withdrawal Action Pending	
C	Licensed	Licensed	No	

**Endorsements**

Value
Tank
Hazardous Material
Doubles/Triples

**Hazmat Determination**

TSA Hazmat Determination	Hazmat Expiration Date
NO THREAT	2018-08-10

**Medical Certification**

Issue Date	Expiration Date	SPE Issue	SPE Expiration	Med WE Issue	Med WE Expire Date
2014-01-13	2016-01-13				
Status Code	Self Certification				
Certified	Non-excepted Interstate				

Disclaimer:\*\*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information according to Federal Motor Carrier Safety Administration privacy and security guidelines. Properly dispose of this document according to agency policy when this document is no longer needed.\*\*

## History Search Results for STEVEN MORELAND

/TX/36949730

2015090212514329286C6F8WS

**Medical Certificate Restrictions**

Value

Hearing Aid

**Medical Examiner Detail**

First Name	Middle Name	Last Name	Registry Number
GEORGE		NIEMIROWSKI	
Medical #	Specialty	State	Phone
H0686	Medical Doctor	TX	8173069777

**License Restrictions**

Restriction	Expiration Date
-------------	-----------------

Other HAZMAT ENDORSEMENT EXPIRES ON	2018-08-10
-------------------------------------	------------

END DATE

Outside Mirror

Convictions #	Accidents #	Withdrawals #	Permits #	License Restrictions #
5	0	0	0	02

**Conviction 1**

Citation Date	Conviction Date	Conviction ID	State of Conviction	Court Type	ACD Code
2014-12-21	2015-06-17	01	WY	Circuit	S92 - SPEEDING - REGULATED OR POSTED SPEED LIMIT AND ACTUAL SPEED (DETAIL REQUIRED)

ACD Detail	CDL Holder	CMV	Hazmat	Locator Reference	State Code
75079	Yes	Yes	No	WHP111506AAC04	S92

**Conviction 2**

Citation Date	Conviction Date	Conviction ID	State of Conviction	Court Type	ACD Code
2007-03-17	2007-04-01	02	AZ	Municipal	S94 - PRIMA FACIE SPEED VIO/DRIVE TOO FAST FOR CONDITION

ACD Detail	CDL Holder	CMV	Hazmat	Locator Reference	State Code
	No	No	No	000000000070270801	28-701A

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## History Search Results for STEVEN MORELAND

/TX/36949730

2015090212514329286C6F8WS

**Conviction 3**

Citation Date	Conviction Date	Conviction ID	State of Conviction	Court Type	ACD Code
2000-08-26	2000-09-13	03	NV	Municipal	S51 - 01-10 > REGULATED OR POSTED SPEED LIMIT (DETAIL OPTIONAL)
ACD Detail	CDL Holder	CMV	Hazmat	Locator Reference	State Code
	No	No	No	251-425829	100

**Conviction 4**

Citation Date	Conviction Date	Conviction ID	State of Conviction	Court Type	ACD Code
1999-08-01	1999-08-19	04	NV	Municipal	S51 - 01-10 > REGULATED OR POSTED SPEED LIMIT (DETAIL OPTIONAL)
ACD Detail	CDL Holder	CMV	Hazmat	Locator Reference	State Code
	No	No	No	247-401632	100

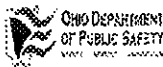
**Conviction 5**

Citation Date	Conviction Date	Conviction ID	State of Conviction	Court Type	ACD Code
1993-04-12	1993-05-04	05	OR	District	S98 - SPEEDING ON FREEWAY (WASTING FUEL)
ACD Detail	CDL Holder	CMV	Hazmat	Locator Reference	State Code
	No	No	No	ORBENTXC FED SPD	D146436

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# **POST ACCIDENT TESTING**

**2/4/2015**



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER

89-0070-72

CRASH SEVERITY

3 1- FATAL  
2- INJURY  
3- PDO

HIT/SNP

0 1- SOLVED  
2- UNSOLVED

LOCAL INFORMATION

EB

PHOTOS TAKEN

OH-2 OH-1P

OH-3 OTHER

PDO UNDER

STATE

REPORTABLE

DOLLAR AMOUNT

PRIVATE

PROPERTY

REPORTING AGENCY NCIC

OHP89

REPORTING AGENCY NAME

Ohio State Highway Patrol

NUMBER OF

UNITS

1

UNIT IN ERROR

1 98 - ANIMAL

99 - UNKNOWN

COUNTY

Sandusky County

CITY

VILLAGE

TOWNSHIP

CITY, VILLAGE, TOWNSHIP

Woodville

CRASH DATE

02/04/2015

TIME OF CRASH

08:31

DAY OF WEEK

WED

DEGREES MINUTES SECONDS

LATITUDE

..

LONGITUDE

..

DECIMAL DEGREES

LATITUDE

41.483885

LONGITUDE

83.354650

ROADWAY DIVISION

DIVIDED

UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

N - NORTHBOUND E - EASTBOUND

S - SOUTHBOUND W - WESTBOUND

NUMBER OF TRUCK LANES

3

ROAD TYPE OR MILEPOST

AL - ALLEY CR - CIRCLE

AV - AVENUE CT - COURT

BL - BOULEVARD DR - DRIVE

HE - HIGHWAY

HW - HIGHWAY

LA - LAKE

MP - MILEPOST

PK - PARKWAY

PI - PIKE

PL - PLACE

RD - ROAD

SD - SQUARE

ST - STREET

TE - TERRACE

TL - TRAIL

LOCATION ROUTE NUMBER

IR

LOCATION ROUTE TYPE

80

LOC PREFIX

N, S, E, W

LOCATION ROAD NAME

LOCATION ROAD TYPE

N, S, E, W

ROUTE TYPES

IR - INTERSTATE ROUTE (INC. TURNPIKE)

US - US ROUTE

SR - STATE ROUTE

CR - COUNTY ROUTE

TR - TOWNSHIP ROUTE

DISTANCE FROM REFERENCE

0.20

MILES

FEET

YARDS

DIR FROM REF

N, S, E, W

W

E

REFERENCE ROUTE NUMBER

78

N, S, E, W

E

W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

REFERENCE ROAD TYPE

MP

REFERENCE POINT USED

1 - INTERSECTION

2 - MILEPOST

3 - HOUSE NUMBER

CRASH LOCATION

1

01 - NOT AN INTERSECTION

02 - FOUR-WAY INTERSECTION

03 - T-INTERSECTION

04 - Y-INTERSECTION

05 - TRUCK CIRCLE ROUNDABOUT

06 - FIVE-POINT OR MORE

07 - ON RAMP

08 - OFF RAMP

09 - CROSSOVER

10 - DRIVEWAY/ALLEY ACCESS

11 - RAILWAY GRADE CROSSING

12 - SHARED-USE PATHS OR TRAILS

99 - UNKNOWN

INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT

1 - ON ROADWAY

2 - ON SHOULDER

3 - IN MEDIAN

4 - ON ROADSIDE

5 - ON GORE

6 - OUTSIDE TRAILHEAD

9 - UNKNOWN

ROAD CONDITION

1 - STRAIGHT LEVEL

2 - STRAIGHT GRADE

3 - CURVE LEVEL

4 - CURVE GRADE

9 - UNKNOWN

ROAD CONDITIONS

PRIMARY

3

SECONDARY

01 - DRY

02 - WET

03 - SNOW

04 - ICE

05 - SAND, MUD, DIRT, OIL, GRAVEL

06 - WATER (STANDING, MOVING)

07 - SLUSH

08 - DEBRIS

09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT

10 - OTHER

99 - UNKNOWN

MANNER OF CRASH COLLISION IMPACT

1 - NOT COLLISION BETWEEN

TWO MOTOR VEHICLES

IN TRANSPORT

2 - REAR-END

3 - HEAD-ON

4 - REAR-TO-REAR

5 - BACKING

6 - ANGLE

7 - SIDESWipe, SAME DIRECTION

9 - UNKNOWN

8 - SIDESWipe, OPPOSITE DIRECTION

9 - UNKNOWN

WEATHER

1 - CLEAR

2 - CLOUDY

3 - FOG, SMOG, SMOKE

4 - RAIN

5 - SLEET, HAIL

6 - SNOW

7 - SEVERE CROSSWINDS

8 - BLOWING SAND, SOIL, DIRT, SNOW

9 - OTHER UNKNOWN

ROAD SURFACE

1 - CONCRETE

2 - BLACKTOP

3 - BITUMINOUS, ASPHALT

4 - BRICK BLOCK

5 - SLAG, GRAVEL, STONE

6 - DIRT

6 - OTHER

LIGHT CONDITIONS

PRIMARY

5

SECONDARY

1 - DAYLIGHT

2 - DAWN

3 - DUSK

4 - DARK, LIGHTED ROADWAY

5 - DARK, ROADWAY NOT LIGHTED

6 - DARK, UNKNOWN ROADWAY LIGHTING

7 - GLARE

8 - OTHER

9 - UNKNOWN

SCHOOL BUS RELATED

SCHOOL ZONE RELATED

SCHOOL BUS DIRECTLY INVOLVED

SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED

WORKERS PRESENT

LAW ENFORCEMENT PRESENT

LAW ENFORCEMENT PRESENT

TYPE OF WORK ZONE

0 - LANE CLOSURE

1 - LANE SHIFT/CROSSOVER

2 - WORK ON SHOULDER OR MEDIAN

3 - INTERMITTENT OR MOVING WORK

4 - OTHER

LOCATION OF CRASH IN WORK ZONE

1 - BEFORE THE FIRST WORK ZONE WARNING SIGN

2 - ADVANCE WARNING AREA

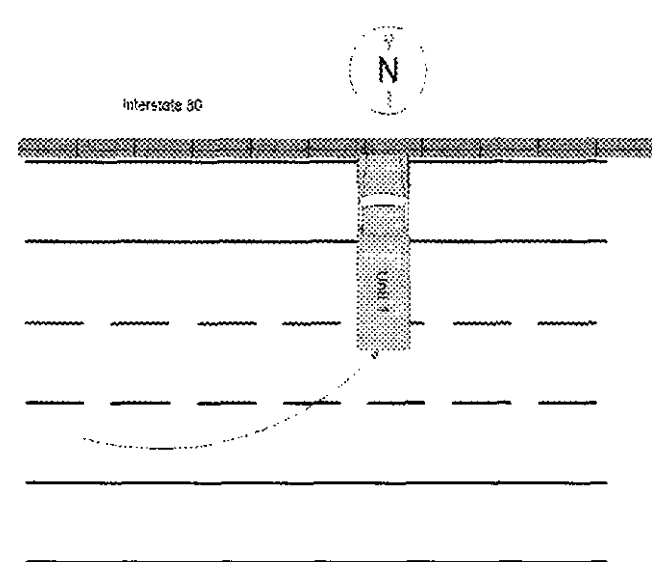
3 - TRANSITION AREA

4 - ACTIVITY AREA

5 - TERMINATION AREA

NARRATIVE

Unit #1 was traveling east on Interstate 80 in the right lane. The driver lost control, crossed two lanes, left the left side of the roadway, and struck the median wall.



REPORT TAKEN BY

POLICE AGENCY

MOTORIST

SUPPLEMENT (Continuation of Accident Report Form 310 to ODPs)

DATE CRASH REPORTED

02/04/2015

TIME CRASH REPORTED

2/4/2015 8:31:00

DISPATCH TIME

08:31 PM

ARRIVAL TIME

08:48 PM

TIME CLEARED

09:45 PM

OTHER INVESTIGATION TIME

15

TOTAL MINUTES

89

OFFICER'S NAME

Bush, Matthew

OFFICER'S BADGE NUMBER

1084

CHECKED BY

1394



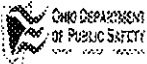
UNIT

LOCAL REPORT NUMBER

89-0070-72

UNIT NUMBER 1	OWNER NAME, LAST, FIRST, MIDDLE ( ) SAME AS DRIVER Expediter Services, ,	OWNER PHONE NUMBER - INC. AREA CODE ( ) SAME AS DRIVER 662-349-9300	DAMAGE SCALE 4	DAMAGE AREA FRONT REAR
OWNER ADDRESS, CITY, STATE, ZIP ( ) SAME AS DRIVER 1331 Union Ave Suite 1022, Memphis, TN, 38104			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
LP STATE TN	LICENSE PLATE NUMBER A397HT	VEHICLE IDENTIFICATION NUMBER 1FVAGGDV6DLBZ7928	# OCCUPANTS 1	
VEHICLE YEAR 2013	VEHICLE MAKE FRHT	VEHICLE MODEL 120	VEHICLE COLOR WHI	
PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Transport	POLICY NUMBER FD1622	TOWEL BY Madison Motors	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP Expediter Services, 1331 Union Ave Suite 1022, Memphis, TN, 38104				CARRIER PHONE - INCLUDE AREA CODE 662-349-9300
US DOT 164025	VEHICLE WEIGHT GVWR/GCWR 3 1 - LESS THAN OR EQUAL TO 10K LBS 2 - 10,001 TO 26,000 LBS 3 - MORE THAN 26,000 LBS	CARGO BODY TYPE 7 C1 - NO CARGO BODY TYPE (NOT APPLICABLE) C2 - BUS VAN (9-15 SEATS, INC DRIVER) C3 - BUS (15+ SEATS, INC DRIVER) C4 - VEHICLE TOWING ANOTHER VEHICLE C5 - LOGGING C6 - INTERMODAL CONTAINER CHASSIS C7 - CARGO VAN/ENCLOSED BOX C8 - GRAIN, CHIPS, GRAVEL C9 - POLE C10 - CARGO TANK C11 - FLAT BED C12 - DUMP C13 - CONCRETE MIXER C14 - AUTO TRANSPORTER C15 - GARAGE/REFUSE C99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION 4 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY DIVIDED, UNPROTECTED, PAVED OR GRASS (4 FT.) MEDIAN 4 - TWO-WAY DIVIDED, PROTECTED MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY Hill / SWP Unit	
HM PLACARD IC NO.	HAZARDOUS MATERIAL RELEASED	UNIT TYPE 15 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) MED/HEAVY TRUCKS OR COMBO UNITS - 10K LBS BUS/VAN/LIMO (9 OR MORE, INCLUDING DRIVER) 01 - SUB-compact 02 - compact 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORCYCLE/BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE 99 - UNKNOWN OR HIT/SWP		
NON-MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHOULDER USE PATH ON TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE 2 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT In Emergency Response			
SPECIAL FUNCTION 1 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER 09 - AMBULANCE 10 - FIRE 11 - HIGHWAY MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.			MOST DAMAGED AREA 2 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR 08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WING/ROOF 11 - UNDERCARRIAGE 12 - LOADING TRAILER 13 - TOTAL (ALL AREAS) 14 - OTHER 99 - UNKNOWN	ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRUCK 4 - STRUCK 5 - STRUCK/STRUCK 9 - UNKNOWN
PRIOR CRASH ACTIONS 1 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION 15 - ENTERING ON CROSSING STREET/RAILROAD 16 - WALKING/RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING/PULLING 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION				
CONTRIBUTING CIRCUMSTANCE PRIMARY 10 01 - NOW 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE PASSING OFF ROAD 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SLIDING 21 - OTHER IMPROPER ACTION NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR HIDEAWAY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS			
SEQUENCE OF EVENTS 1 9 2 35 3 4 5 6 FIRST HARMFUL EVENT 2 HARMFUL EVENT 2 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS ON SHIP 06 - EQUIPMENT FAILURE (BROWN TIE, BROWN FULCRUM, ETC.) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - CROWN HILL RUNAWAY 13 - OTHER NON-COLLISION	COLLISION WITH FIXED OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CARB BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT LUMINAIRIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAIL BOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL BUILDING, TUNNEL 52 - OTHER FIXED OBJECT		
UNIT SPEED 35 STATISTICAL ESTIMATED	POSTED SPEED 70	TRAFFIC CONTROL 12 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSINGS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON FLAGGER/OFFICER 12 - PAYMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DO NOT WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 4 TO 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN	





# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

89-0070-72

UNIT NUMBER 1	NAME LAST, FIRST, MIDDLE Bridgett, Michael	DATE OF BIRTH 11/08/1975	AGE 39	GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP 7253 Pleasant Dr, Orlando, FL, 32818		CONTACT PHONE - INCLUDE AREA CODE 407-459-5497									
INJURIES <input checked="" type="checkbox"/> 1	INJURED TAKEN BY <input checked="" type="checkbox"/> 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 4	DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input checked="" type="checkbox"/> 1	AIR BAG USAGE <input checked="" type="checkbox"/> 5	EJECTION <input checked="" type="checkbox"/> 1	TRAPPED <input checked="" type="checkbox"/> 1		
OL STATE FL	OPERATOR LICENSE NUMBER B632552754080	OL CLASS <input checked="" type="checkbox"/> 1	No <input type="checkbox"/> VALID DL	M/C <input type="checkbox"/> END	CONDITION <input checked="" type="checkbox"/> 1	ALCOHOL/DRUG SUSPECTED <input checked="" type="checkbox"/> 1	ALCOHOL TEST STATUS <input checked="" type="checkbox"/> 1	ALCOHOL TEST TYPE <input checked="" type="checkbox"/> 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE ) 4511.33		OFFENSE DESCRIPTION Rules for driving in marked lanes				CITATION NUMBER OHP891084020420152113		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY <input checked="" type="checkbox"/> 1	
UNIT NUMBER	NAME LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS <input type="checkbox"/>	No <input type="checkbox"/> VALID DL	M/C <input type="checkbox"/> END	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )		OFFENSE DESCRIPTION				CITATION NUMBER		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY <input type="checkbox"/>	
INJURIES		INJURED TAKEN BY		SAFETY EQUIPMENT USED		99 - UNKNOWN SAFETY EQUIPMENT					
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-IDENTIFYING 4 - IDENTIFYING 5 - FATAL		1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN		MOTORIST 01 - NONE USED / VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED		Non-Motorist 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED		09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (shoulder, knees, etc.) 12 - REFLECTIVE COATING 13 - LIGHTS 14 - OTHER			
SEATING POSITION 01 - FRONT - LEFT SIDE (driver's side) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (driver's side) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (driver's side) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CARGO AREA 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (not trailing unit 5215-5216, 5217-5218, 5219-5220)		12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - REMAIN ON VEHICLE EXTERIOR (not a trailing unit) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN		AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT AVAILABLE 9 - DEPLOYMENT UNKNOWN							
EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT AVAILABLE		TRAPPED 1 - NOT TRAPPED 2 - EXTINGUISHED BY MECHANICAL MEANS 3 - EXTINGUISHED BY NON-MECHANICAL MEANS		OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (MOTORIST) 5 - MC/MOPED ONLY		CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - BELL ASLEEP, FANNED, FANNING 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER		ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HPL NOT REPORTED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED			
ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER		DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER		DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/READING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (navigation, video, music, etc.) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION			
UNIT NUMBER	NAME LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
UNIT NUMBER	NAME LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		



*Privileged & Confidential*  
*Attorney Client Privilege*

*\*Please do not forward\**

**Post Drug & Alcohol Test Documentation:**

**Accident:**

Date: 2/4/15

Time: 20:00

Driver's Name: Michael Bridgett

Involving: Tow

Citation: Failing to maintain lane

**Timeline of events:**

2/4/15:

20:00- accident occurred

20:35- #1 notified FCC of accident requiring tow

22:00- 2 hour timeframe for alcohol expires

2/5/15:

04:00- 8 hour timeframe on alcohol expires.

07:30-09:40- left messages for both drivers

09:40- Contacted to reach #1 and notified of citation given in association with tow.

09:45- #1 provided location for clinic for drug testing & told to proceed immediately.

11:50- #1 at clinic, experiencing shy bladder. Clinic following guidelines to obtain the specimen

12:54- Drug test completed



# MCMIS

Motor Carrier Management  
Information System

## View Crash Report

Report/Location   Company   Driver   Vehicle/HM   Conditions/Events/Outcome   Show All Data

<b>Report State:</b>	OH	<b>Report Number:</b>	OH0156016397	<b>Sequence Number:</b>	1	<b>Report Status:</b>	COMPLETE
<b>USDOT Number:</b>	164025	<b>Company Type:</b>	CARRIER	<b>Status:</b>			ACTIVE
<b>Company Name:</b>	FEDEX CUSTOM CRITICAL INC						

Report Information			
<b>Report Number:</b>	OH0156016397	<b>Sequence Number:</b>	1
<b>Crash Date:</b>	02/04/2015	<b>Crash Time:</b>	08:31
<b>Reporting Agency:</b>	OHIO STATE HIGHWAY PATROL	<b>Officer Badge:</b>	01084

Location Details			
<b>Street/Highway:</b>	IR 80		
<b>City Name:</b>	WOODVILLE	<b>City Code:</b>	
<b>State:</b>	OH	<b>County:</b>	143 - SANDUSKY

Uploaded/Calculated Fields					
<b>SAFETYNET Version:</b>	4.0.0.18	<b>SAFETYNET Search Date:</b>			
<b>Last Uploaded Transaction Code:</b>	A	<b>Transaction Date:</b>	02/18/2015		
<b>Upload Date:</b>	02/19/2015	<b>MCMIS Add Date:</b>	02/19/2015	<b>Final Status Date:</b>	02/19/2015
<b>Census Search Date:</b>	02/19/2015	<b>Census Source Code:</b>		<b>Upload Search Indicator:</b>	M

Uploaded Company Fields			
<b>Company Name:</b>	FEDEX CUSTOM CRITICAL INC		
<b>Upload DOT Number:</b>	000164025	<b>Docket Number:</b>	3926
<b>Street Address:</b>	1475 BOETTLE RD	<b>Colonia:</b>	
<b>City:</b>	UNIONTOWN	<b>City Code:</b>	
<b>State:</b>	OH	<b>ZIP/Postal Code:</b>	44685-9584
<b>Interstate:</b>	INTERSTATE	<b>No ID Flag:</b>	0
<b>State Census Number:</b>		<b>Issuing State:</b>	
<b>Source of Company Name:</b>			

Driver Identification			
<b>Name:</b>	MICHAEL BRIDGETT	<b>Date of Birth:</b>	11/08/1975
<b>License State:</b>	FL	<b>License Number:</b>	B632552754080
<b>Valid Drivers License:</b>	YES	<b>Drivers License Class:</b>	CLASS A
<b>Citation Issued:</b>	YES	<b>Apparent Condition:</b>	

Vehicle Information			
Vehicle Configuration:	TRUCK/TRAILER		
Cargo Body Type:	VAN/ENCLOSED BOX		
Vehicle Identification Number:	1FVAGGDV6DLBZ7928	Number of Axles:	
License State:	TN	Vehicle License Number:	A397HT
Gross Vehicle Weight Rating:	MORE THAN 26,000 POUNDS	Gross Combined Vehicle Weight:	
Truck/Bus Indicator:	TRUCK	Bus Use:	NOT A BUS

Hazardous Materials Information			
HM Name:			
Hazmat Placard:	NO	HM 4-digit Number:	
HM Class:			

Crash Conditions			
Trafficway:	TWO-WAY TRAFFICWAY, DIVIDED, POSITIVE BARRIER		
Access Control:			
Weather:	SNOW		
Road Surface:	SNOW	Light:	DARK - NOT LIGHTED

Crash Events	
Event 1:	01 - NONCOLLISION:RAN OFF ROAD
Event 2:	18 - COLLISION INVOLVING FIXED OBJECT
Event 3:	
Event 4:	

Crash Outcome					
Number Vehicles in Crash:	1	Federally Recordable Crash:	YES	State Reportable Crash:	YES
Number of Fatalities:	0	Number of Injuries:	0	Towaway:	YES
Hazardous Materials Released:	NO				

[Return to Crashes for Company](#)

[Return to Crash Selections](#)

Options for this Company



September 02, 2015

[Close](#)

## History Search Results for MICHAEL BRIDGETT

/FL/B632552754080

20150902124636922542B96WS

**Driver General Information**

First Name	Middle Name	Last Name	Suffix		
MICHAEL	L	BRIDGETT			
SSN	Birth Date	Height	Weight	Eye Color	Sex
XXXXXXXXXX	1975-11-08	508			M

**Residence**

Street	City	County	State	Zip	Country
7253 PLEASANT DR	ORLANDO		FL	328185867	

**Mailing Address**

Street	City	County	State	Zip	Country
7253 PLEASANT DR	ORLANDO		FL	328185867	

**Driver License Details**

Driver State	Driver License	Issue Date	Exp. Date	Commercial Class
FL	B632552754080	2008-11-06	2016-11-08	A
Non Commercial Class	Commercial Status	Non Commercial Status	Withdrawal Action	Pending
A	Licensed	Licensed	No	

**Hazmat Determination**

TSA Hazmat Determination	Hazmat Expiration Date
SECURITY THREAT	

**Medical Certification**

Issue Date	Expiration Date	SPE Issue	SPE Expiration	Med WE Issue	Med WE Expire Date
2015-06-12	2017-06-12				
Status Code	Self Certification				
Certified	Non-expected Interstate				

Disclaimer:\*\*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information according to Federal Motor Carrier Safety Administration privacy and security guidelines. Properly dispose of this document according to agency policy when this document is no longer needed.\*\*

## History Search Results for MICHAEL BRIDGETT

/FL/B632552754080

20150902124636922542B96WS

**Medical Certificate Restrictions**

Value

Corrective Lenses

**Medical Examiner Detail**

First Name	Middle Name	Last Name	Registry Number
Matthew	M	Johnson	9595498760
Medical #	Specialty	State	Phone
Bo 989 NV	Chiropractor	NV	7753590717

**License Restrictions**

Restriction	Expiration Date
Corrective Lenses must be worn CORRECTIVE LENSES	

**Permit Class A**

Issue Date	Expiration Date	Status
2011-03-11	2011-05-10	Licensed

**Permit Class A Restriction**

Value

Corrective Lenses must be worn

Convictions #	Accidents #	Withdrawals #	Permits #	License Restrictions #
1	0	0	1	01

**Conviction 1**

Citation Date	Conviction Date	Conviction ID	State of Conviction	Court Type	ACD Code
2010-12-03	2011-03-03	01	FL	County	M77 - PASS WITH INSUFFICIENT DISTANCE/ISIBILITY
ACD Detail	CDL Holder	CMV	Hazmat	Locator Reference	State Code
	Yes	No	No	0346GFT	413

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# **POST ACCIDENT TESTING**

**4/21/2015**

## POLICE ACCIDENT REPORT

MV-104A (6/04)

SP3C2848NMPQ

☒ AMENDED REPORT

DMV COPY

1		Accident Date Month 04 Day 21 Year 2015		Day of Week Tues	Military Time 10:23	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20
2		VEHICLE 1 License ID Number 1376500 Driver Name - exactly as printed on license DUFFY, CHAUNE DWAYNE Address (Include Number & Street) 5416 C ST SE City or Town WASHINGTON State DC Zip Code 200196330				VEHICLE 2 <input checked="" type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN License ID Number 245149076 Driver Name - exactly as printed on license BLISS, AARON T Address (Include Number & Street) 8191 HAMILTON TURNPIKE City or Town FABUS State NY Zip Code 13063				21		
3		Date of Birth Month 05 Day 30 Year 1967 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 1 Public Property Damaged <input type="checkbox"/>				Date of Birth Month 06 Day 12 Year 1951 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 3 Public Property Damaged <input type="checkbox"/>				22		
4		Name - exactly as printed on registration EXPEDITER SERVICES, LLC Address (Include Number & Street) 1331 UNION AVE SUITE 1022 City or Town MEMPHIS State TN Zip Code 38104				Name - exactly as printed on registration NYS:ENVIROMENTAL CONSERVA, Address (Include Number & Street) 625 BROADWAY City or Town ALBANY State NY Zip Code 12233				23		
5		Plate Number A398HT State of Reg. TN Vehicle Year & Make 2014 FRHT Vehicle Type STAK Ins. Code 989				Plate Number 043922 State of Reg. NY Vehicle Year & Make 2001 CHEV Vehicle Type 4DSD Ins. Code 994				24		
6		Ticket/Arrest Number(s) 3C2848NP03 Violation Section(s) 1129A				Ticket/Arrest Number(s) Violation Section(s)				25		
7		Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				26		
8		VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 2 3 Box 2 - Most Damage 1 2 3 Enter up to three more Damage Codes 1 2 3				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 8 9 Box 2 - Most Damage 8 9 Enter up to three more Damage Codes 8 9				27		
9		Vehicle By Towed To Vehicle By DEC TOW To DEC OFFICE				See the second page for the accident diagram				28		
10		VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				29		
11		Reference Marker Coordinates (if available) 2 8 1 Latitude/Northing: 401526 3 2 0 1 Longitude/Easting: 4717543				Place Where Accident Occurred: County CORT <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of CORTLAND, CITY OF Road on which accident occurred WEST ROAD (Route Number or Street Name) at 1) Intersecting street SUMMIT STREET (Route Number or Street Name) or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of (Milepost, Nearest Intersecting Route Number or Street Name)				30		
12		Accident Description/Officer's Notes V-1 was traveling southbound on State Route 281. V-2 was traveling southbound slowing in traffic. V-1 was unable to slow down, and attempted to swerve to avoid striking V-2. V-2 was struck in the rear by V-1. V-1, NYS DEC vehicle was towed by DEC. V-2 was driven from the scene. No injuries reported at the scene.				USE COVER SHEET				31		
13		ALL INVOLVED				Names of all involved DUFFY, CHAUNE DWAYNE BLISS, AARON T FOLEY, JEAN P MCGINN, BARBARA				32		
14		Officer's Rank and Signature TPR Print Name in Full CHRISTOPHER R MCKENNA				Badge/ID No. 2094 NCIC No. 11101 Precinct/Post Troop/Zone C3 Station/Beat Sector 21 Reviewing Officer WOLCHETSKY, MI Date/Time Reviewed 04/26/2015 01:34				33		

This is to certify that this document is a true and complete copy of a record on file in the New York State Department of Motor Vehicles, Albany, New York.

DEPUTY COMMISSIONER OF MOTOR VEHICLES



New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**

MV-104A (6/04)

SP3C2848NMPQ

**AMENDED REPORT**

DMV COPY

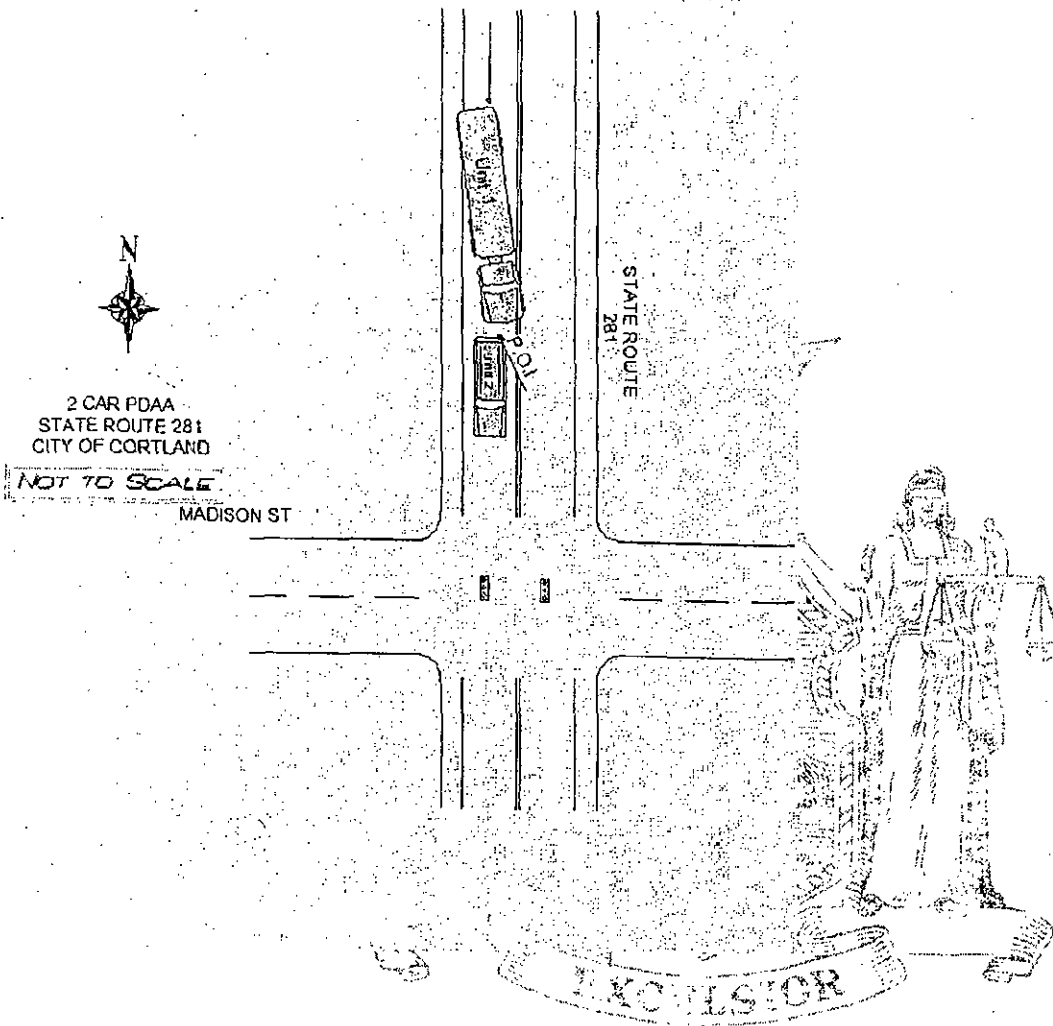
1	Accident Date Month: 04 Day: 21 Year: 2015	Day of Week Tues	Military Time 10:23	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20	
	VEHICLE 1 <input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN										
2	VEHICLE 1 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code				VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code				State of Lic. Apt. No.		21
3	Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/>				Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/>						22
4	Name-exactly as printed on registration Sex Date of Birth Month Day Year Address (Include Number & Street) Apt. No. Haz. Mat. Code Released <input type="checkbox"/>				Name-exactly as printed on registration Sex Date of Birth Month Day Year Address (Include Number & Street) Apt. No. Haz. Mat. Code Released <input type="checkbox"/>						23
5	Ticket/Arrest Number(s) Violation Section(s)				Ticket/Arrest Number(s) Violation Section(s)						24
6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.		25
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes				ACCIDENT DIAGRAM See the second page for the accident diagram		26
8	Vehicle By Towed To				Vehicle By Towed To						27
VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER											28
Reference Marker Coordinates (if available) 2 8 1 Latitude/Northing: 401526 3 2 0 1 Longitude/Easting: 4717543 1 0 2 1											29
Place Where Accident Occurred: County CORT City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of CORTLAND, CITY OF Road on which accident occurred WEST ROAD at 1) intersecting street SUMMIT STREET (Route Number or Street Name) or 2) _____ (Route Number or Street Name) Feet Miles (Milepost, Nearest intersecting Route Number or Street Name)											30
Accident Description/Officer's Notes											31

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A															
B															
C															
D															
E															
F															

Officer's Rank and Signature Print Name in Full: CHRISTOPHER R MCKENNA	TPR	Badge/ID No. 2094	NCIC No. 11101	Precinct/Post Troop/Zone C3	Station/Beat Sector 21	Reviewing Officer WOLCHETSKY, MI	Date/Time Reviewed 04/26/2015 01:34
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This is to certify that this document is a true and complete copy of a record on file in the New York State Department of Motor Vehicles, Albany, New York.

*Angela J. Klein*



# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

**NEW YORK STATE POLICE**  
**COMMERCIAL VEHICLE ENFORCEMENT UNIT**  
**TROOP C**

**Report Number:** NYSPC0190256  
**Inspection Date:** 04/21/2015  
**Start:** 10:45 AM ET **End:** 11:05 AM ET  
**Inspection Level:** II - Walk-Around  
**HM Inspection Type:** None

FEDEX CUSTOM CRITICAL INC  
 1475 BOETTLER RD  
 UNIONTOWN, OH 44685-9584

**USDOT#:** 00164025 **Phone#:** (234)310-4090  
**MC/MX#:** 003926 **Fax#:** (888)234-3792  
**State#:**

**Driver:** DUFFY, CHAUNE D  
**License#:** 1376500 **State:** AB  
**Date of Birth:** 05/30/1967  
**CoDriver:**  
**License#:** **State:**  
**Date of Birth:**

**Location:** CORTLAND  
**Highway:** ST-281  
**County:**

**MilePost:** **Shipper:** MIDSTATE SPRING  
**Origin:** SYRACUSE, NY **Bill of Lading:** 274691411  
**Destination:** ELMIRA, NY **Cargo:** GENERAL FREIGHT

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TR	FRHT	2014	TN	A398HT	D8443	3ALAGGDV2ESFU9439	33,000			

**BRAKE ADJUSTMENTS:** No Brake Measurements Required For Level 2

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.203E	393.203E	1	N		N	Y	CAB FRONT BUMPER DAMAGED. RIGHT FRONT BUMPER DAMAGED FROM CRASH.
392.2FC	392.2FC	D	N	848NP03	N	N	FOLLOWING TOO CLOSE - DRIVER INVOLVED IN 2 VEHICLE PDAA ST-13. DRIVER FAILED TO OBSERVE VEHICLE IN FRONT OF HIM STOPPING AND WAS UNABLE TO AVOID STRIKING VEHICLE

**HazMat:** No HM Transported.

**Placard:** No **Cargo Tank:**

**Special Checks:** Post Crash;

1). DRIVER: Return this TE 241 report to the motor carrier whose name appears at the top. 2). REPAIRER: If vehicle defects are listed in the violation section above, please sign the report when repairs are completed.

Signature Of Repairer X: \_\_\_\_\_ Facility: \_\_\_\_\_ Date: \_\_\_\_\_

3) MOTOR CARRIER: Sign and return within 15 days of issuance, this ORIGINAL report ONLY if violations are entered in the violation section. RETURN ADDRESS:  
 New York State Department of Transportation Truck Inspections 50 Wolf Road POD 53  
 Albany, New York 12232

DO NOT SEND TICKETS TO THIS ADDRESS 4) TRAFFIC TICKETS: If issued, MUST be returned to the COURT whose address appears on the front of the TICKET. 5) If you have any reason to question the results of this inspection go to <https://dataqs.fmcsa.dot.gov>. 6) If the vehicle has NOT been repaired and HAS been permanently removed from service, initial here \_\_\_\_\_ and sign number 7.7) MOTOR CARRIER CERTIFICATION: I hereby certify that all violations entered on this report have been corrected or have not been corrected in accordance with paragraph 6, and action has been taken to assure compliance with the NYS Transportation Law and Regulations.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
 ROBERT A KIDDER

Badge #:  
 1855

Copy Received By:  
 CHAUNE DUFFY

Page 1 of 2



00164025 NY NYSPC0190256

X \_\_\_\_\_

X \_\_\_\_\_

# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

**NEW YORK STATE POLICE**  
**COMMERCIAL VEHICLE ENFORCEMENT UNIT**  
**TROOP C**

**Report Number:** NYSPC0190256  
**Inspection Date:** 04/21/2015  
**Start:** 10:45 AM ET **End:** 11:05 AM ET  
**Inspection Level:** II - Walk-Around  
**HM Inspection Type:** None

FEDEX CUSTOM CRITICAL INC  
1475 BOETTLE RD  
UNIONTOWN, OH 44685-9584

**USDOT#:** 00164025

**Phone#:** (234)310-4090

**MC/MX#:** 003926

**Fax#:** (888)234-3792

**State#:**

**Driver:** DUFFY, CHAUNE D

**License#:** 1376500

**State:** AB

**Date of Birth:** 05/30/1967

**CoDriver:**

**License#:**

**State:**

**Date of Birth:**

## Inspection Notes

2 vehicle pdaa - ST-281. Assisted 3C28 at Pall Trinity.

**Special Studies** No Special Study Data Recorded

**Report Prepared By:**  
ROBERT A KIDDER

**Badge #:**  
1855

**Copy Received By:**  
CHAUNE DUFFY

Page 2 of 2



X\_\_\_\_\_

X\_\_\_\_\_

00164025 NY NYSPC0190256

Date of Loss: 04/21/2015

Date: 04/21/2015

**Date:**

Y

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7

Accident #1

## Accident #2

### Accident #3

### Accident #4

Accident #5

### Accident #6

Date \_\_\_\_\_

Description

**04/21/2015**

#1 ON 3 LN HWY IN MIDDLE  
LN,#2 STOPPED SUDDENLY  
IN FRONT OF #1,#1 REAR  
ENDED #2 W/FONT R SIDE  
BUMPER,#2 PULLED OUT OF  
ROAD INTO DRIVE,#1  
THROUGHT #2 LEFT  
SCENE,POLICE PULLED #1  
OVER & CITED DRIVER FOR  
FOLLOWING TO  
CLOSE,DMG TO #2  
UNKNOWN,DMG T O #1'S R  
FRONT 3 PC GRILL,CNR  
BROKEN OFF

Preventable (Y N X)

Y

Reserves/Amount Paid

1

Current MVR Clear Date Reviewed: 11/14/14

Certificate of Violations CLEAR (REVIEWED:10/06/14)

Meets FedEx CC Safety Policy? V



*Privileged & Confidential  
Attorney Client Privilege*

*\*Please do not forward\**

**Post Drug & Alcohol Test Documentation:**

**Accident:**

Date: 4/21/15

Time: 10:30

Driver's Name: Chaune Duffy

Involving: Tow

Citation: Following too close

**Timeline of events:**

10:30- accident occurred

11:50- #1 cited for following too close. #1 said he didn't see #2 unaware of tow.

12:30- 2 hr timeframe for alcohol testing expired

18:30- 8 hr timeframe for alcohol expired

**4/22/15:**

18:30- 32 hr timeframe for drug expired

**4/28/15:**

11:30- Vigillo reported crash w/ tow



# MCMIS

Motor Carrier Management  
Information System

## View Crash Report

**Report/Location**   **Company**   **Driver**   **Vehicle/HM**   **Conditions/Events/Outcome**   **Show All Data**

<b>Report State:</b>	NY	<b>Report Number:</b>	NYSP20764370	<b>Sequence Number:</b>	1	<b>Report Status:</b>	COMPLETE
<b>USDOT Number:</b>	164025	<b>Company Type:</b>	CARRIER	<b>Status:</b>			ACTIVE
<b>Company Name:</b>	FEDEX CUSTOM CRITICAL INC						

Report Information			
<b>Report Number:</b>	NYSP20764370	<b>Sequence Number:</b>	1
<b>Crash Date:</b>	04/21/2015	<b>Crash Time:</b>	10:23
<b>Reporting Agency:</b>		<b>Officer Badge:</b>	2094

Location Details			
<b>Street/Highway:</b>	RT 281 REF MRKR 281 32011021		
<b>City Name:</b>		<b>City Code:</b>	
<b>State:</b>	NY	<b>County:</b>	023 - CORTLAND

Uploaded/Calculated Fields					
<b>SAFETYNET Version:</b>	4.0.0.18	<b>SAFETYNET Search Date:</b>			
<b>Last Uploaded Transaction Code:</b>	A	<b>Transaction Date:</b>	04/27/2015		
<b>Upload Date:</b>	04/27/2015	<b>MCMIS Add Date:</b>	04/27/2015	<b>Final Status Date:</b>	04/27/2015
<b>Census Search Date:</b>	04/27/2015	<b>Census Source Code:</b>		<b>Upload Search Indicator:</b>	M

Uploaded Company Fields			
<b>Company Name:</b>	FEDEX CUSTOM CRITICAL INC		
<b>Upload DOT Number:</b>	000164025	<b>Docket Number:</b>	141898
<b>Street Address:</b>	1475 BOETTLER RD	<b>Colonia:</b>	
<b>City:</b>	UNIONTOWN	<b>City Code:</b>	
<b>State:</b>	OH	<b>ZIP/Postal Code:</b>	44685-9584
<b>Interstate:</b>	INTERSTATE	<b>No ID Flag:</b>	0
<b>State Census Number:</b>		<b>Issuing State:</b>	
<b>Source of Company Name:</b>			

Driver Identification			
<b>Name:</b>	CHAUNE D. DUFFY	<b>Date of Birth:</b>	05/30/1967
<b>License State:</b>	DC	<b>License Number:</b>	1376500
<b>Valid Drivers License:</b>	YES	<b>Drivers License Class:</b>	CLASS A
<b>Citation Issued:</b>	YES	<b>Apparent Condition:</b>	

Vehicle Information			
Vehicle Configuration:	SINGLE-UNIT TRUCK (2-AXLE, 6 TIRE)		
Cargo Body Type:	VAN/ENCLOSED BOX		
Vehicle Identification Number:	3ALAGGDV2ESFU9439	Number of Axles:	
License State:	TN	Vehicle License Number:	A398HT
Gross Vehicle Weight Rating:	MORE THAN 26,000 POUNDS	Gross Combined Vehicle Weight:	
Truck/Bus Indicator:	TRUCK	Bus Use:	NOT A BUS

Hazardous Materials Information	
HM Name:	
Hazmat Placard:	NO
HM Class:	

Crash Conditions	
Trafficway:	TWO-WAY TRAFFICWAY, NOT DIVIDED
Access Control:	
Weather:	NO ADVERSE CONDITIONS
Road Surface:	DRY
Light:	DAYLIGHT

Crash Events	
Event 1:	13 - COLLISION INVOLVING MOTOR VEHICLE IN TRANSPORT
Event 2:	
Event 3:	
Event 4:	

Crash Outcome			
Number Vehicles in Crash:	2	Federally Recordable Crash:	YES
Number of Fatalities:	0	Number of Injuries:	0
Hazardous Materials Released:	NO	State Reportable Crash:	YES
		Towaway:	YES

[Return to Crashes for Company](#)

[Return to Crash Selections](#)

Options for this Company



60

September 02, 2015

[Close](#)



## History Search Results for CHAUNE DUFFY

/DC/1376500

2015090212385331843447FWS

## Driver General Information

First Name	Middle Name	Last Name	Suffix		
CHAUNE	DWAYNE	DUFFY			
SSN	Birth Date	Height	Weight	Eye Color	Sex
XXXXXXXXXX	1967-05-30	509	200	BROWN	M

## Mailing Address

Street	City	County	State	Zip	Country
5416 C SE ST	WASHINGTON		DC	20019633 0	

## Alias 1

First Name	Middle Name	Last Name	Suffix
SSN	Birth Date	State	Driver License
		DC	176468630

## Driver License Details

Driver State	Driver License	Issue Date	Exp. Date	Commercial Class
DC	1376500	2011-05-07	2019-05-30	A
Non Commercial Class	Commercial Status	Non Commercial Status	Withdrawal Action	Pending
D	Licensed	Licensed	No	

## Medical Certification

Issue Date	Expiration Date	SPE Issue	SPE Expiration	Med WE Issue	Med WE Expire Date
2014-10-31	2016-10-31				
Status Code	Self Certification				
Certified	Non-expected Interstate				

## Medical Examiner Detail

First Name	Middle Name	Last Name	Registry Number
MICHELLE		BUFFALME	8008/6940462
Medical #	Specialty	State	Phone
SP007848	Advanced Practice Nurse	PA	7247707999

## Permit Class M

Issue Date	Expiration Date	Status
2007-04-25	2008-04-25	Eligible

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## History Search Results for CHAUNE DUFFY

/DC/1376500

2015090212385331843447FWS

**Permit Class M Restriction**

Value

Corrective Lenses must be worn

Other

Other

**Permit Class A**

Issue Date	Expiration Date	Status
2006-12-22	2007-12-22	Eligible

**Permit Class A Restriction**

Value

Other

**Permit Class A Endorsements**

Value

Passenger

School and Passenger

**Permit Class D**

Issue Date	Expiration Date	Status
1998-03-18	1998-03-30	Eligible

**Permit Class D Restriction**

Value

Other

Convictions #	Accidents #	Withdrawals #	Permits #	License Restrictions #
8	0	11	3	00

**Conviction 1**

Citation Date	Conviction Date	Conviction ID	State of Conviction	Court Type	ACD Code
2015-04-21	2015-05-26	01	NY	City	M34 - FOLLOW TO CLOSELY
ACD Detail	CDL Holder	CMV	Hazmat	Locator Reference	State Code
	Yes	Yes	No	3C2848NP03	033

**Conviction 2**

Citation Date	Conviction Date	Conviction ID	State of Conviction	Court Type	ACD Code
2011-03-07	2011-04-12	02	MD	District	M14 - FT OBEY SIGN/TRAFFIC CONTROL DEVICE
ACD Detail	CDL Holder	CMV	Hazmat	Locator Reference	State Code
	Yes	No	No	04L0D3GMD	2460

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## History Search Results for CHAUNE DUFFY

/DC/1376500

2015090212385331843447FWS

**Conviction 3**

Citation Date	Conviction Date	Conviction ID	State of Conviction	Court Type	ACD Code
1999-06-26	2010-11-12	03	NJ	Unknown	S93 - SPEEDING
ACD Detail	CDL Holder	CMV	Hazmat	Locator Reference	State Code
	Yes	No	No	CP005485	T775

**Conviction 4**

Citation Date	Conviction Date	Conviction ID	State of Conviction	Court Type	ACD Code
2009-01-01	2010-11-12	04	NJ	Unknown	F04 - SEAT BELT NOT USED PROPERLY REQ
ACD Detail	CDL Holder	CMV	Hazmat	Locator Reference	State Code
	Yes	No	No	MSC014310	T713

**Conviction 5**

Citation Date	Conviction Date	Conviction ID	State of Conviction	Court Type	ACD Code
2009-03-05	2009-12-17	05	MD	Unknown	E55 - FT USE LIGHTS AS REQUIRED
ACD Detail	CDL Holder	CMV	Hazmat	Locator Reference	State Code
	No	No	No	FS43917	T065

**Conviction 6**

Citation Date	Conviction Date	Conviction ID	State of Conviction	Court Type	ACD Code
2003-06-23	2003-08-15	06	MD	Unknown	M17 - FT OBEY TRAFFIC SIGN
ACD Detail	CDL Holder	CMV	Hazmat	Locator Reference	State Code
	Unknown	No	No	BH4346	T112

**Conviction 7**

Citation Date	Conviction Date	Conviction ID	State of Conviction	Court Type	ACD Code
1994-11-15	1996-08-23	07	DC	Traffic	E55 - FT USE LIGHTS AS REQUIRED
ACD Detail	CDL Holder	CMV	Hazmat	Locator Reference	State Code
	Unknown	No	No	UNKNOWN	UNKNOWN

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## History Search Results for CHAUNE DUFFY

/DC/1376500

2015090212385331843447FWS

**Conviction 8**

Citation Date	Conviction Date	Conviction ID	State of Conviction	Court Type	ACD Code
1996-08-22	1997-06-20	08	DC	Traffic	S16 - 16-20 > REGULATED OR POSTED SPEED LIMIT (DETAIL OPTIONAL)
ACD Detail	CDL Holder	CMV	Hazmat	Locator Reference	State Code
00000	Unknown	No	No	UNKNOWN	UNKNOWN

**Withdrawal 1**

Effective Date	Elig. Date	Rein. Date	Withdrawal ID	Linkage	Action	
2013-03-26	2013-07-19	2013-07-19	01		Other withdrawal	
ACD Code	State	Basis	Extent	Locator Reference	Reason Ref Code	Due Process Status
D45 - FTA FOR TRIAL/COURT APPEARANCE	MD	Administrative Action	All	001483189	FTA	Not Defined

**Withdrawal 2**

Effective Date	Elig. Date	Rein. Date	Withdrawal ID	Linkage	Action	
2012-08-27	2012-09-12	2012-09-12	02		Other withdrawal	
ACD Code	State	Basis	Extent	Locator Reference	Reason Ref Code	Due Process Status
B65 - FAIL TO FILE MED DC CERTIFICATION/DISABILITY INFO	DC	Administrative Per Se	Commercial	001465641	CYV	Not Defined

**Withdrawal 3**

Effective Date	Elig. Date	Rein. Date	Withdrawal ID	Linkage	Action	
2010-02-03	2010-08-27	2010-08-27	03		Other withdrawal	
ACD Code	State	Basis	Extent	Locator Reference	Reason Ref Code	Due Process Status
B65 - FAIL TO FILE MED DC CERTIFICATION/DISABILITY INFO	DC	Administrative Per Se	Commercial	001358454	CYV	Not Defined

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## History Search Results for CHAUNE DUFFY

/DC/1376500

2015090212385331843447FWS

**Withdrawal 4**

Effective Date	Elig. Date	Rein. Date	Withdrawal ID	Linkage	Action		
2009-10-22	2009-12-17	2009-12-17	04		Other withdrawal		
ACD Code	State	Basis	Extent	Locator Reference	Reason Ref Code	Due Process	Status
D45 - FTA FOR TRIAL/COURT APPEARANCE	MD	Administrative Action	All	001323835	FTA	Not Defined	

**Withdrawal 5**

Effective Date	Elig. Date	Rein. Date	Withdrawal ID	Linkage	Action		
2007-04-05	2007-04-09		05		Other withdrawal		
ACD Code	State	Basis	Extent	Locator Reference	Reason Ref Code	Due Process	Status
D51 - FT MAKE REQUIRED PAYMENT OF CHILD SUPPORT	DC	Unknown	All	001225742	CHD	Not Defined	

**Withdrawal 6**

Effective Date	Elig. Date	Rein. Date	Withdrawal ID	Linkage	Action		
1992-01-14	1993-07-13	1993-07-14	06		Other withdrawal		
ACD Code	State	Basis	Extent	Locator Reference	Reason Ref Code	Due Process	Status
A23 - DUI OF ALCOHOL AND DRUGS	DC	Administrative Action	All	457724	DC	Not Defined	

**Withdrawal 7**

Effective Date	Elig. Date	Rein. Date	Withdrawal ID	Linkage	Action		
1994-08-26	1998-03-18	1998-03-19	07		Other withdrawal		
ACD Code	State	Basis	Extent	Locator Reference	Reason Ref Code	Due Process	Status
D45 - FTA FOR TRIAL/COURT APPEARANCE	DC	Administrative Adjudication	All	457723	DC	Not Defined	

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## History Search Results for CHAUNE DUFFY

/DC/1376500

2015090212385331843447FWS

**Withdrawal 8**

Effective Date	Elig. Date	Rein. Date	Withdrawal ID	Linkage	Action		
1999-12-06	1999-12-06		08		Other withdrawal		
ACD Code	State	Basis	Extent	Locator Reference	Reason Ref Code	Due Process	Status
D45 - FTA FOR TRIAL/COURT APPEARANCE	MD	Administrative Action	All	000457723	DC		Not Defined

**Withdrawal 9**

Effective Date	Elig. Date	Rein. Date	Withdrawal ID	Linkage	Action		
2000-09-27	2001-07-30		09		Other withdrawal		
ACD Code	State	Basis	Extent	Locator Reference	Reason Ref Code	Due Process	Status
D51 - FT MAKE REQUIRED PAYMENT OF CHILD SUPPORT	DC	Administrative Action	All	000457722	DC		Not Defined

**Withdrawal 10**

Effective Date	Elig. Date	Rein. Date	Withdrawal ID	Linkage	Action		
1992-05-27	1993-07-13	1993-07-14	10		Other withdrawal		
ACD Code	State	Basis	Extent	Locator Reference	Reason Ref Code	Due Process	Status
A23 - DUI OF ALCOHOL AND DRUGS	DC	Administrative Action	All	457720	DC		Not Defined

**Withdrawal 11**

Effective Date	Elig. Date	Rein. Date	Withdrawal ID	Linkage	Action		
1999-12-28	1999-12-28		11		Other withdrawal		
ACD Code	State	Basis	Extent	Locator Reference	Reason Ref Code	Due Process	Status
D45 - FTA FOR TRIAL/COURT APPEARANCE	NJ	Administrative Action	All	000457720	DC		Not Defined

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# **E10674**

# **MAINTENANCE FILE**

**VEHICLE INSPECTION**

Safety Department  
800.323.9256 (Phone)  
888.234.3792 (Fax)

PO Box 5001 • Green, OH 44232-5001

Inspection Location: TAToday's Date: 7-21-14Unit #: 522Address: 4450 Portage St NWCity: North CantonState: OHZIP: 44720Phone: 330 494 7907**SIGNATURE REQUIRED**

**Qualified Inspector's Certification** - I certify I have inspected the equipment described below in accordance with 49 CFR part 396.19, 396.25 and 393 Appendix G

Signature: [Signature]Date: 7-21-14Printed Name: Rick Peters

**Certification of Repairman** - I certify that the defects noted have been corrected and this vehicle is in compliance with 49 CFR Part 396.19, 396.25 and 393 Appendix G

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*This inspection meets the requirements for the U.S. DOT annual inspection as set forth in Section 396 of 49 CFR.*

Year	Make	Serial #	Odometer Reading	Owner
12	FTL	1FUJGLDR6CSBL2 1478	579 500,530	Nelson Guerra

Inspected Component	NA	OK	Defects Apparent
<b>Brake System</b>			
Service brakes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parking brake system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Brake drums or rotors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Brake hose	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Brake tubing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Low pressure warning device PSI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tractor protection valve	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Air compressor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electric brakes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hydraulic brakes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vacuum systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Coupling Devices</b>			
Fifth wheels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pinch hooks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drawbar/towbar eye	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drawbar/towbar tongue	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Saddle - mounts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Exhaust System</b>			
No leaks at any point forward of or directly below driver/sleeper area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Not located where likely to cause burning, charring or damage to electrical wiring, the fuel supply or other combustible parts of the vehicle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Fuel System</b>			
No visible leaks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fuel cap	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tank securely attached	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Lighting Devices</b>			
All lights operational	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All reflectors operational	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Inspected Component	NA	OK	Defects Apparent
<b>Safe Loading</b>			
Free from falling debris	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Front end protected from shifting cargo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Steering Mechanism</b>			
Steering wheel free play	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Steering column	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Front Axle Beam &amp; All Components</b>			
Other than column	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Steering gear box	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pitman arm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Power steering	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ball & socket joints	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tie rods & drag links	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nuts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Steering system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Suspension</b>			
Free from cracked, broken, loose or missing U-bolts, spring hanger(s), or other axle positioning parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Spring assembly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Torque, radius, or tracking components	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Frame</b>			
Frame members			
Tire & wheel clearance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Adjustable axle assemblies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Tire</b>			
Steering axle			
Min tread depth <u>17</u> /32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All other tires			
Min tread depth <u>17</u> /32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Inspected Component	NA	OK	Defects Apparent
<b>Wheels &amp; Rims</b>			
Lock or side ring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wheels & rims	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fasteners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Welds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Windshield glazing</b>			
Refer to requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please note the length, width, and placement of any cracks in comment section			
<b>Windshield Wipers</b>			
All wipers operational	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other FedEx Requirements</b>			
Speedometer - operational	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Horn - operational	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Cab - General</b> - No objects obscuring driver's vision, access to emergency items, or free movement to exit from cab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Body Condition</b>			
All panels for holes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Doors & roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Signs - FedEx signs on vehicle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Emergency Equipment</b>			
10 BC fire extinguisher accessible & mounted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Reflective triangles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Spare fuse or circuit breakers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tire chains (seasonal)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Mud Flaps</b>			
Freight Securement System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Inspector: Please comment on the nature of apparent defects and whether or not corrected.  
Write additional comments on the back of this form.

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Rev. 9/03





PO Box 5001 • Green, OH 44232-5001

Truck # 522

# **INSPECTOR AND BRAKE INSPECTOR QUALIFICATION**

Safety Department  
800.323.9256 (Phone)  
888.234.3792 (Fax)  
safetydocs@blue.fedex.com

## **Part 1 (Required)**

In order to perform annual inspections per FMCSR 396.19, you must be qualified as follows:

- (1) Understands the inspection criteria set forth in 49 CFR Part 393 and Appendix G of this subchapter and can identify defective components;
- (2) Knowledgeable of and has mastered the methods, procedures, tools and equipment used when performing an inspection; and
- (3) Capable of performing an inspection by reason of experience, training, or both as follows:

*(Check below the sections that apply to your inspector qualification)*

- ☐ (i) Successfully completed a State or Federal-sponsored training program or has a certificate from a State or Canadian Province which qualifies the person to perform commercial motor vehicle safety inspections, OR
- ☐ (ii) Have a combination of training and/or experience totaling at least 1 year. Such training and/or experience may consist of:
  - ☐ Participation in a truck manufacturer-sponsored training program or similar commercial training program designed to train students in truck operation and maintenance; OR
  - ☐ Experience as a mechanic or inspector in a motor carrier maintenance program; OR
  - ☒ Experience as a mechanic or inspector in truck maintenance at a commercial garage, fleet leasing company, or similar facility; or
  - ☐ Experience as a commercial vehicle inspector for a State, Provincial or Federal Government.

I certify I am a qualified inspector in accordance with 49 CFR Part 396.19, 396.25 and 393 Appendix G.

Inspector's Name Rich Peters

Date 7-24-14

Inspector's Signature [Signature]

## **Part 2 (Required)**

In order to perform any inspection, maintenance, repair or service to brakes, per FMCSR 396.25 you must be qualified as follows:

- (1) Understands the brake service or inspection task to be accomplished and perform the task; and
- (2) Knowledgeable of and has mastered the methods, procedures, tools and equipment used when performing an assigned brake service or inspection task; and
- (3) Capable of performing the assigned brake service or inspection by reason of experience, training, or both as follows:

*(Check below the sections that apply to your inspector qualification)*

- ☐ (i) Successfully completed an apprenticeship program sponsored by a State, a Canadian Province, a Federal agency or a labor union, or a training program approved by a State, Provincial or Federal agency, or has a certificate from a State or Canadian Province which qualifies the person to perform the assigned brake service or inspection task (including passage of Commercial Driver's License air brake tests in the case of brake inspection); OR
- ☐ (ii) Has brake-related training or experience or a combination thereof totaling at least 1 year. Such training and/or experience may consist of:
  - ☐ Participation in a training program sponsored by a brake or vehicle manufacturer or similar commercial training program designed to train students in brake maintenance or inspection similar to the assigned brake service or inspection tasks; OR
  - ☐ Experience performing brake maintenance or inspection similar to the assigned brake service or inspection task in a motor carrier maintenance program; OR
  - ☒ Experience performing brake maintenance or inspection similar to the assigned brake service or inspection task at a commercial garage, fleet leasing company, or similar facility.

I certify I am qualified to inspect, maintain, repair and service brakes in accordance with 49 CFR Part 396.25 and 393 Appendix G.

Brake Inspector's Name Rich Peters

Date 7-24-14

Brake Inspector's Signature [Signature]

Witnessed by Jeasha Gullett

(Signature of company representative)

Date 7-26-14

Title TSA

Company Name TA

Phone 330 494 7507

Address 4450 Portage St NW

North Canton OH 44720



Custom Critical

## VEHICLE INSPECTION

Safety Department

800.323.9256 (Phone)

888.234.3792 (Fax)

PO Box 5001 • Green, OH 44232-5001

Inspection Location: Four Star Freightliner Today's Date: 1-21-15 Unit #: F-10674Address: 3140 City: MontgomeryState: AL ZIP: 36108 Phone: 800-239-8785

## SIGNATURE REQUIRED

Qualified Inspector's Certification - I certify I have inspected the equipment described below in accordance with 49 CFR part 396.19, 396.25 and 393 Appendix G

Signature: Michael Earle Date: 1-21-15

Printed Name: \_\_\_\_\_

Certification of Repairman - I certify that the defects noted have been corrected and this vehicle is in compliance with 49 CFR Part 396.19, 396.25 and 393 Appendix G

Signature: Michael Earle Date: 1-21-15Printed Name: Michael Earle

This inspection meets the requirements for the U.S. DOT annual inspection as set forth in Section 396 of 49 CFR.

Year	Make	Serial #	Odometer Reading	Owner
2008	FL	1FUSHDRL48B1478	571952	Nelson Guerra

Inspected Component	NA	OK	Defects Apparent	Inspected Component	NA	OK	Defects Apparent	Inspected Component	NA	OK	Defects Apparent
Brake System				Safe Loading				Wheels & Rims			
Service brakes				Free from falling debris				Lock or side ring			
Parking brake system				Front end protected from shifting cargo				Wheels & rims			
Brake drums or rotors				Cab - General - No objects obscuring driver's vision, access to emergency				Fasteners			
Brake hose				Items, or free movement or exit from cab				Welds			
Brake tubing				Steering Mechanism				Windshield glazing			
Low pressure warning device PSI <u>75</u>				Steering wheel free play				After to requirements			
Tractor protection valve				Steering column				Please note the length, width, and placement of any cracks in comment section			
Air compressor				Front Axle Beam & All Components				Windshield Wipers			
Electric brakes				Other than column				All wipers operational			
Hydraulic brakes				Steering gear box				Other FedEx Requirements			
Vacuum systems				Pinman arm				Speedometer - operational			
Coupling Devices				Power steering				Horn - operational			
Fifth wheels				Ball & socket joints				Body Condition			
Pinde hooks				Tie rods & drag links				All panels for holes			
Drawbar/towbar eye				Nuts				Doors & roof			
Drawbar/towbar tongue				Steering system				Floor			
Safety devices				Suspension				Signs - FedEx branding on vehicle			
Saddle mounts				Free from cracked, broken, loose or missing U-bolts, spring hanger(s), or other axle positioning parts				Emergency Equipment			
Exhaust System				Spring assembly				10 BC fire extinguisher accessible & mounted			
No leaks at any point forward of or directly below driver/sleeper area				Torque, radius, or tracking components				3 Reflective triangles			
Not located where likely to cause burning, charring or damage to electrical wiring, the fuel supply or other combustible parts of the vehicle				Frame				Spare tires or circuit breakers			
Fuel System				Frame members				Tire chains (seasonal)			
No visible leaks				Tire & wheel clearance				Mud Flaps			
Fuel cap				Adjustable axle assemblies				Freight Securement System			
Tank securely attached				Tire				Litgate inspection			
Lighting Devices				Steering axle				Litgate structure			
All lights operational				Min tread depth <u>14</u> / 32				Steam clean entire litgate			
All reflectors operational				All other tires				Tube ligam & check fluid levels			
				Min tread depth <u>12</u> / 32				Warning/Safety & operational labels			
								Electrical Wiring/Switches/Controls			
								Battery/Box			

Inspection: Please comment on the nature of apparent defects &amp; whether or not corrected.

Write additional comments on the back of this form & check the box: ☐ (Comments Listed On Reverse)

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PO Box 5001 • Green, OH 44232-5001

Truck #

INSPECTOR AND  
BRAKE INSPECTOR QUALIFICATION

Safety Department

800.323.9256 (Phone)

888.234.3792 (Fax)

safetydocs@blue.fedex.com

E10674

## Part 1 (Required)

In order to perform annual inspections per FMCSR 393.19, you must be qualified as follows:

- (1) Understands the inspection criteria set forth in 49 CFR Part 393 and Appendix G of this subchapter and can identify defective components;
- (2) Knowledgeable of and has mastered the methods, procedures, tools and equipment used when performing an inspection; and
- (3) Capable of performing an inspection by reason of experience, training, or both as follows:

(Check below the sections that apply to your inspector qualification)

- ☒ (i) Successfully completed a State or federal-sponsored training program or has a certificate from a State or Canadian Province which qualifies the person to perform commercial motor vehicle safety inspections; OR
- ☒ (ii) Have a combination of training and/or experience totaling at least 1 year. Such training and/or experience may consist of:
  - ☐ Participation in a truck manufacturer-sponsored training program or similar commercial training program designed to train students in truck operation and maintenance; OR
  - ☒ Experience as a mechanic or inspector in a motor carrier maintenance program; OR
  - ☒ Experience as a mechanic or inspector in truck maintenance at a commercial garage, fleet leasing company, or similar facility; or
  - ☒ Experience as a commercial vehicle inspector for a State, Provincial or Federal Government.

I certify I am a qualified Inspector in accordance with 49 CFR Part 393.19, 393.25 and 393 Appendix G.

Inspector's Name Michael EarleDate 1-21-15Inspector's Signature Michael Earle

## Part 2 (Required)

In order to perform any inspection, maintenance, repair or service to brakes, per FMCSR 396.25 you must be qualified as follows:

- (1) Understands the brake service or inspection task to be accomplished and perform the task; and
- (2) Knowledgeable of and has mastered the methods, procedures, tools and equipment used when performing an assigned brake service or inspection task; and
- (3) Capable of performing the assigned brake service or inspection by reason of experience, training, or both as follows:

(Check below the sections that apply to your inspector qualification)

- ☒ (i) Successfully completed an apprenticeship program sponsored by a State, a Canadian Province, a Federal agency or a labor union, or a training program approved by a State, Provincial or Federal agency, or has a certificate from a State or Canadian Province which qualifies the person to perform the assigned brake service or inspection task (including passage of Commercial Driver's License air brake tests in the case of brake inspection); OR
- ☒ (ii) Has brake-related training or experience or a combination thereof totaling at least 1 year. Such training and/or experience may consist of:
  - ☐ Participation in a training program sponsored by a brake or vehicle manufacturer or similar commercial training program designed to train students in brake maintenance or inspection similar to the assigned brake service or inspection tasks; OR
  - ☒ Experience performing brake maintenance or inspection similar to the assigned brake service or inspection task in a motor carrier maintenance program; OR
  - ☒ Experience performing brake maintenance or inspection similar to the assigned brake service or inspection task at a commercial garage, fleet leasing company, or similar facility.

I certify I am qualified to inspect, maintain, repair or service brakes in accordance with 49 CFR Part 396.25 and 393 Appendix G.

Brake Inspector's Name Michael EarleDate 1-21-15Brake Inspector's Signature Michael EarleWitnessed by [Signature]Date 1-21-15Title Service AdvisorCompany Name Four Star FreightlinerPhone 334-387-3166Address 3140 HAYNEVILLE RD MONTGOMERY AL 36108

KMP



Custom Critical

PO Box 5001 • Green, OH 44232-5001

## VEHICLE MAINTENANCE RECORD

Safety Department  
800.323.9256 (Phone)  
888.234.3792 (Fax)

E10674

Today's Date: 01/21/15 Unit #: E10674

Date	Mileage	Lubrication	Oil	Filter	Transmission	Differential	Other

## Maintenance Records

List all dates preventive maintenance has been performed (ie. - 5000 M.I. PM). Include description of repairs or replaced parts (ie. - Brake linings, replaced, replaced cracked tail/light, etc.).

Date	Description of Maintenance Performed	Maintenance Performed by:

All questions must be answered before this report will be considered valid

1. Is vehicle free of oil and gas leaks? ☒ Yes ☐ No
2. Has the equipment described above been in an accident in the last sixty days? ☐ Yes ☒ No
3. If yes above, has equipment been inspected and certified to be safe? ☐ Yes ☒ No
4. Is there a copy of a permanent lease in the vehicle at all time? ☒ Yes ☐ No
5. Are all current plates, permits, and operating authorities in or on the unit? ☒ Yes ☐ No
6. Has this vehicle been stopped in any DOT, PUCO, or other safety inspection in the last 60 days? ☐ Yes ☒ No

If yes, were any defects noted? ☐ Yes ☒ NoHave you submitted a certificate of repairs to the Safety department as prescribed in Federal regulations covering any and all defects as noted in the inspection? ☐ Yes ☒ No

I hereby certify that I have in my possession bills, records, receipts, and/or other evidence to verify repair work indicated above. That in the event there is no such bill, record, etc., that the work was performed by myself and that I am competent and qualified to perform such work.

Owner's Signature:

Paysi Guerra

SAF VEH MAINT

Rev: 9/03

KMD

# DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2 14 1

PA State Police - Commercial Vehicle Safety Div.  
1850 Arsenal Boulevard  
Harrisburg, PA 17103-1213  
Fax: (717)772-1558  
Data Challenges : <http://dataqs.fmcsa.dot.gov>

Report Number: PAS195001163  
Inspection Date: 05/12/2015  
Start: 10:50:00 AM ET End: 11:54:35 AM ET  
Inspection Level: I - Full  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
PO BOX 5000  
GREEN, OH 44232-5000  
USDOT#: 00184025  
MC/MX#: 003928  
State#:

Phone#: (234)310-4090  
Fax#:

Driver: GUERRA, DAYS!  
License#: G800160688310  
Date of Birth: 09/11/1988  
CoDriver:  
License#:  
Date of Birth:

State: FL

State:

Location: NORTH BOUND WEIGH STATION  
Highway: INTERSTATE 380  
County: LACKAWANNA, PA

MilePost:  
Origin: MOONACHIE, NJ  
Destination: BUFFALO, NY

Shipper:  
Bill of Lading:  
Cargo: EMPTY

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	TT	FRHT	2012	FL	F017M3	E10674	1FUJGLDR6CSBL1478	80,000			
2	ST	WANC	2010	ME	2238419	FCC370	1JJV632V4AL366116				

## BRAKE ADJUSTMENTS

Axis #	1	2	3	4	5
Right	1 1/8	1 1/2	1 1/2	1 3/8	1 1/2
Left	1 3/8	1 1/2	1 5/8	1 1/4	1 3/8
Chamber	C-24	L-30	C-30	L-30	L-30

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Cash	Violations Discovered
392.2C	392.2	D	N		N	N	PA J.V.C. 3111 (a) -- Obedience to Traffic Control Device. Driver failed to enter weigh station when lights were flashing.
393.45UV	393.45	1	Y		U	N	Brake Tubing and Hose Adequacy Under Vehicle: Axle 2 -- service brake air hose worn into reinforcement ply (chords exposed and broken from rubbing transmission).

HazMat: No HM Transported.

Placard: No Cargo Tank.

Special Checks: Traffic Enforcement, Local Enforcement.

\* Pursuant to Section 4704(C) of the Vehicle Code, the entity that has the vehicle with license followed by a "Y" in the "Out of Service" column of this Driver/Vehicle Inspection Report to be "Out of Service". No person shall remove the vehicle from "Out of Service" status until the required repairs have been satisfactorily completed and the repair certification signed.

DRIVER: This report MUST be furnished to the motor carrier within 24 hours. ALL out of service violations must be corrected prior to operation. All other violations must be corrected within 15 days or before the vehicle's next trip, whichever comes first.

REPAIR OF VEHICLE OUT-OF-SERVICE DEFECTS: I hereby certify that the vehicle out-of-service defects noted on this report have been satisfactorily repaired.

Signature Of Repairer: \_\_\_\_\_ Facility: \_\_\_\_\_ Date: \_\_\_\_\_  
All violations listed on this report which are not designated as out-of-service MUST be corrected within 15 days OR before the vehicle's next trip, WHICHEVER OCCURS FIRST. If out of service violations are listed, they MUST be corrected in accordance with the out-of-service assignment listed on this report.

RETURN ADDRESS: Sign and return this report ONLY if violations are entered in the violation section. Fax or Mail it to the Pennsylvania State Police at the address listed in the upper left corner of this report.

DO NOT SEND TRAFFIC CITATIONS OR ANY PAYMENTS TO THIS ADDRESS. Issued Citations MUST be returned to the COURT whose address appears on the top left of the citation.

MOTOR CARRIER CERTIFICATION: The undersigned hereby certifies that all violations on this report have been corrected and repair has been taken to a repair shop within 15 days. Carrier Safety and Compliance Manager as they are applicable to motor carriers and drivers. This certification MUST be signed by the Motor Carrier and returned WITHIN 15 DAYS to the return address in the upper left corner.

Signature Of Motor Carrier: \_\_\_\_\_

Report Number: PAS195001163

# Invoice

RED LINE TOWING INC  
RED LINE LEASING CORP.  
RED LINE TRUCK AND TRAILER SALES  
347 MAIN STREET  
DICKSON CITY, PA. 18519

DATE	INVOICE #
5/12/2015	94712

BILL TO

DAYS  
PH # 386-854-1933  
EMAIL: DNEL911@YAHOO.COM

**PAID**  
**05/12/2015**

E10674  
287

P.O. NO.	Phone #	Fax #
	1-800-396-1130	570-489-4124

QUANTITY	DESCRIPTION	RATE	AMOUNT
	TRUCK # E10674 LOCATION: I-380 S - EXIT 20  ROAD CALL TO I-380 S - EXIT 20 TO REPLACE SERVICE BRAKE AIR HOSE  ROAD CALL HOSE 2 HOURS LABOR Sales Tax	    35.00 25.00 90.00 6.00%	    35.00T 25.00T 180.00T 14.40
		<b>Total</b>	<b>\$254.40</b>

E-mail	kathy@redlinenow.com
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PO Box 5001 • Green, OH 44232-5001

## VEHICLE INSPECTION

Safety Department  
800.323.9256 (Phone)  
888.234.3792 (Fax)

E10674

Inspection Location: 556 SC 44 Wilkwood, OH Today's Date: 7-21-15 Unit #: E10674  
Address: 556 SC 44 City: Wilkwood  
State: OH ZIP: 44785 Phone: 352-748-2501

## SIGNATURE REQUIRED

Qualified Inspector's Certification - I certify I have inspected the equipment described below in accordance with 49 CFR part 396.19, 396.25 and 393 Appendix G

Signature: [Signature] Date: 7-21-15

Printed Name: Michael Sneed

Certification of Repairman - I certify that the defects noted have been corrected and this vehicle is in compliance with 49 CFR Part 396.19, 396.25 and 393 Appendix G was no repairs

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

This inspection meets the requirements for the U.S. DOT annual inspection as set forth in Section 396 of 49 CFR.

Year	Make	Serial #	Odometer Reading	Owner
11	FL	BL1478		

Inspected Component	NA	OK	Defects Apparent
Brake System			
Service brakes			
Parking brake system			
Brake drums or rotors			
Brake hose			
Brake tubing			
Low pressure warning device (PS)			
Tractor protection valve			
Air compressor			
Elastic brakes			
Hydraulic brakes			
Vacuum systems			
Coupling Devices			
Fifth wheels			
Pinch hooks			
Drawbar/towbar eye			
Drawbar/towbar tongue			
Safety devices			
Saddle - mounts			
Exhaust System			
No leaks at any point forward of or directly below driver/sleeper area			
Not located where likely to cause burning, charring or damage to electrical wiring, the fuel supply or other combustible parts of the vehicle			
Fuel System			
No visible leaks			
Fuel cap			
Tank securely attached			
Lighting Devices			
All lights operational			
All reflectors operational			

Inspected Component	NA	OK	Defects Apparent
Safe Loading			
Free from falling debris			
Front end protected from shifting cargo			
Steering Mechanism			
Steering wheel free play			
Steering column			
Front Axle Beam & All Components			
Other than column			
Steering gear box			
Pinion arm			
Power steering			
Ball & socket joints			
Tie rods & drag links			
Nuts			
Steering system			
Suspension			
Free from cracked, broken, loose or missing U-bolts, spring hangers, or other axle positioning parts			
Spring assembly			
Torque, radius, or tracking components			
Frame			
Frame members			
Tire & wheel clearance			
Adjustable axle assemblies			
Tire			
Steering axle			
Min tread depth <u>2/32</u>			
All other tires			
Min tread depth <u>4/32</u>			

Inspected Component	NA	OK	Defects Apparent
Wheels & Rims			
Lock or side ring			
Wheels & rims			
Fasteners			
Welds			
Windshield glazing			
Refer to requirements			
Please note the length, width, and placement of any cracks in comment section			
Windshield Wipers			
All wipers operational			
Other FedEx Requirements			
Speedometer - operational			
Horns - operational			
Cab - General - No objects obscuring driver's vision, access to emergency exits, or free movement or exit from cab			
Body Condition			
All panels for holes			
Doors & roof			
Floor			
Signs - FedEx signs on vehicle			
Emergency Equipment			
10 BC fire extinguisher accessible & mounted			
3 Reflective triangles			
Spare fuse or circuit breakers			
Tire chains (seasonal)			
Mud Flaps			
Freight Securement System			

Inspector: Please comment on the nature of apparent defects and whether or not corrected.  
Write additional comments on the back of this form.

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Rev. 9/03

07/22/2015 3:09PM (GMT+00:00)



PO Box 5001 • Green, OH 44232-5001

Truck # E10674INSPECTOR AND  
BRAKE INSPECTOR QUALIFICATION

Safety Department

800.323.9256 (Phone)

888.234.3792 (Fax)

safetydocs@blue.fedex.com

E10674

## Part 1 (Required)

In order to perform annual inspections per FMCSR 396.19, you must be qualified as follows:

- (1) Understands the inspection criteria set forth in 49 CFR Part 393 and Appendix G of this subchapter and can identify defective components;
- (2) Knowledgeable of and has mastered the methods, procedures, tools and equipment used when performing an inspection; and
- (3) Capable of performing an inspection by reason of experience, training, or both as follows:

(Check below the sections that apply to your inspector qualification)

- ☐ (i) Successfully completed a State or Federal-sponsored training program or has a certificate from a State or Canadian Province which qualifies the person to perform commercial motor vehicle safety inspections; OR
- ☐ (ii) Have a combination of training and/or experience totaling at least 1 year. Such training and/or experience may consist of:
- ☐ Participation in a truck manufacturer-sponsored training program or similar commercial training program designed to train students in truck operation and maintenance; OR
  - ☒ Experience as a mechanic or inspector in a motor carrier maintenance program; OR
  - ☒ Experience as a mechanic or inspector in truck maintenance at a commercial garage, fleet leasing company, or similar facility; or
  - ☒ Experience as a commercial vehicle inspector for a State, Provincial or Federal Government.

I certify I am a qualified inspector in accordance with 49 CFR Part 396.19, 396.25 and 393 Appendix G.

Inspector's Name Michael SneedDate 7-21-15Inspector's Signature [Signature]

## Part 2 (Required)

In order to perform any inspection, maintenance, repair or service to brakes, per FMCSR 396.25 you must be qualified as follows:

- (1) Understands the brake service or inspection task to be accomplished and perform the task; and
- (2) Knowledgeable of and has mastered the methods, procedures, tools and equipment used when performing an assigned brake service or inspection task; and
- (3) Capable of performing the assigned brake service or inspection by reason of experience, training, or both as follows:

(Check below the sections that apply to your inspector qualification)

- ☐ (i) Successfully completed an apprenticeship program sponsored by a State, a Canadian Province, a Federal agency or a labor union, or a training program approved by a State, Provincial or Federal agency, or has a certificate from a State or Canadian Province which qualifies the person to perform the assigned brake service or inspection task (including passage of Commercial Driver's License air brake tests in the case of brake inspection); OR
- ☐ (ii) Has brake-related training or experience or a combination thereof totaling at least 1 year. Such training and/or experience may consist of:
- ☐ Participation in a training program sponsored by a brake or vehicle manufacturer or similar commercial training program designed to train students in brake maintenance or inspection similar to the assigned brake service or inspection tasks; OR
  - ☐ Experience performing brake maintenance or inspection similar to the assigned brake service or inspection task in a motor carrier maintenance program; OR
  - ☒ Experience performing brake maintenance or inspection similar to the assigned brake service or inspection task at a commercial garage, fleet leasing company, or similar facility.

I certify I am qualified to inspect, maintain, repair and service brakes in accordance with 49 CFR Part 396.25 and 393 Appendix G.

Brake Inspector's Name Michael SneedDate 7-21-15Brake Inspector's Signature [Signature]Witnessed by [Signature]

Date

Title ManagerCompany Name TA Truck ServiceAddress 5566 St Hwy 44 Wildwood FL 34785Phone 352-748-2601





# **D8665**

# **MAINTENANCE FILE**



PO Box 6001 • Green, OH 44232-5001

## VEHICLE INSPECTION

Safety Department

800.323.9256 (Phone)

888.234.3792 (Fax)

Inspection Location: Speedco Inc #345Today's Date: 3/21/15Unit #: D8665Address: 2423 S. 24th StCity: Council BluffsState: IAZIP: 51501Phone: 712-388-0577

## SIGNATURE REQUIRED

Qualified Inspector's Certification - I certify I have inspected the equipment described below in accordance with 49 CFR part 396.19, 396.26 and 393 Appendix G

Signature: Christina M. BarkerDate: 03/21/15Printed Name: Christina M. Barker

Certification of Repairman - I certify that the defects noted have been corrected and this vehicle is in compliance with 49 CFR Part 396.19, 396.26 and 393 Appendix G

Signature: Christina M. BarkerDate: 03/21/15Printed Name: Christina M. Barker

This inspection meets the requirements for the U.S. DOT annual inspection as set forth in Section 396 of 49 CFR.

Year	Make	Serial #	Odometer Reading	Owner
2008	Kenworth	1NKAH47XX81234	620415	Mock Schnell LLC

Inspected Component	NA	OK	Defects Apparent	Inspected Component	NA	OK	Defects Apparent	Inspected Component	NA	OK	Defects Apparent
<b>Brake System</b>				<b>Safe Loading</b>				<b>Wheels &amp; Rims</b>			
Service brakes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Free from falling debris	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lock or side ring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Parking brake system	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Front end protected from shifting cargo	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wheels & rims	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Brake drums or rotors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cab - General - No objects obscuring driver's vision, access to emergency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fasteners	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Brake hose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	frames, or free movement or exit from cab	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Welds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Brake tubing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Steering Mechanisms</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Windshield glazing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Low pressure warning device PSI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Steering wheel free play	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Refer to requirements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tractor protection valve	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Steering column	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Please note the length, width, and placement of any cracks in comment section	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Air compressor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Front Axle Beam & All Components	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Windshield Wipers</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Electric brakes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other than column	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	All wipers operational	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hydraulic brakes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Steering gear box	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other FedEx Requirements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Vacuum systems	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pinion arm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Speedometer - operational	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Compling Devices</b>				Power steering	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Horn - operational	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fifth wheels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ball & socket joints	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Body Condition</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pinde hooks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Tie rods & drag links	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	All panels for trucks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drawbar/towbar eye	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nuts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Doors & roof	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drawbar/towbar tongue	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Steering system	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Floor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Safety devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Suspensions</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sigma - FedEx branding on vehicle	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Saddle - mounts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Free from cracked, broken, loose or missing U-bolts, spring hanger(s), or other axle positioning parts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Emergency Equipment</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Exhaust System</b>				Spring assembly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10 BC Fire extinguisher accessible & mounted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
No leaks at any point forward of or directly below driver/stepper area	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Torque, radius, or tracking components	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3 Reflective triangles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Not located where likely to cause burning, charring or damage to electrical wiring, the fuel supply or other combustible parts of the vehicle	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Frames	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Spore fuse or circuit breakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Fuel Systems</b>				Frame members	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Tire chains (seasonal)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
No visible leaks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Tire & wheel clearance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Med Flaps</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fuel cap	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adjustable axle assemblies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Freight Securement System</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tank securely attached	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Tire	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Liftgate inspection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Lighting Devices</b>				Steering axle	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Liftgate structure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All lights operational	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Min tread depth 16/32	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Steam clean entire liftgate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All reflectors operational	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	All other tires	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lube liftgate & check fluid levels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				Min tread depth 12/32	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Warning/Safety &amp; operational labels</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
								Electrical Wiring/Switches/Solenoids	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
								Battery/Box	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Inspector: Please comment on the nature of apparent defects &amp; whether or not corrected.

1. When additional comments are the basis of this form, it should be done.

1-5 end



PO Box 5001 • Green, OH 44232-5001

Truck # D8465

# INSPECTOR AND BRAKE INSPECTOR QUALIFICATION

Safety Department

800.323.9256 (Phone)

888.234.3792 (Fax)

safetydocs@blue.fedex.com

## Part 1 (Required)

In order to perform annual inspections per FMCSR 396.19, you must be qualified as follows:

- (1) Understands the inspection criteria set forth in 49 CFR Part 393 and Appendix G of this subchapter and can identify defective components;
- (2) Knowledgeable of and has mastered the methods, procedures, tools and equipment used when performing an inspection; and
- (3) Capable of performing an inspection by reason of experience, training, or both as follows:

### (Check below the sections that apply to your inspector qualification)

- ☒ (i) Successfully completed a State or Federal-sponsored training program or has a certificate from a State or Canadian Province which qualifies the person to perform commercial motor vehicle safety inspections; OR
- (ii) Have a combination of training and/or experience totaling at least 1 year. Such training and/or experience may consist of:
- ☒ Participation in a truck manufacturer-sponsored training program or similar commercial training program designed to train students in truck operation and maintenance; OR
  - ☒ Experience as a mechanic or inspector in a motor carrier maintenance program; OR
  - ☒ Experience as a mechanic or inspector in truck maintenance at a commercial garage, fleet leasing company, or similar facility; or
  - ☒ Experience as a commercial vehicle inspector for a State, Provincial or Federal Government.

I certify I am a qualified inspector in accordance with 49 CFR Part 396.19, 396.25 and 393 Appendix G.

Inspector's Name Christina BarkerDate 03/21/15Inspector's Signature Christina Barker

## Part 2 (Required)

In order to perform any inspection, maintenance, repair or service to brakes, per FMCSR 396.25 you must be qualified as follows:

- (1) Understands the brake service or inspection task to be accomplished and perform the task; and
- (2) Knowledgeable of and has mastered the methods, procedures, tools and equipment used when performing an assigned brake service or inspection task; and
- (3) Capable of performing the assigned brake service or inspection by reason of experience, training, or both as follows:

### (Check below the sections that apply to your inspector qualification)

- ☒ (i) Successfully completed an apprenticeship program sponsored by a State, a Canadian Province, a Federal agency or a labor union, or a training program approved by a State, Provincial or Federal agency, or has a certificate from a State or Canadian Province which qualifies the person to perform the assigned brake service or inspection task (including passage of Commercial Driver's License air brake tests in the case of brake inspection); OR
- (ii) Has brake-related training or experience or a combination thereof totaling at least 1 year. Such training and/or experience may consist of:
- ☒ Participation in a training program sponsored by a brake or vehicle manufacturer or similar commercial training program designed to train students in brake maintenance or inspection similar to the assigned brake service or inspection tasks; OR
  - ☒ Experience performing brake maintenance or inspection similar to the assigned brake service or inspection task in a motor carrier maintenance program; OR
  - ☒ Experience performing brake maintenance or inspection similar to the assigned brake service or inspection task at a commercial garage, fleet leasing company, or similar facility.

I certify I am qualified to inspect, maintain, repair or service brakes in accordance with 49 CFR Part 396.25 and 393 Appendix G.

Brake Inspector's Name Christina BarkerDate 03/21/15Brake Inspector's Signature Christina BarkerWitnessed by Christina BarkerDate 03/21/15Title Assistant ManagerCompany Name SPEEDCO INC #345Phone 712-388-0577Address 2423 S. 24th St, Council Bluffs, IA, 51501

2-5 end



PO Box 5001 • Green, OH 44232-5001

**VEHICLE MAINTENANCE RECORD**

Safety Department  
 800.323.9256 (Phone)  
 888.234.3792 (Fax)

 Today's Date: 3/23/15 Unit #: D8665

Date	Mileage	Lubrication	Oil	Filter	Transmission	Differential	Other
	on sheet						

**Maintenance Records**

List all dates preventive maintenance has been performed (i.e. - 5000 MI. PM). Include description of repairs or replaced parts (i.e. - Brake linings, replaced, replaced cracked taillight, etc.).

Date	Description of Maintenance Performed	Maintenance Performed by:
on sheet		

All questions must be answered before this report will be considered valid

1. Is vehicle free of oil and gas leaks? ☒ Yes ☐ No
  2. Has the equipment described above been in an accident in the last sixty days? ☐ Yes ☒ No
  3. If yes above, has equipment been inspected and certified to be safe? ☐ Yes ☒ No
  4. Is there a copy of a permanent lease in the vehicle at all time? ☒ Yes ☐ No
  5. Are all current plates, permits, and operating authorities in or on the unit? ☒ Yes ☐ No
  6. Has this vehicle been stopped in any DOT, PUCO, or other safety inspection in the last 60 days? ☐ Yes ☒ No
- If yes, were any defects noted? ☐ Yes ☒ No NA

Have you submitted a certificate of repairs to the Safety department as prescribed in Federal regulations covering any and all defects as noted in the inspection? ☒ Yes ☐ No NA

I hereby certify that I have in my possession bills, records, receipts, and/or other evidence to verify repair work indicated above. That in the event there is no such bill, record, etc., that the work was performed by myself and that I am competent and qualified to perform such work.

Owner's Signature:

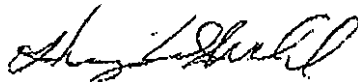
S-5

3-23-15 D8665

D8665  
203

2-2

Date	Description of Maintenance Performed	Maintenance Performed by:
10/24/14	Replaced bulb on top right side of box	Henry Schnell
10/25/14	Replaced Right Mud flap	Henry Schnell
10/25/14	Alignment Check	TA/Andrew
10/27/14	Installed rear torque arm bracket	Kenworth Minn/Wahlstrom
10/27/14	Replaced Right low beam	Henry Schnell
10/31-11/04/14	Replace Turbocharger/clean DPF/Replace 6 gaskets/elbow connector/plug/ARD head/gasket/Coil AS/Clamp/cleared codes	MHC Kenworth-Little Rock
11/04/14	Patch Right side Rear panel inner skin	Great Dane
11/07/14	Alignment Check	Petro North Little Rock AR
11/07-11/11/14	8 seals/gasket/oil leak near oil pan	MHC Kenworth-Little Rock AR
11/11-11/12/14	Replace ARD Head	MHC Kenworth-Memphis TN
11/13/14	Replace Thermostat	MHC Kenworth-Memphis TN
11/19/14	Truck Wash	Blue Beacon
11/20/14	Replace Boost Pressure sensor/Replace Fuel Filters	Kenworth-South Louisiana
11/27/14	Replace Mud Flap/Wiper blade	Henry Schnell
11/28/14	Replace Light Right side turn	Henry Schnell
11/30/14	Replace wiper blade	Henry Schnell
12/04-12/06/14	Replace Exhaust Mbend pipe/change oil/filter	MHC Kenworth-Atlanta GA
12/16/14	Replace Crank Case Filter	MHC Kenworth-Springfield MO
01/07/15	Replace Alt Belt, and Bearing	Kentucky & Ill Fleet service
01/11/15	Oil/fuel filter/lube Basic tire services	TA Grand Bay AL
01/30/15	Replace Low beam Right side and clearance light	Henry Schnell
02/04/15	Repair Windshield chip	Henry Schnell
02/11/15	Replaced Fuel Filter/cleared fault codes	Kenworth South Louisiana
02/18/15	Repair/replace License plate holder	Henry Schnell
02/24/15	Changed oil/fuel filters/engine air filter/CCV filter/Checked all fluids and freeze point/check transmission/Diff fluids.	Speedco #345 Council Bluffs, IA
02/25/15	Replace both steering tires/front alignment	Cross Dillon Tire Omaha
03/09/15	Replace Fire Extinguisher	Henry Schnell
03/09/15	Replace Fog light Right side	Henry Schnell
03/20/15	changed oil/fuel filters/checked all filters all fluids/Luke	Speedco #345 CB, IA



Kend

5-5



# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

North Carolina State Highway Patrol  
4702 MAIL SERVICE CENTER  
512 NORTH SALISBURY STREET  
RALEIGH, NC 276994702  
9197158683

Report Number: NC0005735854  
Inspection Date: 05/12/2015  
Start: 6:51 PM ET End: 07:29 PM ET  
Inspection Level: II - Walk-Around  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
1475 BOETTLER RD  
UNIONTOWN, OH 44685-9584  
USDOT#: 00164025 Phone#:  
MC/MX#: 003926 Fax#:  
State#:

Driver: ROBINSON, JERI  
License#: 08398688 State: TX  
Date of Birth: 08/01/1956  
CoDriver: SCHNELL, HENRY  
License#: 39303413 State: TX  
Date of Birth: 05/23/1964

Location: CHARLOTTE  
Highway: I85  
County:

MilePost: 29 Shipper: PITTSBURGH GLASS WORKS  
Origin: ELKIN, NC Bill of Lading: 32441132  
Destination: TALLADEGA, AL Cargo: OTHER

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TR	KWDT	2008	OH	PVZ7179	D8665	1NKAHU7XX8J213100	33,000			

**BRAKE ADJUSTMENTS:** No Brake Measurements Required For Level 2

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.9TS	393.9TS	1	Y	3075513	N	N	INOPERATIVE TURN SIGNAL-LEFT REAR LAMP

**HazMat:** No HM Transported.

**Placard:** No **Cargo Tank:**

## Special Checks:

## State Information:

(1) OSS CITATION #: 3075513; ADMIN OOS FINES: 0.00; CDL REQUIRED Y/N: 1; DRIVER OOS FINES: 0.00; ENF 500 REPORT #: 5735854; FEDERAL INSP. DATE: 2014-10-12; FEIN/SSN #: 341175962; FUEL DECAL #: 068596; GPS LATITUDE: 0; GPS LONGITUDE: 0; HAZMAT OOS FINES: 0.00; IFTA STATE: OH; OOS FINES ASSESSED Y/N: Y; POST CRASH INSP. Y/N: 0; STATE: NC; TOTAL OOS FINES: 50.00; VEHICLE OSS FINES: 50.00;

**Vehicle Placed Out of Service:** The vehicle(s) listed on this report and indicated as being Out of Service, shall not be operated until all Out of Service violations have been corrected. No motor carrier shall allow and no driver shall operate a commercial motor vehicle(s) after said vehicle(s) have been placed Out of Service, until such time as repairs have been made and compliance with the Federal Motor Carrier Safety Regulations and/or the Hazardous Material Transportation Regulations have been met.

**Mechanic Certification:** The undersigned certifies that all repairs for violations entered on this report have been made and the vehicle(s) listed on this report are in compliance with the safety requirements of CFR -49 Part 393 and 396 of the Federal Motor Carrier Safety Regulations, to the best of my knowledge. 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: \_\_\_\_\_

**Motor Carrier Certification:** The undersigned, on behalf of the Motor Carrier named on this report, certifies that all violations entered on this report have been corrected and action has been taken to assure compliance with the Federal Motor Carrier Safety and Hazardous Material Transportation Regulations insofar as they are applicable to motor carriers, drivers and commercial motor vehicles as prescribed in CFR - Title 49 of the United States Codes and those adopted by North Carolina. This report shall be signed and returned to the address above within 15 days from issuance of this report.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
C. V. BARRETT

Badge #:  
4126

Copy Received By:  
JERI ROBINSON

Page 1 of 2



00164025 NC NC0005735854

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X \_\_\_\_\_



**DRIVER/VEHICLE EXAMINATION REPORT**

Query Central 3.4

North Carolina State Highway Patrol  
4702 MAIL SERVICE CENTER  
512 NORTH SALISBURY STREET  
RALEIGH, NC 276994702  
9197158683

Report Number: NC0005735854  
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Start: 6:51 PM ET End: 07:29 PM ET  
Inspection Level: II - Walk-Around  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
1475 BOETTLER RD  
UNIONTOWN, OH 44685-9584

USDOT#: 00164025 Phone#: \_\_\_\_\_  
MC/MX#: 003926 Fax#: \_\_\_\_\_  
State#: \_\_\_\_\_

Driver: ROBINSON, JERI

License#: 08398688

State: TX

Date of Birth: 08/01/1956

CoDriver: SCHNELL, HENRY

License#: 39303413

State: TX

Date of Birth: 05/23/1964

**Inspection Notes**

WHITE CAB SLEEPER TWO AXLE BOX TRUCK TRAVELING SOUTH ON I85 HAULING MACHINERY. W/F DRIVER POLITE AND COOPERATIVE. W/M CO DRIVER. INT STOP FOR LEVEL 2 INSPECTION. PORTAL CHECKED. DURING INSPECTION DISCOVERED LEFT REAR TURN LAMP WAS INOP (BARRETT, CHARLES V 5/12/2015 7:19:44 PM)

**Special Studies** No Special Study Data Recorded

Report Prepared By:  
C. V. BARRETT

Badge #:  
4126

Copy Received By:  
JERI ROBINSON

Page 2 of 2



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X \_\_\_\_\_

00164025 NC NC0005735854

# **DR8749**

# **MAINTENANCE FILE**

**VEHICLE INSPECTION**

Safety Department  
800.323.9256 (Phone)  
888.234.3792 (Fax)

PO Box 5001 • Green, OH 44232-5001

Inspection Location: Action Gear & Diesel

Today's Date: 03/19/2015

Unit #: DR8749

Address: 2629 Locust Street

City: Nashville

State: TN

ZIP: 37207

Phone: 615-678-8555

**SIGNATURE REQUIRED**

**Qualified Inspector's Certification** - I certify I have inspected the equipment described below in accordance with 49 CFR part 396.19, 396.25 and 393 Appendix G

Signature: William Robertson

Date: 03/19/2015

Printed Name: William Roberstson

**Certification of Repairman** - I certify that the defects noted have been corrected and this vehicle is in compliance with 49 CFR Part 396.19, 396.25 and 393 Appendix G

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**This inspection meets the requirements for the U.S. DOT annual inspection as set forth in Section 396 of 49 CFR.**

Year	Make	Serial #	Odometer Reading	Owner
2004	FRHTL	1FVAC5CV14HM90962		INDIAN HILL TRUCKING

Inspected Component	NA	OK	Defects Apparent
<b>Brake System</b>			
Service brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking brake system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake drums or rotors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake hose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake tubing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low pressure warning device PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tractor protection valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coupling Devices</b>			
Fifth wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pintle hooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawbar/towbar eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawbar/towbar tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saddle - mounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Exhaust System</b>			
No leaks at any point forward of or directly below driver/sleeper area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not located where likely to cause burning, charring or damage to electrical wiring, the fuel supply or other combustible parts of the vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fuel System</b>			
No visible leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank securely attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lighting Devices</b>			
All lights operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All reflectors operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Safe Loading</b>			
Free from falling debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front end protected from shifting cargo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cab - General</b> - No objects obscuring driver's vision, access to emergency items, or free movement or exit from cab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Steering Mechanism</b>			
Steering wheel free play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steering column	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Front Axle Beam &amp; All Components</b>			
Other than column	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steering gear box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pitman arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ball & socket joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tie rods & drag links	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steering system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Suspension</b>			
Free from cracked, broken, loose or missing U-bolts, spring hanger(s), or other axle positioning parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spring assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Torque, radius, or tracking components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Frame</b>			
Frame members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tire & wheel clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjustable axle assemblies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tire</b>			
Steering axle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Min tread depth _____/32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All other tires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Min tread depth _____/32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Wheels &amp; Rims</b>			
Lock or side ring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheels & rims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fasteners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Windshield glazing</b>			
Refer to requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please note the length, width, and placement of any cracks in comment section			
<b>Windshield Wipers</b>			
All wipers operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other FedEx Requirements</b>			
<b>Speedometer</b> - operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Horn</b> - operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Body Condition</b>			
All panels for holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors & roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Signs</b> - FedEx branding on vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emergency Equipment</b>			
10 BC Fire extinguisher accessible & mounted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Reflective triangles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spare fuse or circuit breakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tire chains (seasonal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mud Flaps</b>			
<b>Freight Securement System</b>			
<b>Liftgate Inspection</b>			
Liftgate structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam clean entire liftgate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lube liftgate & check fluid levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warning/Safety & operational labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Wiring/Switches/Solenoids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery/Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector: Please comment on the nature of apparent defects & whether or not corrected.

Write additional comments on the back of this form & check the box: ☐ (Comments Listed On Reverse)

# DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14 1.1

Nebraska State Patrol  
3920 W. Kearney  
Lincoln, NE 68524  
Phone: (402)471-0105 Fax: (402)471-3295

DR8749

Report Number: NEQS00000273  
Inspection Date: 06/02/2015  
Start: 11:13:49 PM CT End: 11:39:47 PM CT  
Inspection Level: I - Full  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
1475 BOETTLE RD  
UNIONTOWN, OH 44585-9584  
USDOT#: 00164025 Phone#: (234)310-4090  
MC/MX#: 003926 Fax#:  
State#:

Driver: MIZE, JAMES W  
License#: M08762279 State: KY  
Date of Birth: 06/24/1963  
CoDriver: MIZE, CLIFFORD D  
License#: M11105827 State: KY  
Date of Birth: 09/08/1960

Location: NORTH PLATTE WEST BOUND  
Highway: 180  
County: LINCOLN, NE

MilePost: 181 Shipper: FED EX  
Origin: MEHOOPANY, PA Bill of Lading: 275135511  
Destination: BEAR RIVER CITY, U Cargo: MISC

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	TR	FRHT	2004	TN	E459HV	QR8749	1FVAC5CV14HM90962	45,000			

## BRAKE ADJUSTMENTS

Axle #	1	2
Right	1 3/4	3 1/8
Left	1 3/4	3 1/4
Chamber	L-20	L-30

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.47E	393.47(e)	1	N		N	N	Clamp or Roto type brake out-of-adjustment, adjustment full defect, measures 3 1/4" LS
393.53B	393.53(b)	1	N		N	N	CMV manufactured after 10/19/94 has an automatic airbrake adjustment system that fails to compensate for wear
393.47E	393.47(e)	1	N		N	N	Clamp or Roto type brake out-of-adjustment, clamp 30 adjustment full defect, measures 3 1/8" RS
396.3A1BOS	396.3(a)(1)	1	Y	EF5800322	U	N	BRAKES OUT OF SERVICE: The number of defective brakes is equal to or greater than 20 percent of the service brakes on the vehicle or combination. Axle 2 LS/RS
396.3A1BL	396.3A1BL	1	Y	EF5800322	U	N	Brake-reserve system pressure loss, not able to maintain air pressure between 80 and 90 psi

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

## State Information:

CDL CLASS: A  
DISTRICT: 3

OWNER OF VEHICLE: DAWN BROWN  
MAPS: NO

Report Prepared By:  
M. GUZMAN

Badge #:  
F121

Copy Received By:  
JAMES MIZE

Page 1 of 2

X 

X 



00164025 NE NEQS00000273

# DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Nebraska State Patrol  
3920 W. Kearney  
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Location: NORTH PLATTE WEST BOUND  
Highway: 180  
County: LINCOLN, NE

MilePost: 181 Shipper: FED EX  
Origin: MEHOOPANY, PA Bill of Lading: 275135511  
Destination: BEAR RIVER CITY, U Cargo: MISC

Pursuant to the authority contained in Nebraska Statutes 75-363 through 75-369, I hereby declare the above vehicle(s) as "OUT OF SERVICE". No person shall remove the "Out of Service" stickers applied to those vehicles, or operate such vehicles, until the out of service defects have been repaired and the vehicles restored to safe operating condition. ANY PERSON CONVICTED OF VIOLATING AN OUT-OF-SERVICE ORDER SHALL BE SUBJECT TO CDL (COMMERCIAL DRIVERS LICENSE) DISQUALIFICATION.

DRIVER: This report MUST be furnished to the motor carrier whose name appears at the top of this report.

Signature Of Requirer: [Signature] Facility: LIP Boss Shop Date: 6-3-15  
Advisory: This vehicle has been identified as having brake adjustment violations. 49CFR Section 393.53 requires that a self-adjusting brake system be equipped on this vehicle. A qualified service technician needs to determine why the defective brake has excessive stroke and make the appropriate repairs. Simply re-adjusting a self-adjusting brake adjustor, or replacing it, does not guarantee that the problem is corrected. The problem may exist in the foundation brake system. By certifying this inspection report you have indicated that this vehicle now has a properly functioning self-adjusting brake adjustment system.

MOTOR CARRIER CERTIFICATION: The undersigned certifies that all violations on this report have been corrected and action has been taken to assure compliance with the Federal and State Motor Carrier Safety and Hazardous Material Regulations insofar as they are applicable to motor carriers and drivers. This certification must be signed by the MOTOR CARRIER and returned to the NEBRASKA STATE PATROL within 15 days. (RETURN ONLY IF VIOLATIONS WERE NOTED ON THIS REPORT)

Signature Of Motor Carrier: [Signature] Title: Vehicle Compliance Date: 6/11/15

Report Prepared By:  
M. GUZMAN

Badge #:  
F121

Copy Received By:  
JAMES MIZE

Page 2 of 2



00164025 NE NEQS00000273



DR8749

June 11, 2015

Dawn L Browne Dba Indian Hill  
1703 County Rd 5790  
Willow Sprs, MO 65793

Dear Dawn,

Section 2.06 of our lease agreement states that you agree to continuously maintain the leased vehicle in good, safe and efficient operating condition to meet all requirements imposed by applicable federal laws and any rules, regulations and orders of the US Department of Transportation (DOT) and FedEx Custom Critical's Safety Policy.

On June 2, 2015 your vehicle DR8749 was pulled for a roadside inspection. DR8749 was placed out of service by the roadside inspector for the number of defective brakes is equal to or greater than 20 percent of the service brakes on the vehicle or combination and brake-reserve system pressure loss. The defects discovered in the roadside inspection should have been detected and noted during a good pre-trip and post-trip inspection. All defects discovered during the pre-trip and post-trip inspections should be corrected prior to putting the vehicle on the road. All safety-based roadside inspection violations, not just out of service violations, will impact the CSA score for the driver and the motor carrier. The CSA program holds all drivers and carriers accountable for their safety performance, therefore, making it important to address and monitor any safety problems. Just be mindful of this when performing the pre-trip inspection of the vehicle to avoid points on your record. The FMCSA has implemented this program as a more efficient and effective method for targeting the safety problems of both the motor carrier and their drivers to reduce CMV crashes and fatalities. For more information about CSA go to [csa.fmcsa.dot.gov](http://csa.fmcsa.dot.gov).

Any more multiple or out of service defects discovered on DR8749 during a roadside inspection before June 2, 2017 may result in a safety review of that vehicle. The safe operation of your leased vehicle is very important to the general public and to FedEx Custom Critical.

Sincerely,

Jorie Justice  
Vehicle Compliance  
800-323-9256

① have Draft Policy for  
DVRS  
complaints for no DVRS

TKS

TURNING IN VEH. INSPECTIONS - 6 MONTHS  
INSPECTOR? BROKE INSPECTOR QUALIFICATION  
6 MONTHS VEHICLE MAINTENANCE RECORDS

Staff Exhibit No. 8

DVIR

D8819 - TK Shelby W. Smith, TX - K025806, VIN# X35670

8/29/2015 - FRT IDLT, (IR LINING OIL CONTAMINATED), (IR INNER Wheel Seal) OK

AUG  
# LOGS - OK

6/30/2015 - No Defects - Shelby W. Smith, SE Guin, TX - DELAVAN, IL

NONE REQUIRED

D8565 - DIREU M. AZEVEDO, OH - PWA2999, VIN# 550394

AUG

8/25/2015 - Richmond VA to JAMAICA, NY - ABSLT STUCK ON, L REVERSE LT, LR CLEAR, OIL LK. - MISSING

4/1/2015 - No Defects

REPAIR  
8/15/2015

LOG

9/30/2014 - RONALD M. BASURTOVASQUEZ - CAB U Bolt Broken in 10/10/2015

DATE BEFORE  
DATE OK

Vehicle Date of Insp. Date of Repair DVRS Rec. Defects

"NO AUGUST DVRS"

D8801 - Jackie N. Perry, OH - PWA3412, VIN# 848933

AUG

8/15/2015 - ALLENTOWN, PA to JAMAICA, NY - NO WASHER FLUID, BOTH FRONT TS, FRT HAZARD LT. 10/1

Fixed 8/17/2015

"NO AUGUST DVRS"

D8280 - CHRISTOPHER H. OTEA, FL - B0800N, VIN# X57144

AUG

8/14/2015 - ~~REPAIR~~ HAGERSTOWN, MD to WASHINGTON, D.C. - (2 LO FRT 125/110)

11:42 AM - 12:01 Driveline 11:11 PM

# LOGS \*  
NEEDS CHECKED

OK REQUIRED

D7903 - ADDI S. WARSAME, OH - PU09272, VIN# X17158

AUG

8/7/2015 - FRANKFORT, IN - Toledo, OH, Rear Pinion Seal Leaking, Connect. under hood, Air Line Leak, Annual Not Readable.

Fixed 8/14/2015

"NO AUGUST DVRS"  
1 of 1 missing

ER10579 - Ronald White, OH - P025629, VIN# 277165

AUG

8/6/2015 - Sonoma, CA to Rockville, MD, LF 10/11

D8746 - Richard T. Smith, SC - P71911, VIN# X51317

AUG

8/5/2015 - ATLANTA, GA - Greenville, SC - (L & R Tail Lts), 3 Rear IDLTS, Rear Clear Lts.

7/29/2015 - No Defects

OK

Rep. 8/25/2015 OK

OK

# LOGS OK  
"NO AUGUST DVRS"  
1 of 1

2

TKS

DVIR

(P3222) DAVID W. PERKINS - TX-K038031, VIN# A.D.7698  
7/21/2015 - Kingwood TX to Long Beach, CA - Damaged Windshield  
6/8/2015 - No Violations Collected 7/25/2015  
3/27/2015 - No Violations Annuls O.K.  
12/13/2014 - No Violations  
10/15/2014 - No Violations  
JULY  
1 - NONE  
2 - MISSING  
Day Before Day  
O.F.  
"No V.I.R.s" written on  
file presented.

(D87129) SCOTT A. GREEVERS - OH - PV26991, VIN# 6N1518  
7/21/2015 (CA to CA) 3L Air hose Repaired  
JULY  
Required

(D8678) - DOT 4/24/2015 -  
MANJIT S. CHUGHAN - OH - PWA3346, VIN# ... W86456  
7/18/2015 - WEST MEMPHIS, AR TO VILLAGRICA, GA. LHRHL - (210 - EXPOSED TIRE)  
JULY  
LOGS 3 hrs +  
OK  
Required

(D87926) - MELISSA J. MCCOLLERS - FL - BS346U  
7/6/2015 - (PA-PA) (2L Emer. Air Line, damaged) (AIR HOSE BELOW DOOR, hole) (EXHAUST UNDER CAB) - LHRHL LHRHL  
5/26/2015 - WASHBURN, ND TO WATLOO, IA - (1L BOLD), M-D FHR, LF PARKING LAMP  
3/30/2015 - No Viol  
5/27/2015  
10/1/2015 - No Viol  
JULY  
LOGS  
1 OF 1 MISSING  
1 OF 1 MISS

(D8745) PAULO R. BRAGG - OH PV27237, VIN# X17164  
7/8/2015 - ATLANTA, GA TO ELKHART, IN - CAB MARKER LT INOP. - Required 7/12/2015  
8/20/2015 - No Washer Fluid  
JULY  
1 of 1 miss

(D8368) JUSTIN R. RUNGE - TX K025805, VIN# V83186  
7/6/2015 - Shenandoah, IA to Laredo, TX - CENTER ID LT INOP.  
3/3/2015 - No Viol 10/28/2014 No Viol Corrected  
11/13/2014 - SHELBY W. SMITH - (LRTS) LR H2940 LT  
JULY  
DVIR 1 OF 1 - OK



(3)

TKS

DUIR

JULY

(08812)

ROBERT A. BASS II, OH-PWA3471, VIN#...152202

7/1/2015

SARVER, PA - PINE BROOK, NJ. CAB, V-BOLT LOOSE REPAIR 7/14/2015

(1 OF 1) MISSING

7/15/2015

IMPR. FRP

(DR4439)

GEORGE L. STAGER, TX-K004762, VIN#...K62252

JUNE

6/29/2015

(OK-OK)

LLBHL LHBHL DAMAGED WINDSHIELD

DO REPAIR 6/30/2015

1 OF 1

12/22/2014

ATLANTA, GA TO ORANGE CITY, FL No Vio.

(052533)

GARY K. WILCOX, NJ-XK273Y, VIN#...009226

JUNE

6/24/2015

CORNING, NY TO CHERY HILL, NJ. ANNUL EXP 1/2014, BACKUP LT, LRID, LIC LT. REPAIR 6/29/2015

1 OF 1

3/3/2015

NAVAL

10/9/2014

(EXHAUST LK)

10/1/2014

EXHAUST

(DR4611)

RANDALL CORNELL, OH-2195540, VIN#...308588

JUNE

6/22/2015

RICHMOND, VA TO CHARLESTON, SC RHBHL LLBHL

REPAIR 6/24/2015

1 OF 1

6/1/2015

LHBHL, NOSE CHAFFING - EXHAUST LEAK PRIOR TO PUFFER REPAIR 6/1/2015

1 OF 1

(DA837B)

SANTANA F. POWELL, TN-C74HT, VIN#...152193

JUNE

6/18/2015

BOLINGBROOK, IL TO SPRINGFIELD, MO (L &amp; R T9.1 L5) (Driver fixed @ scale) # LOGS

OK

11/25/2014

No Violations

(DR4457)

GEORGE L. PROVEQUE, TN-AS13HY, VIN# 196821

6/5/2015

MORRISVILLE NC TO LEE FI (2L &amp; 3R BROKE ADJ)

2L &amp; 3R BROKE ADJ

# LOGS

LOG - OK

ORequ. red

(4)

TKS

DR8480

ELIZABETH C. ZEPEDA, TX - K009907, VIN#... 213094

6/14/2015 Memphis, TN to Corona, CA - BACK UPLT, 2 LINNOR wheel 591

7/23/2015 No Viol

6/4

DR8481

FREDERICK W. ZEEHER, TN - D689HV, VIN#... 195315

6/14/2015 (Ks to Ks) (3 LI FLAT) 10:58A 11:20A OK

2/10/2015 No Viol

\*LOGS ✓

Drive 53 minutes  
later

DR8749

JAMES W. MIZE, TN - E459HV, VIN#... M90962

6/21/2015 12:13PM - 12:39PM MEHOOHANY PA to Bear River City, UT - (2L, 2R Adj), AUTO Adj, AIR PRESSURE

8/6/2015 No Viol

7/16/2015 6/24/2015 No Viol

LOG - OK

Shows steeper  
one whole time

START 3/30/2015 - No Main Performed including

C2675

TERESA R. MARKS, MI - RB16403, VIN#... X46992

6/1/2015 (KY to KY) (1L BRAKE NO P) OK

9/30/2014 No Viol

7/17/2015 No Viol 6/9/2015 No Viol \*WICHITA, KS to KANSAS CITY, MO

ALOGS 2 hrs  
OK

D7973

JUSTIN T. VEREEN, GA - 1G93CV, VIN#... M21787

5/28/2015 Mt. Pleasant, NC to Laredo, TX - L &amp; R Rear Side Markers MISSING

7/22/2015 6/15/2015 - No Viol

D8765

ANTONIO ALAZA, OH - PVZ7455, VIN#... BZ7919

5/27/2015 Laredo, TX - BRITTON, SD (STEER TIRES exceed TIRE RATING), Fuel Cap Missing

5/13/2015, 1/14/2015, 11/18/2015, 6/16/2015 - No Viol

6

TKS

DR8463 Harry Washington, TN - A042HU, VIN# FU9448

5/22/2015 PLAINVILLE, MA - DALLAS, TX W6T exceeds tire ratings

2/9/2015 3LO tire - METAL OBJECT IN Tread OK

6/16/2015 - No Viol

C3050 Ronald Fox, IN - 285182, VIN# 623433

5/14/2015 Springdale, PA to Dublin, GA - STEER AXLE Mismatched Archamb IR Adj AUTO Adj IR hose ALL LOGS

8/4/2015 10/3/2014 - No Viol

Log - OK

DR8324 DEVELLE E. Jamerson, TN - D324HV, VIN# 195518

5/13/2015 (CATECA) - 1L Adj, 2 R AIR CHAMBER LOSS - OK LOGS

2/3/2015 NEW YORK, NY to MINNEAPOLIS, MN - 2 of 3 TRIG. VOLS, STEER AXLE TIRE RATINGS, LOG OK

9/9/2014 CRACKED WINDSHIELD - INTERSECTING

8/12/2015 NO VIOL

D8665 Jeri ROBINSON, OH - PVZ 7179, VIN# 213100

5/12/2015 ELKIN, NC to TOLLADEGA, AL - LRIS 6:51PM - 7:29PM 7:32PM - OK LOGS ✓

7/9/2015 - No Viol.

3 minutes

\* No MAINT. Performed after 3/20/2015 (Still Current)

DR4596 Thea G. Perry, TN - C985HV, VIN# 393637

5/7/2015 Charleston, SC to Kansas City, MO - 3LT Tread

DR4541 Duane E. Phipps, NC - MC6916, VIN# 112039

4/17/2015 (TN to TN) (3 of 6 Body to CUB BOLTS loose), WINDSHIELD

OK LOGS

9/12/2014 - SPARKS, NV to Hillsboro, OR - No Viol

OK

6

TKS

CR3167

Charles R. Gosad Jr, MD-07AD46 VIN# 096735

4/15/2015

Morgantown, MD to Hagerstown, MD - (2L Linings Contaminated) (2L Linings Sealed) (2 Adj) Slack Adj

2/24/2015, - No Viol.

# LOGS  
OK

CR8650

Susan M. Thwaites, OH-TD63788 VIN# 6N1520

4/15/2015

EGLIN AFB, FL to Point Mugu, CA (1L Linings Contaminated)

# LOGS  
OK

Q

TT

ER5280

JAMES E. CARTER, CT-37014A, VIN#...A10435

8/18/2015 - DULLES, VA - STRATFORD, CT - (3RD FLD) - C.K.

DIR

AUG

4 LOGS  
OK

ER10579

RONALD WHITE, IL-P825629, VIN#...277165

8/6/2015 SUNOI, CA TO ROCKVILLE, MD - LFBHL Ref<sup>nm</sup> 8/14/2015

AUG

1 OF 1

E10284

JUDITH G. GARNER, OH-PVW1657, VIN#...495248

8/4/2015 Tri delph. g. w/te NEWARK, DE - 3R BROKED, AUTO Adj Rep 8/6/2015

AUG

1 OF 1

7/31/2015 No Violations

E11182

ISMAIL N. ABDI MO-81A556, VIN#...V91328

7/22/2015 McDONOUGH, GA TO RALEIGH, NC - Left Clearance CT

JULY

Name Refund

E11079

TORREY L. RINNELS OH-PWA3351 VIN#...677285

7/16/2015 South Lee, MA - SUN VALLEY, CA - LLBHL, Door Reflective Body, 3 MF Taps

6/23/2015 No Viol

7/17/2015 Reps, RCD

JULY

1 of 1

"NO VIOL"

E11080

BOBBY N. THORN, OH-PWA3352 VIN#...221508

7/16/2015 MARLOW, OK TO BAKERSFIELD, CA - Air Loss @ Firewall, stretched spring, guard

Repaired 7/27/2015

JULY

1 of 1

ER10027

PAULA J. JOHNSON AK-6YZ 232 VIN#...329183

7/14/2015 (No copy) - (BROTH)

JULY

4 LOGS  
OK

2

TT

E10578 Remert W. ISAAC, OH-PVX7136, VIN#...653971  
7/11/2015 Lubbock, TX - Freeport, IL (Steer tires over tire rotting)  
DUIR  
JULY  
None Req.  
NO VER. OF REPAIRS.

E10782 ABDISAGAM F. HASSAN, OH-PVZ1267, VIN#...X66145  
6/16/2015 Chicago, IL - Bedford, TX - Axle 2 hoses chaffing, (Gladhand hose damaged)  
JUNE  
\* LOGS  
etc

E10137 Geoffrey K. MUGAI, OH-PVR4355, VIN# V31250  
5/22/2015 Tinted windows - 2LO tread (Sidney, OH to Colorado Springs, CO)  
6/22/2015 No viol

E10860 DAVID A. DURANT, OH-PVZ6792, VIN# X50966  
5/20/2015 HILDERBRAN, NC - JENISON, MI (LIR BRAID), RLBHL, IMPR MARKING  
\* LOGS  
OK

E10674 DAYSI GUERRA, FL-017M3, VIN#...BL1478  
5/12/2015 Moonachie, NJ to Buffalo, NY (Axle 2 air hose damaged) OK  
\* LOGS  
\* LAST 365 days - No Maint. PERFORMED (EXCEPT INSPECTION) AND TWO  
Annual inspections - APPROX. OVER 100,000 miles

E9544 FRANCISCO MESTRE, OH-PV8223, VIN# C173788  
5/19/2015 (CAECA) BLI - FIAT - 50/110 - BOLT IN TREAD 3:58P - 4:08P  
11/19/2015, 01/5/2015 - Phoenix, AZ to Mojave, CA DRIVING 4:03P  
\* LOGS  
Driving (Simultaneous) to, to, to  
AIR UP?

E10944 Theodore McKenzie, FL-F4266M, VIN#...366641  
4/1/2015 - Tridephg, WV to Newark, DE (3LO FIAT 30110)  
\* LOGS  
2012

①

# TRLs

FCC003

~~ME~~ - ANGEL CORATTI - ME-2237418 - VIN... 366281 - <sup>Repaired</sup> <sup>DVIR</sup> AUG  
8/27/2015 KINGMAN, AZ TO RALEIGH, NC - 2 side marker Lts inop. 8/30/2015 10F/miss

FCC166

JEAN D. DESIR - ME-2237396 - VIN... 365912  
8/26/2015 ROCKLEDGE FLD DAYTON, NJ - Air bags Deflated O.K.

AUG

4 LOGS  
O.K.

~~Repaired~~  
HAD 2 D.I.R.s  
AUG.

TR-430

ALVIN E. BENSON - ID-5877TF - VIN... 895911  
8/19/2015 NEWTON, PA TO LITKRON, CO - Defective ABS LT. Repaired 9/25/2015  
3/15/2015 No Viol

10F/miss

FCC200

JES M. ADEN - ME-2238052 - VIN... 365946  
8/4/2015 BAXTER SPRINGS, KS TO SANTA CLAUD, IN - 4LT Tread, RTRND to short  
Repaired 8/10/2015

AUG

10F/miss

FCC355

JUSTIN G. GARNER - ME-2238404 - VIN... 366101  
8/4/2015 TRIDELPHIA, WV TO NEWARK, DE - Relay Valve Air Leak. Repaired 8/6/2015  
7/3/2015 No Violations

AUG

10F/miss

FCC056

RANDY T. REKOW ME-2640520, VIN... 705357  
7/1/2015 NORTH VANCOUVER, BC to From PLEASANTON, CA - SR Brake hose Repaired 7/17/2015  
JULY

JULY

10F/miss

TR392

RATGELF ARIGS FL-1473CT VIN... 900202  
6/18/2015 Colorado Springs, CO - Lexington, MA 20199, 310 Lts inop. Repaired 6/20/2015  
JUNE

JUNE

10F/miss

②

TRC 5

~~TRC 5~~

DVIR

FCC157 ABDISALAM E. HASSAN, ME-2237387 VIN#... ~~365903~~ 365903 JUNE  
6/16/2015 Chicago, IL to Bedford, TX 2 Hoses chafing - 4 Liner wheel Seal  
2/24/2015 No Violations Backse 1 OF 1 MISS.  
12/20/2014 No Violations (Day Before)

FCC222 JAMES R ANDERSON, ME-2238074 VIN#... 365968 JUNE  
6/10/2015 (NOT LISTED) ABS LT INOP (CAME ON WITH BRAKE) REQUIRED 6/11/2015 1 OF 1 MISSING  
2/18/2015 No Viol

FCC251 RICHARD C. JACKSON, ME-2238145 VIN#... 365997  
5/6/2015 CORDELE, GA TO FRESNO, CA - INSULIE PART TRAILER FOOT RIPPED, 5R INOP, 6L LINING STAIN \* LOGS  
8/12/2015 5:34 PM - 6:04 PM OK

FCC060 MICHAEL A. PICKETT, NC-MM8940, VIN#... AY2046  
4/12/2015 OWENSBORO, KY TO GREENSBORO, NC. TRAILER AIR BAGS FLAT OK \* LOGS  
11:06 PM - 11:30 PM Date 11:38 PM



**DVIRs 24 OF 26 MISSING 23 OF 24  
VEHICLES**

[illegible]

# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

Virginia State Police  
Motor Carrier Safety  
P. O. Box 27472  
Richmond, VA 23261-7472  
Phone: (703)803-0027 // NO FAXES ACCEPTED

Report Number: VA4089007163  
Inspection Date: 08/25/2015  
Start: 12:53 PM ET End: 01:25 PM ET  
Inspection Level: I - Full  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
PO BOX 5000  
GREEN, OH 44232-5000  
USDOT#: 00164025 Phone#: (234)310-4090  
MC/MX#: 003926 Fax#:  
State#:

Driver: AZEVEDO, DIREU M  
License#: 778756941 State: NY  
Date of Birth: 03/28/1972  
CoDriver:  
License#: State:  
Date of Birth:

Location: DUMFRIES SCALES NORTH  
Highway: I-95 NORTH  
County: PRINCE WILLIAM, VA

MilePost: Shipper: DUPONT  
Origin: RICHMOND, VA Bill of Lading: 276020751  
Destination: JAMAICA, NY Cargo: FABRIC

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TR	HINO	2007	OH	PWA2999	D8565	5PVNV8JV372S50394	33,000			

## BRAKE ADJUSTMENTS

Axle #	1	2
Right	1 1/2	2
Left	1	1 7/8
Chamber	C-20	C-30

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.55D1	393.55(d)(1)	1	N		N	N	ABS malf circ/signl mfg>2/97,sgl CMV mfg>2/98 // ABS lamp remains in the ( ON ) position.
393.9	393.9(a)	1	N		N	N	Inoperable Required Lamp // Left reverse lamp inop.
393.9	393.9(a)	1	N		N	N	Inoperable Required Lamp // Left rear upper clearance lamp inop.
396.5B	396.5(b)	1	N		N	N	Motor oil leaking.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks:

Report Prepared By:  
MASTER TPR T.A.GAIZICK

Badge #:  
4089

Copy Received By:  
DIREU AZEVEDO

Page 1 of 3



00164025 VA VA4089007163

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**DRIVER/VEHICLE EXAMINATION REPORT**

Query Central 3.4

**Virginia State Police**  
**Motor Carrier Safety**  
**P. O. Box 27472**  
**Richmond, VA 23261-7472**  
**Phone: (703)803-0027 // NO FAXES ACCEPTED**

**Report Number:** VA4089007163  
**Inspection Date:** 08/25/2015  
**Start:** 12:53 PM ET **End:** 01:25 PM ET  
**Inspection Level:** I - Full  
**HM Inspection Type:** None

**FEDEX CUSTOM CRITICAL INC**  
**PO BOX 5000**  
**GREEN, OH 44232-5000**  
**USDOT#:** 00164025 **Phone#:** (234)310-4090  
**MC/MX#:** 003926 **Fax#:**  
**State#:**

**Driver:** AZEVEDO, DIREU M  
**License#:** 778756941 **State:** NY  
**Date of Birth:** 03/28/1972  
**CoDriver:**  
**License#:** **State:**  
**Date of Birth:**

**NOTE TO DRIVER:** This report must be furnished to the motor carrier whose name appears at the top of this report. In instances where a vehicle(s) has been placed out of service, repairs certification is required below. 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: \_\_\_\_\_

1) Sign and return this report ONLY if the driver and/or vehicle(s) have been placed Out of Service.

**RETURN ADDRESS:**

Virginia State Police  
Motor Carrier Safety  
P O Box 27472  
Richmond, VA 23261-7472

**DO NOT SEND TICKETS/CITATIONS/FINES TO THIS ADDRESS**

2) **CITATIONS/TRAFFIC TICKETS:** If issued, MUST be returned to the COURT whose address appears on front of the TICKET/CITATION.

3) If the vehicle has NOT been repaired and HAS been permanently removed from service, initial here \_\_\_\_\_ and sign the report.

4) **CARRIER CERTIFICATION:** The undersigned certifies that all violations on this report have been corrected and action taken to assure compliance with the Motor Carrier Safety and HM Regulations insofar as they are applicable to motor carriers and drivers. This certification MUST BE SIGNED by the Motor Carrier and RETURNED WITHIN 15 DAYS to the above address (#1).

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Report Prepared By:**  
**MASTER TPR T.A. GAIZICK**

**Badge #:**  
**4089**

**Copy Received By:**  
**DIREU AZEVEDO**

Page 2 of 3



00164025 VA VA4089007163

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**DRIVER/VEHICLE EXAMINATION REPORT**

Query Central 3.4

Virginia State Police  
Motor Carrier Safety  
P. O. Box 27472  
Richmond, VA 23261-7472  
Phone: (703)803-0027 // NO FAXES ACCEPTED

Report Number: VA4089007163  
Inspection Date: 08/25/2015  
Start: 12:53 PM ET End: 01:25 PM ET  
Inspection Level: I - Full  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC

PO BOX 5000

GREEN, OH 44232-5000

USDOT#: 00164025

Phone#: (234)310-4090

MC/MX#: 003926

Fax#:

State#:

Driver: AZEVEDO, DIREU M

License#: 778756941

State: NY

Date of Birth: 03/28/1972

CoDriver:

License#:

State:

Date of Birth:

**Inspection Notes**

UCR-2015

O/S Authorized

Dr med cert Exp 11-21-16

**Special Studies** No Special Study Data Recorded

Report Prepared By:  
MASTER TPR T.A.GAIZICK

Badge #:  
4089

Copy Received By:  
DIREU AZEVEDO

Page 3 of 3



00164025 VA VA4089007163

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# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

**NEW JERSEY STATE POLICE**  
**3925 US HWY 1**  
**TRANSPORTATION SAFETY BUREAU**  
**PRINCETON, NJ 08540**  
**Phone: (609)452-2601 Fax: (609)452-8495**

**Report Number:** NJSPCK003959  
**Inspection Date:** 08/15/2015  
**Start:** 1:19 PM ET **End:** 02:03 PM ET  
**Inspection Level:** II - Walk-Around  
**HM Inspection Type:** None

**FEDEX CUSTOM CRITICAL INC**  
**PO BOX 5000**  
**GREEN, OH 44232-5000**  
**USDOT#:** 00164025 **Phone#:** (234)310-4090  
**MC/MX#:** 003926 **Fax#:**  
**State#:**

**Driver:** PERRY, JACKIE N  
**License#:** P600356626658 **State:** MD  
**Date of Birth:** 08/23/1976  
**CoDriver:**  
**License#:** **State:**  
**Date of Birth:**

**Location:** GREENWICH SCALE EAST  
**Highway:** I-78  
**County:** WARREN, NJ

**MilePost:** 6.5 **Shipper:** NIPPON EXPRESS  
**Origin:** ALLENTOWN, PA **Bill of Lading:** 275930951  
**Destination:** JAMAICA, NY **Cargo:** PAINT

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TR	PTRB	2005	OH	PWA3412	D8801	1NPGH7X65N848933	32,000			

**BRAKE ADJUSTMENTS:** No Brake Measurements Required For Level 2

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.78	393.78	1	N		N	N	Windshield wipers inoperative/defective/ NO WASHER FLUID
393.9TS	393.9TS	1	N		N	N	Inoperative turn signal/ both front
393.19	393.19	1	N		N	N	Inoperative/Defective Hazard Warning Lamp/front

## BRAKE PERFORMANCE ASSESSED USING PERFORMANCE-BASED BRAKE TESTER (PBBT)

Vehicle/Combination Type: **Property-carrying vehicle > 10,000 lbs**  
 Minimum Value Required to Pass: **43.5** Braking Force as Percentage of GVW or GCW: **62.0 - PASS**

## BRAKING FORCE AS % OF WHEEL-END LOAD- Advisory Purposes Only

Axle #	1	2
Right	64.0	60.5
Left	64.5	59.7

**HazMat:** No HM Transported.

**Placard:** No **Cargo Tank:**

**Special Checks:** PBBT Inspection;

The undersigned certifies that all OOS violations noted on this report have been corrected and action taken to assure compliance with New Jersey Law, Federal Motor Carrier Safety and Hazardous Material regulations insofar as they are applicable to motor carriers and drivers on the highways of this state.

Signature Of Repairer X: \_\_\_\_\_ Facility: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE TO DRIVER: This report must be furnished to the motor carrier whose name appears on this report.

NOTE TO MOTOR CARRIER: The undersigned certifies that all violations noted on this report have been corrected and action taken to assure compliance with New Jersey Law, Federal Motor Carrier Safety and Hazardous Material regulations insofar as they are applicable to motor carriers and drivers on the highways of this state. Please sign the certification below and return this report within fifteen days to: New Jersey State Police, 3925 US Hwy. 1 Princeton, N.J. 08540 .

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Report Prepared By:**  
 SGT. R. MISTRETTA

**Badge #:**  
 5753

**Copy Received By:**  
 JACKIE PERRY

Page 1 of 2



00164025 NJ NJSPCK003959

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**DRIVER/VEHICLE EXAMINATION REPORT**

Query Central 3.4

NEW JERSEY STATE POLICE  
3925 US HWY 1  
TRANSPORTATION SAFETY BUREAU  
PRINCETON, NJ 08540  
Phone: (609)452-2601 Fax: (609)452-8495

Report Number: NJSPCK003959  
Inspection Date: 08/15/2015  
Start: 1:19 PM ET End: 02:03 PM ET  
Inspection Level: II - Walk-Around  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
PO BOX 5000  
GREEN, OH 44232-5000  
USDOT#: 00164025 Phone#: (234)310-4090  
MC/MX#: 003926 Fax#:   
State#:

Driver: PERRY, JACKIE N  
License#: P600356626658 State: MD  
Date of Birth: 08/23/1976  
CoDriver:   
License#: State:   
Date of Birth:

**Inspection Notes** No Notes Recorded**Special Studies**

Study #1: T852  
Study #2:  
Study #3:  
Study #4:  
Study #5:  
Study #6:  
Study #7:  
Study #8:  
Study #9:  
Study #10:

Report Prepared By:  
SGT. R. MISTRETTA

Badge #:  
5753

Copy Received By:  
JACKIE PERRY

Page 2 of 2



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00164025 NJ NJSPCK003959

# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

Indiana State Police  
Commercial Vehicle Enforcement  
7811 Milhouse Road, Suite S  
Indianapolis, IN 46241  
Phone: (317)615-7373 Fax: (317)237-2116

Report Number: IN8139000350  
Inspection Date: 08/07/2015  
Start: 3:29 PM ET End: 04:29 PM ET  
Inspection Level: I - Full  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
1475 BOETTLE RD  
UNIONTOWN, OH 44685-9584  
USDOT#: 00164025 Phone#: (234)310-4090  
MC/MX#: 003926 Fax#:   
State#:

Driver: WARSAME, ABDI S  
License#: SB612739 State: OH  
Date of Birth: 11/01/1969  
CoDriver:   
License#: State:   
Date of Birth:

Location: I69 MM 250 NB  
Highway: I69  
County: DELAWARE, IN

MilePost: 250 Shipper: FEDERAL-MOGUL CORPORATION  
Origin: FRANKFORT, IN Bill of Lading: 192712  
Destination: TOLEDO, OH Cargo: AUTO PARTS

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TR	FRHT	2007	OH	PVQ9272		1FVACXCS07HX17158	33,000			

## BRAKE ADJUSTMENTS

Axle #	1	2
Right	1	1 3/4
Left	5/8	1 3/8
Chamber	L-24*	L-30

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
396.5B	396.5(b)	1	N		N	N	Oil and/or grease leak - pinion seal leaking onto rear end and rear brake chambers
393.45D	393.45(d)	1	N	WARNING	N	N	Brake connections with leaks or constrictions - air leak at red brake line on firewall left side of engine. just below the pressure release valve at fitting
396.17C	396.17(c)	1	N		N	N	Operating a CMV without periodic inspection - STICKER ON CAB NOT READABLE

HazMat: No HM Transported.

Placard: No Cargo Tank:

## Special Checks:

## State Information:

CDL Checked: YES; Pre-Pass Carrier?: NO; Food Transport Inspection: NO; Board of Health Enf. Action: NO; DUTY STATUS:: RD;

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
TRP J MASON

Badge #:  
8139

Copy Received By:  
ABDI WARSAME

Page 1 of 2



00164025 IN IN8139000350

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**DRIVER/VEHICLE EXAMINATION REPORT**

Query Central 3.4

Indiana State Police  
Commercial Vehicle Enforcement  
7811 Milhouse Road, Suite S  
Indianapolis, IN 46241  
Phone: (317)615-7373 Fax: (317)237-2116

Report Number: IN8139000350  
Inspection Date: 08/07/2015  
Start: 3:29 PM ET End: 04:29 PM ET  
Inspection Level: I - Full  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
1475 BOETTLER RD  
UNIONTOWN, OH 44685-9584  
USDOT#: 00164025 Phone#: (234)310-4090  
MC/MX#: 003926 Fax#:   
State#:

Driver: WARSAME, ABDI S  
License#: SB612739 State: OH  
Date of Birth: 11/01/1969  
CoDriver:   
License#: State:   
Date of Birth:

**Inspection Notes**

NO READABLE ANNUAL INSPECTION

AIR LEAK IN ENGINE COMPARTMENT-LEFT SIDE AT RED AIR LINE JUST BELOW PRESSURE RELEASE VALVE

PINION SEAL LEAKING

**Special Studies** No Special Study Data Recorded

Report Prepared By:  
TRP J MASON

Badge #:  
8139

Copy Received By:  
ABDI WARSAME

Page 2 of 2



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00164025 IN IN8139000350



# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

State Transport Police  
PO Box 1993  
http://www.scdps.gov --- http://fmcsa.dot.gov  
Blythewood, SC 29016  
Phone: (803)896-5500 Fax: (803)896-5526

Report Number: SCH168005653  
Inspection Date: 08/05/2015  
Start: 11:30 PM ET End: 11:59 PM ET  
Inspection Level: II - Walk-Around  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
PO BOX 5000  
GREEN, OH 44232-5000  
USDOT#: 00164025 Phone#: (234)310-4090  
MC/MX#: 003926 Fax#:   
State#:

Driver: SMITH, RICHARD T  
License#: 102547745 State: SC  
Date of Birth: 07/11/1950  
CoDriver:  
License#: State:  
Date of Birth:

Location: I-85 NB ROADSIDE  
Highway:  
County: ANDERSON, SC

MilePost: Shipper: FEDEX  
Origin: ATLANTA, GA Bill of Lading: 27580071  
Destination: GREENVILLE, SC Cargo: A - GENERAL FREIGHT

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TR	FRHT	2007	SC	P719111	D8746	1FVACXCSX7HX51317	33,000			H168005653

**BRAKE ADJUSTMENTS:** No Brake Measurements Required For Level 2

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.9	393.9(a)	1	Y		A	N	Inoperable Required Lamp - LEFT AND RIGHT TAIL LAMPS INOP
393.9	393.9(a)	1	N		N	N	Inoperable Required Lamp - 3 OF 3 ID LAMPS INOP ON REAR
393.9	393.9(a)	1	N		N	N	Inoperable Required Lamp - LEFT AND RIGHT CLEARANCE LAMPS ON REAR

**HazMat:** No HM Transported.

**Placard:** No **Cargo Tank:**

## Special Checks:

## State Information:

Vehicle Rechecked: Y; CDL Check: Y; Driver Mailing Address: 2620 HIGHWAY 86; Driver City, State, Zip: PIEDMONT, SC 29673; Driver Race: W; Driver Sex: M; Financ Responsibility Verified: Y; Portable Scales Utilized: N; Operating Authority Verified: Y; Fed OOS Verified: Y;

Pursuant to the authority contained in Title 49, CFR; Section 396.9 of the Transportation Rules/Regulations. I hereby declare the above marked vehicle(s)/driver as "OUT OF SERVICE". No person shall remove the Out of Service Stickers applied to these vehicles, or operate such vehicles until the out of service defects have been repaired and the vehicles have been restored to safe operating condition.

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: \_\_\_\_\_

CARRIER CERTIFICATION: The undersigned certifies that all violations on this report have been corrected and action has been taken to assure compliance with the Federal Motor Carrier Safety and Hazardous Material Regulations insofar as they are applicable to motor carriers and drivers. This certification MUST BE SIGNED by the Motor Carrier and RETURNED WITHIN 15 days to the: South Carolina State Transport Police, P.O. Box 1993, Blythewood, South Carolina 29016.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
RA HEITZENRATER

Badge #: 168 Copy Received By:  
RICHARD SMITH

Page 1 of 2



00164025 SC SCH168005653

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**DRIVER/VEHICLE EXAMINATION REPORT**

Query Central 3.4

State Transport Police  
PO Box 1993  
<http://www.scdps.gov> --- <http://fmcsa.dot.gov>  
Blythewood, SC 29016  
Phone: (803)896-5500 Fax: (803)896-5526

Report Number: SCH168005653  
Inspection Date: 08/05/2015  
Start: 11:30 PM ET End: 11:59 PM ET  
Inspection Level: II - Walk-Around  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
PO BOX 5000  
GREEN, OH 44232-5000  
USDOT#: 00164025 Phone#: (234)310-4090  
MC/MX#: 003926 Fax#:  
State#:

Driver: SMITH, RICHARD T  
License#: 102547745 State: SC  
Date of Birth: 07/11/1950  
CoDriver:  
License#: State:  
Date of Birth:

**Inspection Notes**

I OBSERVED THE VEHICLE BETWEEN THE 18-19 NORTHBOUND AND IT HAD NO LIGHTS ON THE REAR OF THE VEHICLE. I STOPPED THE VEHICLE PRIOR TO THE 21 AND IT STILL HAD NO TAIL LIGHTS. WHILE DOING THE INSPECTION THE TAIL LIGHTS, ID LAMPS AND CLEARANCE LAMPS BEGAN TO OPERATE AGAIN. DRIVER STATED HE HAD SOME ELECTRICAL PROBLEMS AND THE RUNNING LAMPS (TAIL AND MARKER) HAD TO BE STRAIGHT WIRED TO THE BATTERY WHEN THEY HAD BEEN WORKED ON PREVIOUSLY,

**Special Studies** No Special Study Data Recorded

Report Prepared By:  
RA HEITZENRATER

Badge #:  
168

Copy Received By:  
RICHARD SMITH

Page 2 of 2



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00164025 SC SCH168005653

# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

Arizona Department of Public Safety  
Commercial Vehicle Enforcement Bureau  
P. O. Box 18410  
Phoenix, AZ 85005  
Phone: (520)586-3957 Fax: (602)223-2330

Report Number: AZ0221003422  
Inspection Date: 07/21/2015  
Start: 8:00 AM MT End: 08:25 AM MT  
Inspection Level: II - Walk-Around  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
PO BOX 5000  
GREEN, OH 44232-5000  
USDOT#: 00164025 Phone#: (234)310-4090  
MC/MX#: 003926 Fax#:   
State#:

Driver: PERKINS, DAVID W  
License#: 08280502 State: TX  
Date of Birth: 04/17/1959  
CoDriver: PERKINS, BEVERLY  
License#: State: TX  
Date of Birth:

Location: SAN SIMON PORT OF ENTRY  
Highway: I-10  
County: COCHISE, AZ

MilePost: 383 Shipper: RSC SOUTH  
Origin: KINGWOOD, TX Bill of Lading: 275651091  
Destination: LONG BEACH, CA Cargo: MEDICAL EQUIPMENT

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TT	FRHT	2009	TX	K038031	CR3223	1FVAF9DE09DAD7698				

**BRAKE ADJUSTMENTS:** No Brake Measurements Required For Level 2

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.60C	393.60(c)	1	N		N	N	Damaged windshield on driver's side area. TT

**HazMat:** No HM Transported.

**Placard:** No **Cargo Tank:**

## Special Checks:

\*\*\* WARNING \*\*\*\*\* If this box is checked ( ), a separate traffic citation was issued to the violator. Please refer to the issued traffic citation for additional information. This is in addition to any action required by this report.

**DRIVER & MOTOR CARRIER:** This report must be furnished to the above named motor carrier. The motor carrier shall sign below and return, by mail or fax, within 15 days to:

Arizona Department of Public Safety  
Commercial Vehicle Enforcement Bureau  
PO Box 18410  
Phoenix, Arizona 85005-8410  
Fax: (602) 223-2330

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to assure compliance with the Federal Motor Carrier Safety and Hazardous Material Regulations as adopted by Arizona Revised Statutes 28-5204 insofar as they are applicable to motor carriers and drivers.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
S LOYA

Badge #:  
6018

Copy Received By:  
DAVID PERKINS

Page 1 of 1



00164025 AZ AZ0221003422

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# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

PA State Police - Commercial Vehicle Safety Div.  
1850 Arsenal Boulevard  
Harrisburg, PA. 17103-1213  
Fax: (717)772-1558  
Data Challenges : <http://dataqs.fmcsa.dot.gov>

Report Number: PAS253003592  
Inspection Date: 07/06/2015  
Start: 10:54 AM ET End: 12:06 PM ET  
Inspection Level: I - Full  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
PO BOX 5000  
GREEN, OH 44232-5000  
USDOT#: 00164025 Phone#: (234)310-4090  
MC/MX#: 003926 Fax#:  
State#:

Driver: MCCULLERS, MELISSA J  
License#: M246550796100 State: FL  
Date of Birth: 03/30/1979  
CoDriver: CONNOLLY, MICHAEL C  
License#: C540543852980 State: FL  
Date of Birth: 08/18/1985

Location: I-81 SOUTHBOUND REST AREA  
Highway: I-81  
County: LUZERNE, PA

MilePost: 158 Shipper:  
Origin: PITTSTON, PA  
Destination: RIDGWAY, PA

Bill of Lading:  
Cargo: EMPTY

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TR	FRHT	2006	FL	B5346U	DA7926	1FVACXCSX6HV87517	33,000			

## BRAKE ADJUSTMENTS

Axle #	1	2
Right	2	1 1/2
Left	1 3/4	1 1/4
Chamber	L-20*	L-30

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.45B2	393.45(b)(2)	1	Y	T2886469-5	U	N	Brake hose or tubing chafing (AXLE # 2 LEFT SIDE EMERGENCY AIR LINE IS DAMAGED THROUGH THE INNER REINFORCEMENT PLYS)
393.45UV	393.45	1	Y	T2886470-6	U	N	Brake Tubing and Hose Adequacy Under Vehicle(MAIN AIR LINE BELOW RIGHT SIDE DOOR HAS A HOLE IN IT WITH AIR LEAKING FROM THE HOLE)
393.83G	393.83(g)	1	Y	T2886471-0	U	N	Exhaust leak under truck cab and sleeper(MUFFLER UNDER CAB HAS NO TAILPIPE AND IS ROTTED & SPLIT OPEN ENTIRE LENGTH OF MUFFLER WITH DISCHARGE UNDER CAB\SLEEPER)
393.9H	393.9H	1	N		N	N	Inoperable head lamps(LEFT SIDE HIGH AND LOW BEAM INOPERABLE ON A SINGLE HEADLIGHT SYSTEM)

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks:

Report Prepared By:  
MCES ROMANOWSKI

Badge #:  
15042

Copy Received By:  
MELISSA MCCULLERS

Page 1 of 2



00164025 PA PAS253003592

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# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

PA State Police - Commercial Vehicle Safety Div.  
1850 Arsenal Boulevard  
Harrisburg, PA. 17103-1213  
Fax: (717)772-1558  
Data Challenges : <http://dataqs.fmcsa.dot.gov>

Report Number: PAS253003592  
Inspection Date: 07/06/2015  
Start: 10:54 AM ET End: 12:06 PM ET  
Inspection Level: I - Full  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
PO BOX 5000  
GREEN, OH 44232-5000  
USDOT#: 00164025 Phone#: (234)310-4090  
MC/MX#: 003926 Fax#:  
State#:

Driver: MCCULLERS, MELISSA J  
License#: M246550796100 State: FL  
Date of Birth: 03/30/1979  
CoDriver: CONNOLLY, MICHAEL C  
License#: C540543852980 State: FL  
Date of Birth: 08/18/1985

\* Pursuant to Section 4704(C) of the Vehicle Code, I hereby declare the vehicles with defects followed by a "Y" in the "Out-Of-Service" column of this Driver Vehicle Inspection Report to be "Out-Of-Service". No person shall remove the attached "Out-Of-Service" Sticker(s); or, operate said vehicle(s), until the required repairs have been satisfactorily completed and the repair certification signed.

DRIVER: This report MUST be furnished to the motor carrier within 24 hours, ALL out of service violations must be corrected prior to operation. All other violations must be corrected within 15 days or before the Vehicles next trip, whichever comes first.

REPAIR OF VEHICLE OUT-OF-SERVICE DEFECTS: I hereby certify that the vehicle out-of-service defects noted on this report have been satisfactorily repaired.

Signature Of Repairer X: \_\_\_\_\_ Facility: \_\_\_\_\_ Date: \_\_\_\_\_

All violations listed on this report which are not designated as out-of-service MUST be corrected within 15 days OR before the vehicle's next trip, WHICHEVER OCCURS FIRST. If out of service violations are listed, they MUST be corrected in accordance with the out of service statement listed on this report.

RETURN ADDRESS: Sign and return this report ONLY if violations are entered in the violation section. Fax or Mail it to the Pennsylvania State Police at the address listed in the upper left corner of this report.

DO NOT SEND TRAFFIC CITATIONS OR ANY PAYMENTS TO THIS ADDRESS. If issued, Citations MUST be returned to the COURT whose address appears on the top left of the citation.

MOTOR CARRIER CERTIFICATION: The undersigned certifies that all violations on this report have been corrected and action has been taken to ensure compliance with the Motor Carrier Safety and HM Regulations insofar as they are applicable to motor carriers and drivers. This certification MUST BE SIGNED by the Motor Carrier and returned WITHIN 15 DAYS to the return address, as instructed above.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
MCES ROMANOWSKI

Badge #:  
15042

Copy Received By:  
MELISSA MCCULLERS

Page 2 of 2



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00164025 PA PAS253003592

# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

**TXDPS COMMERCIAL VEHICLE ENFORCEMENT**

**Report Number:** TX4DDB0VGX4Y  
**Inspection Date:** 07/06/2015  
**Start:** 10:47 AM CT **End:** 11:15 AM CT  
**Inspection Level:** II - Walk-Around  
**HM Inspection Type:** None

**FEDEX CUSTOM CRITICAL INC**

1475 BOETTLER RD

UNIONTOWN, OH 44685-9584

**USDOT#:** 00164025

**Phone#:**

**MC/MX#:** 141898

**Fax#:**

**State#:** 0156048

**Driver:** RUNGE, JUSTIN R

**License#:** 24487372

**State:** TX

**Date of Birth:** 05/11/1987

**CoDriver:**

**License#:**

**State:**

**Date of Birth:**

**Location:** IH 35 Southbound San Marcos

**Highway:** IH-0035

**County:**

**MilePost:** 209

**Origin:** SHENANDOAH IA

**Destination:** LAREDO TX

**Shipper:** EATON CORP

**Bill of Lading:** 275500311

**Cargo:** GENERAL FREIGHT

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TR	FRHT	2006	TX	K025805	D8368	1FVAF9CV16LV83186	33,000			

**BRAKE ADJUSTMENTS:** No Brake Measurements Required For Level 2

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.9	393.9	1	N		N	N	INOPERABLE/OBSCURED ID LAMP (FMCSR 393.9) CENTER ID LAMP FRONT.

**HazMat:** No HM Transported.

**Placard:** No

**Cargo Tank:**

## Special Checks:

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: \_\_\_\_\_

Carrier Verify Text

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Report Prepared By:**

**Badge #:**  
10237

**Copy Received By:**  
JUSTIN RUNGE

Page 1 of 2



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00164025 TX TX4DDB0VGX4Y

**DRIVER/VEHICLE EXAMINATION REPORT**

Query Central 3.4

**TXDPS COMMERCIAL VEHICLE ENFORCEMENT****Report Number:** TX4DDB0VGX4Y  
**Inspection Date:** 07/06/2015  
**Start:** 10:47 AM CT **End:** 11:15 AM CT  
**Inspection Level:** II - Walk-Around  
**HM Inspection Type:** None**FEDEX CUSTOM CRITICAL INC**

1475 BOETTLER RD

UNIONTOWN, OH 44685-9584

**USDOT#:** 00164025**Phone#:****MC/MX#:** 141898**Fax#:****State#:** 0156048**Driver:** RUNGE, JUSTIN R**License#:** 24487372**State:** TX**Date of Birth:** 05/11/1987**CoDriver:****License#:****State:****Date of Birth:****Inspection Notes**

TESTING-Y COMPANY NUM-ABOVE, DRIVER NUM-512-787-5217.

**Special Studies** No Special Study Data Recorded**Report Prepared By:****Badge #:**  
10237**Copy Received By:**  
JUSTIN RUNGE

Page 2 of 2



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00164025 TX TX4DDB0VGX4Y

# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

Tennessee Department of Safety  
Commercial Vehicle Division  
1150 Foster Avenue  
Nashville, TN 37243  
Phone: (615)743-4990 Fax: (615)253-2278

Report Number: TNCCIA000081  
Inspection Date: 07/08/2015  
Start: 8:10 PM CT End: 08:29 PM CT  
Inspection Level: I - Full  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
PO BOX 5000  
GREEN, OH 44232-5000  
USDOT#: 00164025 Phone#: (234)310-4090  
MC/MX#: 003926 Fax#:   
State#:

Driver: BRAGA, PAULO R  
License#: B620676552990 State: FL  
Date of Birth: 04/08/1955  
CoDriver:   
License#: State:   
Date of Birth:

Location: I-24 COFFEE COUNTY SCALES  
Highway: I-24 Manchester Scales  
County: COFFEE, TN

MilePost: 115 Shipper:   
Origin: ATLANTA, GA  
Destination: ELKHART, IN

Bill of Lading:   
Cargo: GENERAL FREIGHT

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TR	FRHT	2007	OH	PVZ7237	D8745	1FVACXCS67HX17164	33,000			

## BRAKE ADJUSTMENTS

Axle #	1	2
Right	1 3/8	1 1/2
Left	1	1 1/2
Chamber	C-20	C-30

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.25E	393.25(e)	1	N	none	N	N	Lamp not steady burning marker lamp out above cab

HazMat: No HM Transported.

Placard: No Cargo Tank:

## Special Checks:

### CERTIFICATION of REPAIRMAN:

I certify that the violations marked above have been satisfactorily repaired.

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: \_\_\_\_\_

\*\*\* NOTE TO DRIVER: This report must be furnished to the motor carrier whose name is listed above.

CARRIER CERTIFICATION: The undersigned certifies that all driver and vehicle violations on this report have been corrected and are in compliance with the Motor Carrier Safety and HM Regulations insofar as they are applicable to motor carriers and drivers. This certification MUST BE SIGNED by the Motor Carrier and RETURNED WITHIN 15 Days to the address at the top of this form.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
WILLIAM COLLINS

Badge #:  
13A007

Copy Received By:  
PAULO BRAGA

Page 1 of 1



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00164025 TN TNCCIA000081



# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

PA State Police - Commercial Vehicle Safety Div.  
1850 Arsenal Boulevard  
Harrisburg, PA 17103-1213  
Fax: (717)772-1558  
Data Challenges : <http://dataqs.fmcsa.dot.gov>

Report Number: PAS024006865  
Inspection Date: 07/01/2015  
Start: 10:38 AM ET End: 11:14 AM ET  
Inspection Level: 1 - Full  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
PO BOX 5000  
GREEN, OH 44232-5000  
USDOT#: 00164025 Phone#: (234)310-4090  
MC/MX#: 003926 Fax#:  
State#:

Driver: BESS II, ROBERT A  
License#: 19580747 State: TX  
Date of Birth: 02/27/1976  
CoDriver:  
License#: State:  
Date of Birth:

Location: E/B WEIGH STATION  
Highway: SR0080  
County: CLINTON, PA

MilePost: 194 Shipper: CID ASSOCIATES  
Origin: SARVER, PA Bill of Lading: 275448491  
Destination: PINE BROOK, NJ Cargo: COMPUTER PARTS

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TR	INTL	2005	OH	PWA3471	D8812	1HTWKAZN65J152202	33,000		21765731	

## BRAKE ADJUSTMENTS

Axle #	1	2	3
Right	1 1/4	1 1/8	1 3/8
Left	1 1/2	1 1/8	1 1/4
Chamber	L-20	C-30	L-30

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.203B	393.203(b)	1	N		N	N	Cab/body improperly secured to frame. 2 U-BOLTS SECURING BODY TO FRAME ARE LOOSE. (Forward Set)

HazMat: No HM Transported.

Placard: No Cargo Tank:

## Special Checks:

All violations listed on this report which are not designated as out-of-service MUST be corrected within 15 days OR before the vehicle's next trip, WHICHEVER OCCURS FIRST. If out of service violations are listed, they MUST be corrected in accordance with the out of service statement listed on this report.

RETURN ADDRESS: Sign and return this report ONLY if violations are entered in the violation section. Fax or Mail it to the Pennsylvania State Police at the address listed in the upper left corner of this report.

DO NOT SEND TRAFFIC CITATIONS OR ANY PAYMENTS TO THIS ADDRESS. If issued, Citations MUST be returned to the COURT whose address appears on the top left of the citation.

MOTOR CARRIER CERTIFICATION: The undersigned certifies that all violations on this report have been corrected and action has been taken to ensure compliance with the Motor Carrier Safety and HM Regulations insofar as they are applicable to motor carriers and drivers. This certification MUST BE SIGNED by the Motor Carrier and returned WITHIN 15 DAYS to the return address, as instructed above.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
CORY BEAVER

Badge #:  
7670

Copy Received By:  
ROBERT BESS II

Page 1 of 2



00164025 PA PAS024006865

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**DRIVER/VEHICLE EXAMINATION REPORT**

Query Central 3.4

PA State Police - Commercial Vehicle Safety Div.  
1850 Arsenal Boulevard  
Harrisburg, PA 17103-1213  
Fax: (717)772-1558  
Data Challenges : <http://dataqs.fmcsa.dot.gov>

Report Number: PAS024006865  
Inspection Date: 07/01/2015  
Start: 10:38 AM ET End: 11:14 AM ET  
Inspection Level: I - Full  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
PO BOX 5000  
GREEN, OH 44232-5000  
USDOT#: 00164025 Phone#: (234)310-4090  
MC/MX#: 003926 Fax#:  
State#:

Driver: BESS II, ROBERT A  
License#: 19580747 State: TX  
Date of Birth: 02/27/1976  
CoDriver:  
License#: State:  
Date of Birth:

**Inspection Notes**

AXLE 2 LIFT AXLE WAS UP. HAD IT LOWERED TO GET BRAKE MEASUREMENTS.

**Special Studies** No Special Study Data Recorded

Report Prepared By:  
CORY BEAVER

Badge #:  
7670

Copy Received By:  
ROBERT BESS II

Page 2 of 2



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00164025 PA PAS024006865

# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

**NEW YORK STATE POLICE  
COMMERCIAL VEHICLE ENFORCEMENT UNIT  
TROOP G**

**Report Number:** NYSPG0182532  
**Inspection Date:** 06/24/2015  
**Start:** 7:04 PM ET **End:** 07:33 PM ET  
**Inspection Level:** II - Walk-Around  
**HM Inspection Type:** None

**FEDEX CUSTOM CRITICAL INC**  
1475 BOETTLER RD  
UNIONTOWN, OH 44685-9584  
**USDOT#:** 00164025 **Phone#:**  
**MC/MX#:** 003926 **Fax#:**  
**State#:**

**Driver:** WILCOX, GARY K  
**License#:** W43052747212544 **State:** NJ  
**Date of Birth:** 12/24/1954  
**CoDriver:**  
**License#:** **State:**  
**Date of Birth:**

**Location:** NICHOLS (EB)  
**Highway:** I-86/RT 17  
**County:**

**MilePost:** **Shipper:**  
**Origin:** CORNING, NT **Bill of Lading:**  
**Destination:** CHERRY HILL, NJ **Cargo:** GENERAL FREIGHT

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TR	MIT	2007	NJ	XK273Y	CS2533	JL6DGJ1EX7K009226	25,999			

**BRAKE ADJUSTMENTS:** No Brake Measurements Required For Level 2

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
396.17C	396.17C	1	N		N	N	OPERATING A CMV WITHOUT PERIODIC INSPECTION- STICKER ON LEFT REAR OF CAB EXPIRED JAN 2014. NO OTHER PAPERWORK WITH UNIT
393.11	393.11	1	N		N	N	NO LIGHTING DEVICE AS REQUIRED- NO REVERSE/BACK UP LAMP
393.9	393.9	1	N		N	N	INOPERABLE REQUIRED LAMP- LICENSE PLATE LAMP INOP
393.9	393.9	1	N		N	N	INOPERABLE REQUIRED LAMP- LEFT FRONT IDENTIFICATION LAMP INOP
393.203B	393.203B	1	N		N	N	BODY IMPROPERLY SECURED TO FRAME- FROM FRONT- LEFT SIDE- U BOLTS SECURING BODY TO FRAME LOOSE.1 AND 3. MOVE WITH TAP OF RUBBER Mallet

**HazMat:** No HM Transported.

**Placard:** No **Cargo Tank:**

## Special Checks:

1) DRIVER: Return this TE 241 report to the motor carrier whose name appears at the top.2) REPAIRER: If vehicle defects are listed in the violation section above, please sign the report when repairs are completed.

Signature Of Repairer X: \_\_\_\_\_ Facility: \_\_\_\_\_ Date: \_\_\_\_\_

3) MOTOR CARRIER: Sign and return within 15 days of issuance, this ORIGINAL report ONLY if violations are entered in the violation section.RETURN ADDRESS:

New York State Department of Transportation *Truck Inspections* 50 Wolf Road P.O. 53  
Albany, New York 12232 DO NOT SEND TICKETS TO THIS ADDRESS4) TRAFFIC TICKETS: If issued, MUST be returned to the COURT whose address appears on the front of the TICKET. 5) If you have any reason to question the results of this Inspection go to <https://dataqs.fmcsa.dot.gov>. 6) If the vehicle has NOT been repaired and HAS been permanently removed from service, initial here \_\_\_\_\_ and sign number 7.7) MOTOR CARRIER CERTIFICATION: I hereby certify that all violations entered on this report have been corrected or have not been corrected in accordance with paragraph 6, and action has been taken to assure compliance with the NYS Transportation Law and Regulations.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Report Prepared By:**  
A P Neff

**Badge #:**  
4867

**Copy Received By:**  
GARY WILCOX

Page 1 of 1



00164025 NY NYSPG0182532

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# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

North Carolina State Highway Patrol  
4702 MAIL SERVICE CENTER  
512 NORTH SALISBURY STREET  
RALEIGH, NC 276994702  
9197158683

Report Number: NC0005744760  
Inspection Date: 06/22/2015  
Start: 4:30 PM ET End: 04:50 PM ET  
Inspection Level: II - Walk-Around  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
1475 BOETTLE RD  
UNIONTOWN, OH 44685-9584

USDOT#: 00164025 Phone#:   
MC/MX#: 003926 Fax#:   
State#:

Driver: CARNELL, RANDALL

License#: C93444188

State: KY

Date of Birth: 11/07/1975

CoDriver:

License#:

State:

Date of Birth:

Location: HALIFAX WEIGH STATION I-95 SB  
Highway: I-95, SB  
County:

MilePost: 151

Shipper: NONE

Origin: RICHMOND, VA

Bill of Lading:

Destination: CHARLESTON, SC

Cargo: EMPTY

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TR	VOLV	2001	OH	2195540	DR4611	4V4NC9GH11N308588	48,000			

BRAKE ADJUSTMENTS: No Brake Measurements Required For Level 2

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.9H	393.9H	1	N		N	N	INOPERABLE HEAD LAMPS, RIGHT HIGH BEAM INOP
393.9H	393.9H	1	N		N	N	INOPERABLE HEAD LAMPS, LEFT LOW BEAM INOP

HazMat: No HM Transported.

Placard: No

Cargo Tank:

## Special Checks:

### State Information:

ADMIN OOS FINES: 0.00; CDL REQUIRED Y/N: 0; DRIVER OOS FINES: 0.00; ENF 500 REPORT #: 5744760; FEDERAL INSP. DATE: 2015-06-22; FEIN/SSN #: 341175962; FUEL DECAL #: 06867; GPS LATITUDE: 03608.917 N; GPS LONGITUDE: 07747.173 W; HAZMAT OOS FINES: 0.00; IFTA STATE: OH; OOS FINES ASSESSED Y/N: N; POST CRASH INSP. Y/N: 0; STATE: NC; TOTAL OOS FINES: 0.00; VEHICLE OSS FINES: 0.00;

Mechanic Certification: The undersigned certifies that all repairs for violations entered on this report have been made and the vehicle(s) listed on this report are in compliance with the safety requirements of CFR -49 Part 393 and 396 of the Federal Motor Carrier Safety Regulations, to the best of my knowledge. 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: \_\_\_\_\_

Motor Carrier Certification: The undersigned, on behalf of the Motor Carrier named on this report, certifies that all violations entered on this report have been corrected and action has been taken to assure compliance with the Federal Motor Carrier Safety and Hazardous Material Transportation Regulations insofar as they are applicable to motor carriers, drivers and commercial motor vehicles as prescribed in CFR - Title 49 of the United States Codes and those adopted by North Carolina. This report shall be signed and returned to the address above within 15 days from issuance of this report.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
M S SMITH/TRP TAYOR

Badge #:  
3261

Copy Received By:  
RANDALL CARNELL

Page 1 of 2



00164025 NC NC0005744760

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**DRIVER/VEHICLE EXAMINATION REPORT**

Query Central 3.4

North Carolina State Highway Patrol  
4702 MAIL SERVICE CENTER  
512 NORTH SALISBURY STREET  
RALEIGH, NC 276994702  
9197158683

Report Number: NC0005744760  
Inspection Date: 06/22/2015  
Start: 4:30 PM ET End: 04:50 PM ET  
Inspection Level: II - Walk-Around  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
1475 BOETTLE RD  
UNIONTOWN, OH 44685-9584  
USDOT#: 00164025 Phone#:  
MC/MX#: 003926 Fax#:  
State#:

Driver: CARNELL, RANDALL  
License#: C93444188 State: KY  
Date of Birth: 11/07/1975  
CoDriver:  
License#: State:  
Date of Birth:

**Inspection Notes**

LEVEL 2 INSP COOP CHECKED CARRIER INSAFER-OK HIGH AND LOW BEAM INOP SEE VIOLATIONS ABOVE.(SMITH, MICHAEL S  
6/22/2015 4:42:45 PM)MOTOR CARRIER SENT IN SIGNED D/V REPORT AND NOTED THAT THE TRUCK HAS BEEN REMOVED FROM  
SERVICE.(HOWELL, REBECCA R 7/9/2015 12:44:00 PM)

**Special Studies** No Special Study Data Recorded

Report Prepared By:  
M S SMITH/TRP TAYOR

Badge #:  
3261

Copy Received By:  
RANDALL CARNELL

Page 2 of 2



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00164025 NC NC0005744760

# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

407F/343A-ASPEN  
CHP Cordelia Inspection Facility  
3895 Interstate 80  
Fairfield, Ca 94534  
Ph. (707) 864-5535 Fax (707) 864-0143

Report Number: CA3RLX001426  
Inspection Date: 06/01/2015  
Start: 8:02 AM PT End: 08:29 AM PT  
Inspection Level: I - Full  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
PO BOX 5000  
GREEN, OH 44232-5000  
USDOT#: 00164025 Phone#: (234)310-4090  
MC/MX#: 003926 Fax#:   
State#:

Driver: CARNELL, RANDALL W  
License#: C93444188 State: KY  
Date of Birth: 11/07/1975  
CoDriver:   
License#:   
Date of Birth:   
State:

Location: CORDELIA C.V.E.F  
Highway: INTERSTATE 80 E/B  
County: SOLANO, CA

MilePost: 14.6 Shipper:   
Origin: VALLEJO, CA Bill of Lading:   
Destination: SACRAMENTO, CA Cargo: GENERAL FREIGHT

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TR	VOLV	2001	IN	2195540	DR4611	4V4NC9GH11N308588	50,350			

## BRAKE ADJUSTMENTS

Axle #	1	2	3
Right			
Left			
Chamber	C-24	C-30	C-30

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.9	24252(A) VC	1	N		N	N	Required lamp(s) inoperative--393.9(a) V-1, LEFT HIGH BEAM INOP.
393.45B2	1245(F)(3) CCR / 001	1	N		N	N	Brake hose /tubing chafing and/or kinking--393.45(b)(2) V-1, X2, LEFT/RIGHT SERVICE AIR HOSES CHAFING ON EACH OTHER AND AXLE HOUSING.
393.83A	27154 VC /002	1	N		N	N	Exhaust system not gas tight--393.83(a) V-1, FLEX PIPE BEFORE MUFFLER RUSTED THROUGH.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: Size & Weight; Local Enforcement;

## State Information:

Beat/Sub Area: 891; Veh #1 Type: 27; Regulated Vehicle: Y; Pre-Cleared Vehicle: Y;

This copy of the report is for your information. Carriers are required to take corrective actions for all defects noted. DO NOT return this form to the California Highway Patrol. NOTE: If a citation was issued, you MUST follow the instructions listed on the citation. \*\*\*CORRECTION PROCEDURE\*\*\*. Violations marked with a "Y" in the OOS column must be corrected before the vehicle is operated on the highway. When a violation is not marked OOS the vehicle may remain in service for the trip. VIOLATIONS MUST BE CORRECTED PRIOR TO RE-DISPATCH. Vehicles presented for inspection more than 48 hours following the initial inspection may be subject to a complete inspection and further enforcement action if additional violations are detected. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
FERA, B.

Badge #:  
A15920

Copy Received By:  
RANDALL CARNELL

Page 1 of 1



00164025 CA CA3RLX001426

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# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

TXDPS COMMERCIAL VEHICLE ENFORCEMENT

Report Number: TX4DN40ADQ10  
 Inspection Date: 07/16/2015  
 Start: 4:49 AM CT End: 05:05 AM CT  
 Inspection Level: II - Walk-Around  
 HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
 1475 BOETTLER RD  
 UNIONTOWN, OH 44685-9584

USDOT#: 00164025 Phone#:   
 MC/MX#: 141898 Fax#:   
 State#: 0156048

Driver: RUNNELS, TORREY L  
 License#: H080185102 State: OK  
 Date of Birth: 07/31/1983  
 CoDriver:   
 License#: State:   
 Date of Birth:

Location: IH-0040 IN POTTER CO. (52-82)  
 Highway: IH-0040  
 County:

MilePost: 62 Shipper: ONYX SPECIALTY PAPERS  
 Origin: SOUTH LEE MA Bill of Lading: 12477  
 Destination: SUN VALLEY CA Cargo: PAPER

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TT	FRHT	2011	OH	PWA3351	E11079	1FUJGLDR2BS677285	52,000			
2	ST	WANC		ME	2238168	F2C274	1JJV532V2AL366020	65,000			

**BRAKE ADJUSTMENTS:** No Brake Measurements Required For Level 2

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.9H	393.9H	1	N		N	N	INOPERABLE/OBSCURED HEAD LAMP(S) (FMCSR 393.9) LEFT LOW HIGH BEAM INOPERABLE
393.11TU	393.11TU	1	N		N	N	TRUCK-TRACTOR UPPER BODY CORNER REQUIREMENTS FOR RETROREFLECTIVE SHEETING OR REFLEX REFLECTIVE MATERIAL (MANUFACTURED >6/97) (FMCSR 393.11TU) LEFT LOWER CORNER -
393.11TL	393.11TL	1	N		N	N	TRUCK-TRACTOR LOWER REAR MUD FLAPS RETROREFLECTIVE SHEETING / REFLEX REFLECTIVE MATERIAL (MANUFACTURED >6/97) (FMCSR 393.11TL) NOT PLACED VERTICALLY ACROSS FULL

HazMat: No HM Transported.

Placard: No Cargo Tank:

## Special Checks:

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: \_\_\_\_\_

Carrier Verify Text

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:

Badge #: 04780

Copy Received By: TORREY RUNNELS

Page 1 of 2



00164025 TX TX4DN40ADQ10

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X \_\_\_\_\_

**DRIVER/VEHICLE EXAMINATION REPORT**

Query Central 3.4

**TXDPS COMMERCIAL VEHICLE ENFORCEMENT****Report Number:** TX4DN40ADQ10  
**Inspection Date:** 07/16/2015  
**Start:** 4:49 AM CT **End:** 05:05 AM CT  
**Inspection Level:** II - Walk-Around  
**HM Inspection Type:** None**FEDEX CUSTOM CRITICAL INC**  
1475 BOETTLER RD  
UNIONTOWN, OH 44685-9584  
**USDOT#:** 00164025 **Phone#:**  
**MC/MX#:** 141898 **Fax#:**  
**State#:** 0156048**Driver:** RUNNELS, TORREY L  
**License#:** H080185102 **State:** OK  
**Date of Birth:** 07/31/1983  
**CoDriver:**  
**License#:** **State:**  
**Date of Birth:****Inspection Notes**

V(0)-W T-E

**Special Studies** No Special Study Data Recorded**Report Prepared By:****Badge #:**  
04780**Copy Received By:**  
TORREY RUNNELS

Page 2 of 2



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00164025 TX TX4DN40ADQ10



# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

**Maryland Motor Carrier Safety Program**  
**Maryland State Police**  
**6855 Deerpath Rd., Suite G**  
**Elkridge, MD 21075**  
**Phone: (410)579-5959 Fax: (410)796-0431**

**Report Number:** MD00BC019131  
**Inspection Date:** 08/04/2015  
**Start:** 7:45 AM ET **End:** 08:16 AM ET  
**Inspection Level:** I - Full  
**HM Inspection Type:** None

**FEDEX CUSTOM CRITICAL INC**  
**PO BOX 5000**  
**GREEN, OH 44232-5000**  
**USDOT#:** 00164025 **Phone#:** (234)310-4090  
**MC/MX#:** 003926 **Fax#:**  
**State#:**

**Driver:** GARNER, JUETTA G  
**License#:** 055799539 **State:** TN  
**Date of Birth:** 04/08/1963  
**CoDriver:**  
**License#:** **State:**  
**Date of Birth:**

**Location:** I-95 NORTHBOUND SCALE FACILITY **MilePost:** **Shipper:** SILGAN PLASTICS WAREHOUSE  
**Highway:** **Origin:** TRIADELPHIA, WV **Bill of Lading:** 275772381  
**County:** CECIL, MD **Destination:** NEWARK, DE **Cargo:** PLASTIC PARTS

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TT	VOLV	2008	OH	PVW1657	E10284	4V4NC9TG28N495248	80,000			
2	ST	WANC	2010	ME	2238404	FCC355	1JJV532V2AL366101				

## BRAKE ADJUSTMENTS

Axle #	1	2	3	4	5
Right	1	1 1/8	2 1/2	1 1/4	1 3/8
Left	1	1 1/4	1 3/8	2 1/8	1 3/8
Chamber	C-24	C-30	C-30	L-30	L-30

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.47E	393.47(e)	1	N		N	N	Clamp or Roto type brake out-of-adjustment: 1 of 10.
393.53B	393.53(b)	1	N		N	N	CMV manufactured after 10/19/94 has an automatic airbrake adjustment system that fails to compensate for wear
396.3A1	396.3(a)(1)	2	N		N	N	Inspection, repair and maintenance of parts & accessories: relay valve between 4th and 5th axle has audible air leak when brakes are applied.

**HazMat:** No HM Transported.

**Placard:** No **Cargo Tank:**

## Special Checks:

## State Information:

**CREW CODE:** 3084; **VEHICLE SELECTED:** R; **INDEPENDENT OR FLEET (I OR F):** F; **Electronic Logs (AOBRD) Y/N:** Y;

NOTE TO DRIVER/MOTOR CARRIER: This report must be furnished to the motor carrier whose name appears at the top of this report. Please sign the below certification and return to Maryland State Police, 6855 Deerpath Road, Suite G, Elkridge, MD 21075 within fifteen days.

Do not send fine payment with the return of this report. Fine payment for traffic citations associated with this report must be mailed (as per instruction on the back of the defendant's copy of the citation) to: Maryland District Court, P.O. Box 6876, Annapolis, MD 21401-0876. Failure to pay fines associated with this report will result in Maryland's Department of Motor Vehicles suspending the driving privileges in Maryland of the driver of this vehicle.

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to assure compliance with the Federal/State Motor Carrier Safety and Hazardous Materials Regulations insofar as they are applicable to motor carriers and drivers.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Report Prepared By:**  
**C. L. SWAIN JR**

**Badge #:**  
**3237**

**Copy Received By:**  
**JUETTA GARNER**

Page 1 of 1



00164025 MD MD00BC019131

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# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

CHP 407F/343A-Aspen  
California Highway Patrol  
Cache Creek Platform Scales  
(661) 824-2496

Report Number: CA3L11000173  
Inspection Date: 07/16/2015  
Start: 4:58 PM PT End: 05:23 PM PT  
Inspection Level: I - Full  
HM Inspection Type: Bulk

**\_DRIVERS COPY: KEEP FOR YOUR RECORDS\_**

FEDEX CUSTOM CRITICAL INC  
1475 BOETTLE RD  
UNIONTOWN, OH 44685-9584

Driver: THORN, BOBBY N  
License#: 7266505  
Date of Birth: 02/08/1948

State: AL

USDOT#: 00164025 Phone#: (234)310-4090  
MC/MX#: 003926 Fax#:   
State#:

CoDriver:   
License#:   
Date of Birth:   
State:

Location: CACHE CREEK PLATFORM SCALE  
Highway: SR 58  
County: KERN, CA

MilePost: 106 Shipper: CESI CHEMICAL  
Origin: MARLOW, OK Bill of Lading: 103482  
Destination: BAKERSFIELD, CA Cargo: CHEMICALS

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TT	KW	2011	OH	PWA3352	E11080/RED	1XKADB9X2BJ221508	52,000			
2	ST	WANC	2010	ME	2238268	FCC288/VAN	1JJV532V2AL366034	65,000			

**BRAKE ADJUSTMENTS:** No Brake Measurements Recorded.

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
396.3A1B	26453 VC /011	1	N		N	N	Unapplied air loss @ fire wall
396.3A1B	26453 VC /011	1	N		N	N	Service gladhand air line spring guard stretched
392.2DIM	35400(A) VC	2	N		N	N	Single vehicle length--53' trailer with a 42' KPRA 392.2DIM

HazMat: 3 Flammable

Placard: Yes Cargo Tank:

## Special Checks:

## State Information:

Beat/Sub Area: 880; Special Project Code: 518; Veh #1 Type: 75; Veh #2 Type: 40; Cit-1: CQ009340; Type1: 281; Officer ID1: 17458;  
Regulated Vehicle: Y; Pre-Cleared Vehicle: N;

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
C. RATLIFF

Badge #:  
A15578

Copy Received By:  
BOBBY THORN

Page 1 of 1



00164025 CA CA3L11000173

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# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

North Carolina State Highway Patrol  
4702 MAIL SERVICE CENTER  
512 NORTH SALISBURY STREET  
RALEIGH, NC 276994702  
9197158683

Report Number: NC0005758504  
Inspection Date: 08/27/2015  
Start: 9:45 AM ET End: 10:45 AM ET  
Inspection Level: II - Walk-Around  
HM Inspection Type: Non-Bulk

FEDEX CUSTOM CRITICAL INC  
1475 BOETTLER RD  
UNIONTOWN, OH 44685-9584

USDOT#: 00164025

Phone#:

MC/MX#: 003926

Fax#:

State#:

Driver: CORA II, ANGEL

License#: 20643073

State: NC

Date of Birth: 07/11/1978

CoDriver: CANIZARES, JUAN

License#: C526421902630

State: FL

Date of Birth: 07/23/1990

Location: I-40 NEAR THE 22 MILE MARKER

MilePost: 22

Shipper: PRAXAIR

Highway: I-40

Origin: KINGMAN, AZ

Bill of Lading: 2760281081

County:

Destination: RALEIGH, NC

Cargo: OTHER

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TT	INTL		OH	PVZ6884	INTL	2HSCUAPR2AC168140	52,350			
2	ST	WANC		ME	2237418		1JJV532B9BL366281	68,000			

**BRAKE ADJUSTMENTS:** No Brake Measurements Required For Level 2

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
391.41A-F	391.41A-F	D	N		N	N	OPERATING A PROPERTY-CARRYING VEHICLE WITHOUT POSSESSING A VALID MEDICAL CERTIFICATE.
393.95A	393.95A	1	N		N	N	NO/DISCHARGED/UNSECURED FIRE EXTINGUISHER(FIRE EXTINGUISHER UNSECURE)
393.9	393.9	2	N		N	N	INOPERABLE REQUIRED LAMP(SIDE AMBER MARKER LIGHT LOW INOP)
393.9	393.9	2	N		N	N	INOPERABLE REQUIRED LAMP(SIDE AMBER MARKER LIGHT LOW INOP)

HazMat: ;

Placard: Yes Cargo Tank:

## Special Checks:

## State Information:

ADMIN OOS FINES: 0.00; CDL REQUIRED Y/N: 1; DRIVER OOS FINES: 0.00; ENF 500 REPORT #: 5758504; FEDERAL INSP. DATE: 2014-12-27; FUEL DECAL #: 068666; GPS LATITUDE: 0; GPS LONGITUDE: 0; HAZMAT OOS FINES: 0.00; IFTA STATE: OH; OOS FINES ASSESSED Y/N: N; POST CRASH INSP. Y/N: 0; STATE: NC; TOTAL OOS FINES: 0.00; VEHICLE OSS FINES: 0.00;

Mechanic Certification: The undersigned certifies that all repairs for violations entered on this report have been made and the vehicle(s) listed on this report are in compliance with the safety requirements of CFR -49 Part 393 and 396 of the Federal Motor Carrier Safety Regulations, to the best of my knowledge. 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:

Motor Carrier Certification: The undersigned, on behalf of the Motor Carrier named on this report, certifies that all violations entered on this report have been corrected and action has been taken to assure compliance with the Federal Motor Carrier Safety and Hazardous Material Transportation Regulations insofar as they are applicable to motor carriers, drivers and commercial motor vehicles as prescribed in CFR - Title 49 of the United States Codes and those adopted by North Carolina. This report shall be signed and returned to the address above within 15 days from issuance of this report.

Signature Of Motor Carrier X:

Title:

Date:

Report Prepared By:  
B. A. JONES

Badge #:  
4257

Copy Received By:  
ANGEL CORA II

Page 1 of 2



00164025 NC NC0005758504

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**DRIVER/VEHICLE EXAMINATION REPORT**

Query Central 3.4

North Carolina State Highway Patrol  
4702 MAIL SERVICE CENTER  
512 NORTH SALISBURY STREET  
RALEIGH, NC 276994702  
9197158683

Report Number: NC0005758504  
Inspection Date: 08/27/2015  
Start: 9:45 AM ET End: 10:45 AM ET  
Inspection Level: II - Walk-Around  
HM Inspection Type: Non-Bulk

FEDEX CUSTOM CRITICAL INC  
1475 BOETTLE RD  
UNIONTOWN, OH 44685-9584

USDOT#: 00164025 Phone#:  
MC/MX#: 003926 Fax#:  
State#:

Driver: CORA II, ANGEL  
License#: 20643073  
Date of Birth: 07/11/1978  
CoDriver: CANIZARES, JUAN  
License#: C526421902630  
Date of Birth: 07/23/1990

State: NC

State: FL

**Inspection Notes**

STOPPED THE ABOVE LISTED CARRIER FOR A LEVEL 2 INSPECTION. ALL VIOLATIONS ARE LISTED ON THIS REPORT IN THE VIOLATIONS SECTION. NO OTHER VIOLATIONS WERE FOUND AT THE TIME OF THE INSPECTION. LOAD: DIFLUOROMETHANE 2.1 UN3252. COMPRESSED GAS 2.3 UN1953. COMPRESSED GAS 2.1 UN1954. DRIVER WAS COOP. AND POLITE. (JONES, B A 8/27/2015 10:37:14 AM)

**Special Studies** No Special Study Data Recorded

Report Prepared By:  
B. A. JONES

Badge #:  
4257

Copy Received By:  
ANGEL CORA II

Page 2 of 2



00164025 NC NC0005758504

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# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

**Georgia Department of Public Safety**  
**Motor Carrier Compliance Division**  
**P.O. Box 1456**  
**Atlanta, GA 30371**  
**(404) 624-7211**

**Report Number:** GAMCN3005218  
**Inspection Date:** 08/26/2015  
**Start:** 3:33 PM ET **End:** 04:31 PM ET  
**Inspection Level:** II - Walk-Around  
**HM Inspection Type:** None

**FEDEX CUSTOM CRITICAL INC**  
**1475 BOETTLER RD**  
**UNIONTOWN, OH 44685-9584**  
**USDOT#:** 00164025 **Phone#:** (234)310-4090  
**MC/MX#:** 003926 **Fax#:**  
**State#:**

**Driver:** DESIR, JEAN D  
**License#:** D260464552580 **State:** FL  
**Date of Birth:** 07/18/1955  
**CoDriver:**  
**License#:** **State:**  
**Date of Birth:**

**Location:** Darien Inspection Station  
**Highway:** I-95, NORTH BOUND  
**County:** MCINTOSH, GA

**MilePost:** 55 **Shipper:** LTR PRODUCTS  
**Origin:** ROCKLEDGE, FL **Bill of Lading:** 179984050  
**Destination:** DAYTON, NJ **Cargo:** MULCH

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TT	PTRB	2012	OH	PWA4414	E11211	1XP4DP9X4CD125996	52,000			
2	ST	WANC	2010	ME	2237396	FCC166	1JJV532V1AL365912	68,000			116984

**BRAKE ADJUSTMENTS:** No Brake Measurements Required For Level 2

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.207F	393.207(f)	2	Y		U	N	Trailer #4 axle air bags flat.

**HazMat:** No HM Transported.

**Placard:** No **Cargo Tank:**

## Special Checks:

## State Information:

Consignee: LTR PRODUCTS; Commodity Description: MULCH; For Hire?: YES; Have CDL?: YES; CDL Required?: YES; DL Status Checked? (Required): YES; Cargo Inspected?: YES; High Risk Rural Road (Y or N): N;

**VEHICLE AND/OR HAZARDOUS MATERIAL OUT-OF-SERVICE NOTICE:** Pursuant to authority contained in the State and Federal Motor Carrier Safety Regulations, Section 396.9, I hereby declare and mark the above vehicle(s) "OUT-OF-SERVICE". No person shall remove the "Out-of-Service" decal(s) or operate such vehicle(s) until the violations have been repaired and/or corrected and the vehicle(s) and/or load(s) have been restored to safe operating condition. Violators are subject to substantial fines and suspension of their CDL.

**OUT-OF-SERVICE (OOS) REPAIR VERIFICATION:** The undersigned certifies under penalty of law that the OOS defects/violations were repaired/corrected in accordance with the OOS order.

Signature Of Repairer X: \_\_\_\_\_ Facility: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE TO MOTOR CARRIERS:** This certification MUST BE SIGNED by a Motor Carrier Official and RETURNED WITHIN 15 days to the address on the top of this report. Out-of-service (OOS) defects must be corrected in accordance with the OOS notice, ALL NON-OOS VIOLATIONS MUST BE CORRECTED PRIOR TO THE NEXT DISPATCH.

**CERTIFICATION BY CARRIER OFFICIAL:** The undersigned certifies knowledge of applicable State and Federal Motor Carrier Safety and Hazardous Material Rules, Regulations, Standards and Orders, and declares all operations will be conducted in compliance with such requirements. The undersigned certifies that all violations noted on this report have been corrected and action taken to assure compliance with the Motor Carrier Safety and Hazardous Material Regulations insofar as they are applicable to motor carriers and drivers.

**NOTICE:** False Statements or Swearing's are FELONIES (OCGA 16-10-20).

**NOTE:** "If NO violations are shown, you DO NOT need to return this report."

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Report Prepared By:**  
**D. CARMICHAEL**

**Badge #:**  
**1205**

**Copy Received By:**  
**JEAN DESIR**

Page 1 of 1



00164025 GA GAMCN3005218

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# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

Missouri State Highway Patrol  
Commercial Vehicle Enforcement Division  
Post Office Box 568  
Jefferson City, MO 65102-0568  
Phone: (573)526-6128 Fax: (573)526-4637

Report Number: MOW175000314  
Inspection Date: 08/19/2015  
Start: 3:00 PM CT End: 03:49 PM CT  
Inspection Level: I - Full  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
1475 BOETTLE RD  
UNIONTOWN, OH 44685-9584

USDOT#: 00164025 Phone#:   
MC/MX#: 003926 Fax#:   
State#:

Driver: BENSON, ALVIN E  
License#: BENSOAE430J2 State: WA  
Date of Birth: 04/22/1957  
CoDriver:   
License#: State:   
Date of Birth:

Location: MAYVIEW POST A3 WEST  
Highway: I-70  
County:

MilePost: 43 Shipper: LOCKHEED MARTIN CSS  
Origin: NEWTON, PA Bill of Lading: 275940881  
Destination: LITTLETON, CO Cargo: ELECTRONICS

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TT	VOLV	2014	ID	AK2870	E103040	4V4NC9EJ7EN164122	52,000		21852697	
2	ST	UTIL	2014	ID	5877TF	436	1UYVS2535EU895811	65,000			

## BRAKE ADJUSTMENTS

Axle #	1	2	3	4	5
Right	1 5/8	1 3/4	1 3/4	1 3/4	1 1/2
Left	1 5/8	1 3/4	1 3/4	1 1/2	1 1/2
Chamber	C-20	C-30	C-30	C-30	C-30

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.55E	393.55E	2	N		N	N	Defective ABS Malfunction Indicator Lamp for trailer manufactured after 03/01/1998

HazMat: No HM Transported.

Placard: No Cargo Tank:

## Special Checks:

## State Information:

AGENCY: MSHP;

I certify that the above violation(s) was/were corrected.

Signature Of Repairer X: \_\_\_\_\_ Facility: \_\_\_\_\_ Date: \_\_\_\_\_

NOTICE TO DRIVER/MOTOR CARRIER: The motor carrier name that appears on this report must sign the certification and fax, mail to the Missouri State Highway Patrol, Commercial Vehicle Enforcement Division, P.O. Box 568, Jefferson City, MO 65102-0568 or Email to cvemail@mshp.dps.mo.gov within 15 days. If no violations were discovered, you are NOT required to sign and return a copy of the report.\*\*\*Warning\*\*\* If this box is checked( ), A separate traffic citation was issued to the violator. Please refer to the issued traffic citation for additional information. DO NOT send fine payment with the return of this report.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
J OWENS

Badge #:  
W175

Copy Received By:  
ALVIN BENSON

Page 1 of 1



00164025 MO MOW175000314

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# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

Missouri State Highway Patrol  
Commercial Vehicle Enforcement Division  
Post Office Box 568  
Jefferson City, MO 65102-0568  
Phone: (573)526-6128 Fax: (573)-526-4637

Report Number: MOD4W6003140  
Inspection Date: 08/04/2015  
Start: 7:44 PM CT End: 08:07 PM CT  
Inspection Level: II - Walk-Around  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
PO BOX 5000  
GREEN, OH 44232-5000  
USDOT#: 00164025 Phone#: (234)310-4090  
MC/MX#: 003926 Fax#:   
State#:

Driver: ADEN, JEES M  
License#: K651154475812 State: MN  
Date of Birth: 01/01/1981  
CoDriver:   
License#: State:   
Date of Birth:

Location: D4E MilePost: 3 Shipper:   
Highway: I-44 Origin: BAXTER SPRINGS, KS Bill of Lading:   
County: Destination: SANTA CLAUS, IN Cargo: EMPTY

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TT	FRHT	2005	OH	PVZ6798	E10868	1FUJA6CK95LN89436	52,000			
2	ST	WANC	2010	ME	2238052	FCC200	1JJV532V7AL365946	68,000			

**BRAKE ADJUSTMENTS:** No Brake Measurements Required For Level 2

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.75C	393.75C	2	N		N	N	Tire-other tread depth less than 2/32 of inch -- Axle #4 left inside tire less than 2/32"
392.2WC	307.015	D	N		N	N	MUDFLAPS -- Right mudflap not within 8" of ground

**HazMat:** No HM Transported.

**Placard:** No **Cargo Tank:**

## Special Checks:

## State Information:

AGENCY: MSHP;

I certify that the above violation(s) was/were corrected.

Signature Of Repairer X: \_\_\_\_\_

Facility: \_\_\_\_\_

Date: \_\_\_\_\_

NOTICE TO DRIVER/MOTOR CARRIER: The motor carrier name that appears on this report must sign the certification and fax, mail to the Missouri State Highway Patrol, Commercial Vehicle Enforcement Division, P.O. Box 568, Jefferson City, MO 65102-0568 or Email to [cvermail@mshp.dps.mo.gov](mailto:cvermail@mshp.dps.mo.gov) within 15 days. If no violations were discovered, you are NOT required to sign and return a copy of the report.\*\*\*\*Warning\*\*\*\* If this box is checked( ), A separate traffic citation was issued to the violator. Please refer to the issued traffic citation for additional information.DO NOT send fine payment with the return of this report.

Signature Of Motor Carrier X: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Report Prepared By:  
M HORN

Badge #:  
W145

Copy Received By:  
JEES ADEN

Page 1 of 1



00164025 MO MOD4W6003140

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# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

**Maryland Motor Carrier Safety Program**  
**Maryland State Police**  
**6855 Deerpath Rd., Suite G**  
**Elkridge, MD 21075**  
**Phone: (410)579-5959 Fax: (410)796-0431**

**Report Number:** MD00BC019131  
**Inspection Date:** 08/04/2015  
**Start:** 7:45 AM ET **End:** 08:16 AM ET  
**Inspection Level:** I - Full  
**HM Inspection Type:** None

**FEDEX CUSTOM CRITICAL INC**  
**PO BOX 5000**  
**GREEN, OH 44232-5000**  
**USDOT#:** 00164025 **Phone#:** (234)310-4090  
**MC/MX#:** 003926 **Fax#:**  
**State#:**

**Driver:** GARNER, JUETTA G  
**License#:** 055799539 **State:** TN  
**Date of Birth:** 04/08/1963  
**CoDriver:**  
**License#:** **State:**  
**Date of Birth:**

**Location:** I-95 NORTHBOUND SCALE FACILITY **MilePost:** **Shipper:** SILGAN PLASTICS WAREHOUSE  
**Highway:** **Origin:** TRIADDELPHIA, WV **Bill of Lading:** 275772381  
**County:** CECIL, MD **Destination:** NEWARK, DE **Cargo:** PLASTIC PARTS

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TT	VOLV	2008	OH	PVW1657	E10284	4V4NC9TG28N495248	80,000			
2	ST	WANC	2010	ME	2238404	FCC355	1JJV532V2AL366101				

## BRAKE ADJUSTMENTS

Axle #	1	2	3	4	5
Right	1	1 1/8	2 1/2	1 1/4	1 3/8
Left	1	1 1/4	1 3/8	2 1/8	1 3/8
Chamber	C-24	C-30	C-30	L-30	L-30

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.47E	393.47(e)	1	N		N	N	Clamp or Roto type brake out-of-adjustment: 1 of 10.
393.53B	393.53(b)	1	N		N	N	CMV manufactured after 10/19/94 has an automatic airbrake adjustment system that fails to compensate for wear
396.3A1	396.3(a)(1)	2	N		N	N	Inspection, repair and maintenance of parts & accessories: relay valve between 4th and 5th axle has audible air leak when brakes are applied.

**HazMat:** No HM Transported.

**Placard:** No **Cargo Tank:**

## Special Checks:

## State Information:

**CREW CODE:** 3084; **VEHICLE SELECTED:** R; **INDEPENDENT OR FLEET (I OR F):** F; **Electronic Logs (AOBRD)** Y/N: Y;

NOTE TO DRIVER/MOTOR CARRIER: This report must be furnished to the motor carrier whose name appears at the top of this report. Please sign the below certification and return to Maryland State Police, 6855 Deerpath Road, Suite G, Elkridge, MD 21075 within fifteen days.

Do not send fine payment with the return of this report. Fine payment for traffic citations associated with this report must be mailed (as per instruction on the back of the defendant's copy of the citation) to: Maryland District Court, P.O. Box 8676, Annapolis, MD 21401-0676. Failure to pay fines associated with this report will result in Maryland's Department of Motor Vehicles suspending the driving privileges in Maryland of the driver of this vehicle.

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to assure compliance with the Federal/State Motor Carrier Safety and Hazardous Materials Regulations insofar as they are applicable to motor carriers and drivers.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Report Prepared By:**  
C. L. SWAIN JR

**Badge #:**  
3237

**Copy Received By:**  
JUETTA GARNER

Page 1 of 1



00164025 MD MD00BC019131

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# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

407F/343A-ASPEN  
CHP Cordelia CVEF  
3950 Interstate 80  
Fairfield, CA 94534  
(707) 863-8600

Report Number: CA3RM6006256  
Inspection Date: 07/01/2015  
Start: 4:47 PM PT End: 05:30 PM PT  
Inspection Level: 1 - Full  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
1475 BOETTLER RD  
UNIONTOWN, OH 44685-9584  
USDOT#: 00164025 Phone#: (234)310-4090  
MC/MX#: 003926 Fax#: \_\_\_\_\_  
State#: \_\_\_\_\_

Driver: REKOW, RANDY T  
License#: 28060560 State: TX  
Date of Birth: 08/15/1952  
CoDriver: \_\_\_\_\_  
License#: \_\_\_\_\_ State: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Location: CORDELIA C.V.E.F  
Highway: INTERSTATE 80 E/B  
County: SOLANO, CA

MilePost: 14.6 Shipper: \_\_\_\_\_  
Origin: PLEASANTON, CA Bill of Lading: \_\_\_\_\_  
Destination: NORTH VANCOUVER Cargo: ELECTRONICS.

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TT	FRHT	2014	NC	MM2893	ER10523	3AKJGLD58ESFL5087	52,350		21639654	
2	ST	GDAN	2015	ME	2640520	FCR056	1GRAA0627FB705357	68,000			

## BRAKE ADJUSTMENTS

Axle #	1	2	3	4	5
Right					
Left					
Chamber	L-24"	L-30	L-30	L-30	L-30

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.45D	1245(G)(2) CCR	2	N		N	N	Brake connections with leaks / constrictions--393.45(d) V2 X5 R/S EMER BRK HOSE AT BRK CHAMBER.
392.2RG	4454(A) VC	1	N		N	N	V1 No copy of registration with vehicle--392.2RG

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: Size & Weight;

## State Information:

Beat/Sub Area: 891; Veh #1 Type: 25; Veh #2 Type: 40; Regulated Vehicle: Y; Pre-Cleared Vehicle: Y;

This copy of the report is for your information. Carriers are required to take corrective actions for all defects noted. DO NOT return this form to the California Highway Patrol. NOTE: If a citation was issued, you MUST follow the instructions listed on the citation. \*\*\*CORRECTION PROCEDURE\*\*\*Violations recorded on this Safetynet Inspection Report must be corrected immediately. Violations marked with a "Y" in the OOS column must be corrected before the vehicle is operated on the highway. When a violation is not marked OOS the vehicle may remain in service for the trip. VIOLATIONS MUST BE CORRECTED PRIOR TO RE-DISPATCH. Vehicles presented for inspection more than 48 hours following the initial inspection may be subject to a complete inspection and further enforcement action if additional violations are detected. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
DATAR RAI

Badge #:  
A14532

Copy Received By:  
RANDY REKOW

Page 1 of 1



00164025 CA CA3RM6006256

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# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

**Kansas Highway Patrol**  
**MOTOR CARRIER SAFETY ASSISTANCE**  
 700 SW Jackson, Ste 704  
 Topeka, KS 66603  
 Phone: (785)296-7189 Fax: (785)296-2858

**Report Number:** KSHP01199999  
**Inspection Date:** 06/18/2015  
**Start:** 2:29 AM CT **End:** 02:55 AM CT  
**Inspection Level:** II - Walk-Around  
**HM Inspection Type:** None

**FEDEX CUSTOM CRITICAL INC**  
 1475 BOETTLER RD  
 UNIONTOWN, OH 44685-9584  
**USDOT#:** 00164025 **Phone#:**  
**MC/MX#:** 003926 **Fax#:**  
**State#:**

**Driver:** ARIAS, RAFAEL F  
**License#:** A620726652270 **State:** FL  
**Date of Birth:** 06/27/1965  
**CoDriver:**  
**License#:** **State:**  
**Date of Birth:**

**Location:** SHAWNEE COUNTY - 177  
**Highway:** I-70 KTA  
**County:**

**MilePost:** 185 **Shipper:** FEDEX CUSTOM CRITICAL  
**Origin:** COLORADO SPRINGS, CO **Bill of Lading:** 27531615  
**Destination:** LEXINGTON, MA **Cargo:** ELECTRONICS

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TT	FRHT	2001	OH	PVP8389	ER6215	1FUJBBCG51LJ25944	54,000			
2	ST	UTIL	2006	FL	1473CI	TR392	1UYVS25356U900202	29,500			

**BRAKE ADJUSTMENTS:** No Brake Measurements Required For Level 2

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.9	393.9	2	N		N	N	Inoperable required lamps-- Both clearance lamps and all 3 Identification lamps

**HazMat:** No HM Transported.

**Placard:** No **Cargo Tank:**

**Special Checks:** Traffic Enforcement;

\* NOTE TO MECHANIC: The undersigned certifies that all mechanical defects listed on this report HAVE BEEN CORRECTED at the time of signature.

Signature Of Repairer X: \_\_\_\_\_ Facility: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* DRIVER: THIS FORM IS REQUIRED TO BE RETURNED TO THE CARRIER BY REGULATION. \*\*\*  
 must be corrected or acknowledged PRIOR TO RE-DISPATCH and then certified by a responsible carrier official who must sign below. RETURN THIS FORM WITHIN 15 DAYS to the Motor Carrier Division of the KANSAS HIGHWAY PATROL at the address listed at the top of this form.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Report Prepared By:**  
 K.G. Brinker

**Badge #:**  
 0119

**Copy Received By:**  
 RAFAEL ARIAS

Page 1 of 1



00164025 KS KSHP01199999

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# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

Missouri State Highway Patrol  
Commercial Vehicle Enforcement Division  
Post Office Box 568  
Jefferson City, MO 65102-0568  
Phone: (573)526-6128 Fax: (573)526-4637

Report Number: MOW149000170  
Inspection Date: 06/16/2015  
Start: 7:02 AM CT End: 07:48 AM CT  
Inspection Level: I - Full  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC  
1475 BOETTLER RD  
UNIONTOWN, OH 44685-9584  
USDOT#: 00164025 Phone#:  
MC/MX#: 003926 Fax#:  
State#:

Driver: HASSAN, ABDISALAM F  
License#: U116102008 State: MO  
Date of Birth: 05/15/1982  
CoDriver:  
License#: State:  
Date of Birth:

Location: D4W  
Highway: I-44  
County:

MilePost: 3  
Origin: CHICAGO, IL  
Destination: BEDFORD, TX

Shipper: FEDEX  
Bill of Lading: 55751051  
Cargo: GENERAL FREIGHT

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TT	FRHT	2007	OH	PVZ1267	E10782	1FUJBBCK67LX66145	52,000			
2	ST	WANC	2010	ME	2237387	FCC157	1JJV532V0AL365903	68,000			149000170

## BRAKE ADJUSTMENTS

Axle #	1	2	3	4	5
Right	1 1/4	1 3/4	2	1 3/4	1 1/4
Left	1 1/2	1 3/4	1 3/4	1 1/4	1 1/2
Chamber	L-20	L-30	L-30	L-30	L-30

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.45B2	393.45B2	1	N		N	N	BRAKE HOSES TO # 2 LEFT ACTIVELY CHAFING ON EACH OTHER HAVE FLAT SPOTS - BRAKE HOSES TO # 2 RIGHT ACTIVELY CHAFING ON EACH OTHER HAVE FLAT SPOTS
393.45	393.45	2	Y		U	N	Brake tubing and hose adequacy - EMERGENCY SIDE THERMOPLASTIC NYLON GLAD HAND TUBE CHAFED - SECOND COLOR EXPOSED
393.45B2	393.45B2	2	N		N	N	BRAKE HOSES TO # 4 LEFT ACTIVELY CHAFING AGAINST AXLE - BRAKE HOSES TO # 4 RIGHT ACTIVELY CHAFING AGAINST AXLE
396.5B-HWSLIW	396.5B-HWSLIW	2	N		N	N	Hubs - Wheel seal leaking - inner wheel - # 4 LEFT

HazMat: No HM Transported.

Placard: No Cargo Tank:

## Special Checks:

## State Information:

AGENCY: MSHP;

Report Prepared By:  
M HOWE

Badge #:  
W149

Copy Received By:  
ABDISALAM HASSAN

Page 1 of 2



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00164025 MO MOW149000170

# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

Missouri State Highway Patrol  
Commercial Vehicle Enforcement Division  
Post Office Box 568  
Jefferson City, MO 65102-0568  
Phone: (573)526-6128 Fax: (573)526-4637

Report Number: MOW149000170  
Inspection Date: 06/16/2015  
Start: 7:02 AM CT End: 07:48 AM CT  
Inspection Level: I - Full  
HM Inspection Type: None

FEDEX CUSTOM CRITICAL INC

1475 BOETTLER RD

UNIONTOWN, OH 44685-9584

USDOT#: 00164025

Phone#:

MC/MX#: 003926

Fax#:

State#:

Driver: HASSAN, ABDISALAM F

License#: U116102008

State: MO

Date of Birth: 05/15/1982

CoDriver:

License#:

State:

Date of Birth:

\* I hereby declare the above vehicle(s)/drivers as "OUT OF SERVICE". No person shall remove the "OUT OF SERVICE" sticker(s) applied to this/these vehicle(s) or operate such vehicle(s) until the OUT-OF-SERVICE defect(s) has/have been repaired and vehicle(s) restored to a safe operating condition.

I certify that the above violation(s) was/were corrected.

Signature Of Repairer X: \_\_\_\_\_ Facility: \_\_\_\_\_ Date: \_\_\_\_\_

NOTICE TO DRIVER/MOTOR CARRIER: The motor carrier name that appears on this report must sign the certification and fax, mail to the Missouri State Highway Patrol, Commercial Vehicle Enforcement Division, P.O. Box 568, Jefferson City, MO 65102-0568 or Email to [cvmal@mshp.dps.mo.gov](mailto:cvmal@mshp.dps.mo.gov) within 15 days. If no violations were discovered, you are NOT required to sign and return a copy of the report. \*\*\*\*Warning\*\*\*\* If this box is checked( ), A separate traffic citation was issued to the violator. Please refer to the issued traffic citation for additional information. DO NOT send fine payment with the return of this report.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
M HOWE

Badge #:  
W149

Copy Received By:  
ABDISALAM HASSAN

Page 2 of 2



00164025 MO MOW149000170

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# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

Arizona Department of Public Safety  
Commercial Vehicle Enforcement Bureau  
P. O. Box 18410  
Phoenix, AZ 85005  
Phone #: (602)223-2522 Fax #: (602)223-2330

Report Number: AZ0000816293  
Inspection Date: 06/10/2015  
Start: 1:41 PM MT End: 02:30 PM MT  
Inspection Level: II - Walk-Around  
HM Inspection Type: Bulk

FEDEX CUSTOM CRITICAL INC  
1475 BOETTLE RD  
UNIONTOWN, OH 44685-9584  
USDOT#: 00164025 Phone#: (234)310-4090  
MC/MX#: 003926 Fax#: (888)234-3792  
State#:

Driver: ANDERSON, JAMES R  
License#: 01321139 State: TX  
Date of Birth: 11/24/1961  
CoDriver:  
License#: State:  
Date of Birth:

Location: INTERSTATE 40  
Highway: I-40  
County:

MilePost: 116  
Origin:  
Destination:

Shipper:  
Bill of Lading:  
Cargo:

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TT			OH	PVY9955		3HSDJSJR4CN665140				
2	ST			ME	2238074						

**BRAKE ADJUSTMENTS:** No Brake Measurements Required For Level 2

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
177.834A	177.834A	2	Y		A	N	Package not secure in veh/10 IBC'S STRAIGHT DOWN THE CENTER OF BOX TLR,UNSECURE FROM MOVEMENT LT & RT
393.55E	393.55E	2	N		N	N	No or Defective ABS Malfunction Indicator Lamp for trailer manufactured after 03/01/1998/ABS LIGHT INOP ON DASH & TLR,COMES ON W/BRAKES,NOT WHEN TESTED W/KEY

HazMat:

Placard: Yes Cargo Tank:

Special Checks: Traffic Enforcement;

\* Pursuant to the authority contained in ARS 28-5204, I hereby declare vehicles with defects followed by a "Y" in the OOS column of the Violations section of this report to be OUT OF SERVICE. No person shall remove the Out of Service stickers applied to these vehicles, or operate such vehicles until the Out of Service defects have been repaired and the vehicles have been restored to safe operating conditions. Driver's initials: \_\_\_\_\_

\*\*\*\* WARNING \*\*\*\*\* If this box is checked ( ), a separate traffic citation was issued to the violator. Please refer to the issued traffic citation for additional information. This is in addition to any action required by this report.DRIVER & MOTOR CARRIER: This report must be furnished to the above named motor carrier. The motor carrier shall sign below and return, by mail or fax, within 15 days to:Arizona Department of Public SafetyCommercial Vehicle Enforcement BureauPO Box 18410Phoenix, Arizona 85005-8410Fax: (602) 223-2330The undersigned certifies that all violations noted on this report have been corrected and action has been taken to assure compliance with the Federal Motor Carrier Safety and Hazardous Material Regulations as adopted by Arizona Revised Statutes 28-5204 insofar as they are applicable to motor carriers and drivers.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
B McCRACKEN

Badge #:  
7540

Copy Received By:  
JAMES ANDERSON

Page 1 of 2



X \_\_\_\_\_ X \_\_\_\_\_ 00164025 AZ AZ0000816293

# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

Arizona Department of Public Safety  
Commercial Vehicle Enforcement Bureau  
P. O. Box 18410  
Phoenix, AZ 85005  
Phone #: (602)223-2522 Fax #: (602)223-2330

Report Number: AZ0000816293  
Inspection Date: 06/10/2015  
Start: 1:41 PM MT End: 02:30 PM MT  
Inspection Level: II - Walk-Around  
HM Inspection Type: Bulk

FEDEX CUSTOM CRITICAL INC  
1475 BOETTLER RD  
UNIONTOWN, OH 44685-9584  
USDOT#: 00164025 Phone#: (234)310-4090  
MC/MX#: 003926 Fax#: (888)234-3792  
State#:

Driver: ANDERSON, JAMES R  
License#: 01321139 State: TX  
Date of Birth: 11/24/1961  
CoDriver:  
License#: State:  
Date of Birth:

## Inspection Notes

B/L #811044746MLW 7-13-15

**Special Studies** No Special Study Data Recorded

Report Prepared By:  
B McCracken

Badge #:  
7540

Copy Received By:  
JAMES ANDERSON

Page 2 of 2



00164025 AZ AZ0000816293

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# DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

**OKLAHOMA HIGHWAY PATROL (TROOP S)**  
**COMMERCIAL VEHICLE ENFORCEMENT**  
 200 NE 38TH TERRACE  
 OKLAHOMA CITY, OK 73105-3002  
 Phone: (405)521-6060 Fax: (405)702-0819

**Report Number:** OK00B9101129  
**Inspection Date:** 06/29/2015  
**Start:** 1:30 PM CT **End:** 01:58 PM CT  
**Inspection Level:** II - Walk-Around  
**HM Inspection Type:** None

**FEDEX CUSTOM CRITICAL INC**  
 1475 BOETTLER RD  
 UNIONTOWN, OH 44685-9584  
**USDOT#:** 00164025 **Phone#:** (234)310-4090  
**MC/MX#:** 003926 **Fax#:**  
**State#:**

**Driver:** STAGER, GEORGE L  
**License#:** S326312560110 **State:** FL  
**Date of Birth:** 01/11/1956  
**CoDriver:**  
**License#:** **State:**  
**Date of Birth:**

**Location:** US59 SH112  
**Highway:** US59  
**County:** LE FLORE, OK

**MilePost:** **Shipper:**  
**Origin:** BROKEN BOW, OK **Bill of Lading:**  
**Destination:** SPRINGDALTE, OK **Cargo:** EMPTY

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TT	FRHT	2003	TX	K004762	DR4439	1FUJBBCGX3LK62252	52,000			

**BRAKE ADJUSTMENTS:** No Brake Measurements Required For Level 2

## VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.9H	393.9H	1	N		N	N	Inoperable head lamps. DRIVER SIDE LAMP INOP HIGH AND LOW
393.60C	393.60(c)	1	N		N	N	Damaged or discolored windshield

**HazMat:** No HM Transported.

**Placard:** No **Cargo Tank:**

## Special Checks:

## State Information:

WEIGHT GROSS: 25000; PORTABLE (SCALE TYPE): YES; SEMI-PORTABLE: NO; FIXED: NO; DOCUMENTATION VERIFIED: NO; AXLE (AXLE CONFIG. WEIGHED): NO; TANDEM: NO; BRIDGE: NO; GROSS: YES; INTERSTATE (ROAD TYPE): NO; OFF INTERSTATE: YES; TURNPIKE: NO; LEGAL (WEIGHT ENF. ACTION): YES; CITATION: NO; WARNING: NO; TANDEM (ARREST CONFIG.): NO; AXLE: NO; INNER BRIDGE: NO; GROSS: NO; DRIVER OOS?: NO; VEHICLE OOS?: NO; VEHICLE OWNER NAME & DOT#: MC; VEHICLE OWNER STREET ADDRESS: MC; VEHICLE OWNER CITY, STATE, ZIP: MC;

NOTE TO DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this report. NOTE TO CARRIER: If violations are noted, please ensure corrections are completed and sign the below certification. Please return the signed copy of this report within fifteen (15) days to the Oklahoma Highway Patrol, Troop S. Failure to comply may result in forfeiture of OCC License.

Signature Of Repairer X: \_\_\_\_\_ Facility: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*CARRIER CERTIFICATION: THE UNDERSIGNED CERTIFIES THAT ALL VIOLATIONS NOTED ON THIS REPORT HAVE BEEN CORRECTED AND ACTION HAS BEEN TAKEN TO ASSURE COMPLIANCE WITH THE OKLAHOMA MOTOR CARRIER SAFETY STATUTES AS THEY ARE APPLICABLE TO MOTOR CARRIERS AND DRIVERS.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Report Prepared By:**  
 TODY PEREZ

**Badge #:**  
 939

**Copy Received By:**  
 GEORGE STAGER

Page 1 of 1



00164025 OK OK00B9101129

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X \_\_\_\_\_



# Public Utilities Commission

Asim Z. Haque, Chairman

Staff Exhibit No. 9

Commissioners

M. Beth Trombold  
Thomas W. Johnson  
Lawrence K. Friedeman  
Daniel R. Conway

08/27/2017

CR201509180518  
Timothy W. Wiseman  
10 West Market Street Suite 1400  
Indianapolis, IN 46204

RE: **NOTICE OF PRELIMINARY  
DETERMINATION**  
Case No. CR201509180518

Dear Sir or Madam:

On 09/18/2015, a compliance review of your facility located at 1475 BOETTLER RD, UNIONTOWN, OH, U.S.A., 44685 was conducted. As the result of discovery of the following violations of the Commission's rules, Staff of the Commission timely notified FEDEX CUSTOM CRITICAL INC (Respondent) pursuant to rule 4901:2-7-07, Ohio Administrative Code (O.A.C.), that it intended to assess a civil forfeiture against the Respondent in the following amount:

CODE	VIOLATION	FORFEITURE
382.303(b)	Failing to conduct post accident testing on driver for controlled substances.	800.00
396.3(b)	Failing to keep minimum records of inspection and vehicle maintenance.	0.00
396.11(a)	Failing to require driver to prepare driver vehicle inspection report.	1950.00
382.303(a)	Failing to conduct post accident alcohol testing on driver following a recordable crash.	1200.00

**TOTAL AMOUNT DUE:** \$3,950.00

A conference was conducted pursuant to rule 4901:2-7-10, 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.

As a result of the conference, Staff has made a Preliminary Determination that the Commission should assess a civil forfeiture against FEDEX CUSTOM CRITICAL INC in the following amount:

180 East Broad Street  
Columbus, Ohio 43215-3793

(614) 468-3016  
www.PUCO.ohio.gov







# Public Utilities Commission

Asim Z. Haque, Chairman

## Commissioners

M. Beth Trombold  
Thomas W. Johnson  
Lawrence K. Friedeman  
Daniel R. Conway

CODE	VIOLATION	FORFEITURE
382.303(b)	Failing to conduct post accident testing on driver for controlled substances.	800.00
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396.11(a)	Failing to require driver to prepare driver vehicle inspection report.	1950.00
382.303(a)	Failing to conduct post accident alcohol testing on driver following a recordable crash.	1200.00

TOTAL AMOUNT DUE: \$3,950.00

Within 30 days of this notice, you must either: (1) pay the assessed civil forfeiture or (2) file a written request for an administrative hearing pursuant to rule 4901:2-7-13, O.A.C. Failure to file a written request for an administrative hearing within 30 days shall constitute a waiver of your right to further contest the violations and will conclusively establish the occurrence of the violations. Such failure shall also constitute a waiver of your right to further contest liability to the state of Ohio for the civil forfeiture described in the notice and will result in the forfeiture amount being referred to the Ohio Attorney General's office for collection.

Please consult the enclosed instruction sheet for additional information regarding this Notice of Preliminary Determination.


Sincerely,

Milan Orbovich, Director  
Transportation Department

Compliance Officer: Mark Banks



## Public Utilities Commission of Ohio

	<b>US DOT #</b> 164025	<b>Legal:</b> FEDEX CUSTOM CRITICAL INC			
	<b>Operating (DBA):</b>				
<b>MC/MX #:</b> 141898			<b>Federal Tax ID:</b> 34-1175962 (EIN)		
<b>Review Type:</b> Compliance Review (CR)					
<b>Scope:</b> Principal Office		<b>Location of Review/Audit:</b> Company facility in the U. S.		<b>Territory:</b>	
<b>Operation Types</b>					
<b>Interstate</b>		<b>Intrastate</b>			
<b>Carrier:</b> HM		<b>HM</b>		<b>Business:</b> Corporation	
<b>Shipper:</b> N/A		<b>N/A</b>		<b>Gross Revenue:</b> \$306,000,000.00 <b>for year ending:</b> 12/31/2012	
<b>Cargo Tank:</b>		<b>N/A</b>			
<b>Company Physical Address:</b>					
1475 BOETTLER RD UNIONTOWN, OH 44685					
<b>Contact Name:</b> Scott McCahan					
<b>Phone numbers:</b> (1) 234- 310-4090		<b>(2)</b>		<b>Fax</b> 888-234-3792	
<b>E-Mail Address:</b> scott.mccahan@fedex.com					
<b>Company Mailing Address:</b>					
P O BOX 5001 GREEN, OH 44232-5001					
<b>Carrier Classification</b>					
Authorized for Hire					
<b>Cargo Classification</b>					
General Freight		Metal: Sheets, Coils, Rolls		Motor Vehicles	
Building Materials		Machinery, Large Objects		Liquids / Gases in Cargo Tanks	
Oil Field Equipment		U.S. Mail		Chemicals	
Commodities Dry Bulk		Refrigerated Foods		Beverages	
Paper Products					
<b>Hazardous Materials</b>					
1.1 Explosives	Carried	Bulk/Non-Bulk	1.2 Explosives	Carried	Bulk/Non-Bulk
1.3 Explosives	Carried	Bulk/Non-Bulk	1.4 Explosives	Carried	Bulk/Non-Bulk
1.5 Explosives	Carried	Bulk/Non-Bulk	1.6 Explosives	Carried	Bulk/Non-Bulk
2.1 Flammable gas	Carried	Bulk/Non-Bulk	2.1 LPG	Carried	Bulk/Non-Bulk
2.1 Methane	Carried	Non-Bulk	2.2 Nonflammable gas	Carried	Bulk/Non-Bulk
2.2 Anhydrous ammonia	Carried	Bulk/Non-Bulk	2.3 Zone A	Carried	Bulk/Non-Bulk
2.3 Zone B	Carried	Bulk/Non-Bulk	2.3 Zone C	Carried	Bulk/Non-Bulk
2.3 Zone D	Carried	Bulk/Non-Bulk	3 Flammable liquid	Carried	Bulk/Non-Bulk
3 Zone A	Carried	Bulk/Non-Bulk	3 Zone B	Carried	Bulk/Non-Bulk
3 Combustible liquid	Carried	Bulk/Non-Bulk	4.1 Flammable solid	Carried	Bulk/Non-Bulk
4.2 Spontaneous combustible	Carried	Bulk/Non-Bulk	4.3 Dangerous when wet	Carried	Bulk/Non-Bulk
5.1 Oxidizer	Carried	Bulk/Non-Bulk	5.2 Organic peroxide	Carried	Bulk/Non-Bulk
6.1 Zone A	Carried	Bulk/Non-Bulk	6.1 Zone B	Carried	Bulk/Non-Bulk
6.1 (Poison)	Carried	Bulk/Non-Bulk	6.1 (Solids)	Carried	Bulk/Non-Bulk
6.2 Infectious substance	Carried	Bulk/Non-Bulk	7 Radioactive material	Carried	Bulk/Non-Bulk
7 Hwy Route Cntr Qty	Carried	Bulk/Non-Bulk	8 Corrosive material	Carried	Bulk/Non-Bulk
8 Zone A	Carried	Bulk/Non-Bulk	8 Zone B	Carried	Bulk/Non-Bulk
9 Miscellaneous HM	Carried	Bulk/Non-Bulk	9 (Marine pollutants)	Carried	Bulk/Non-Bulk
9 (Hazardous substance)	Carried	Bulk/Non-Bulk	ORM-D	Carried	Bulk/Non-Bulk
<b>Does carrier transport placardable quantities of HM?</b> Yes					
<b>Is an HM Permit required?</b> Yes					
<b>Driver Information</b>					



**FEDEX CUSTOM CRITICAL INC**

U.S. DOT #: 164025

Review Date:

04/25/2013

**Part A**

Inter Intra  
< 100 Miles:  
>= 100 Miles: 2461

Average trip leased drivers/month: 0

Total Drivers: 2461

CDL Drivers: 2137

**Equipment**

	Owned	Term Leased	Trip Leased		Owned	Term Leased	Trip Leased
Truck	0	1044	0	Truck Tractor	0	415	0
Trailer	387	100	0				

Power units used in the U.S.:1459

Percentage of time used in the U.S.:

QUESTIONS regarding this report or the Federal Motor Carrier Safety or  
Hazardous Materials rules may be addressed to the Office of Motor Carriers at:

Transportation Enforcement.

180 East Broad Street, Columbus, OH 43215

Contact: Chris May Phone: 614-728-9128 Fax: 614-728-2133

**This report will be used to assess your safety compliance.****Person(s) Interviewed****Name:** Virginia C Albanese**Title:** President/CEO**Name:** Scott A McCahan**Title:** Senior Manager



**FEDEX CUSTOM CRITICAL INC**  
U.S. DOT #: 164025

Review Date:  
04/25/2013

### Part B Violations

1 FEDERAL	Primary: 177.817(a)	Discovered 1	Checked 50	Drivers/Vehicles In Violation 1	Checked 50
<b>Description</b> Transporting a shipment of hazardous materials not accompanied by a properly prepared shipping paper. <b>Example</b> Shipping Paper No. 26594130, Interstate trip 4/1/13, OH to MD. Fedex Custom Critical transported 14 "pcs" of UN3464, Organophosphorus Compound Toxic, Solid, n.o.s. (Benzyltriphenylphosphonium chloride), 6.1, PG III shipping paper failed to describe the non-bulk packagings for solid hazardous materials in Packing Group III as defined in 173.213.					
2 FEDERAL CRITICAL	Primary: 382.303(a)	Discovered 3	Checked 6	Drivers/Vehicles In Violation 3	Checked 6
<b>Description</b> Failing to conduct post accident alcohol testing on driver following a recordable crash. <b>Example</b> Jeremiah Williams, Interstate trip 1/14/13, Mentor, OH to Savannah, GA. Mr. Williams was involved in a recordable crash in Savannah, GA resulting in 1 bodily injury and a disabled/towed unit and was cited for "Improper Left Turn". Mr. Williams did not submit to a post-accident alcohol test. (6 of the 27 reportable accidents in the past 365 days subject to post-accident alcohol testing requirements.)					
3 FEDERAL	Primary: 382.303(b)	Discovered 1	Checked 6	Drivers/Vehicles In Violation 1	Checked 6
<b>Description</b> Failing to conduct post accident testing on driver for controlled substances. <b>Example</b> Jeremiah Williams, Interstate trip 1/14/13, Mentor, OH to Savannah, GA. Mr. Williams was involved in a recordable crash in Savannah, GA resulting in 1 bodily injury and a disabled/towed unit and was cited for "Improper Left Turn". Mr. Williams did not submit to a post-accident controlled substance test. (6 of the 27 reportable accidents in the past 365 days subject to post-accident controlled substance testing requirements.)					
4 FEDERAL	Primary: 395.3(a)(1)	Discovered 1	Checked 810	Drivers/Vehicles In Violation 1	Checked 27
<b>Description</b> Requiring or permitting a property-carrying commercial motor vehicle driver to drive more than 11 hours <b>Example</b> Waymon R. Scott, Interstate trip 2/9/2013, Springfield, IL to Texarkana, TX. Driver Scott drove 11:07 hours since his last 10 hours off-duty.					
5 FEDERAL	Primary: 395.3(a)(2)	Discovered 2	Checked 810	Drivers/Vehicles In Violation 2	Checked 27
<b>Description</b> Requiring or permitting a property-carrying commercial motor vehicle driver to drive after the end of the 14th hour after coming on duty. <b>Example</b> Shem Chowtie, Interstate trip 2/1/2013, Romeoville, IL to Hazelwood, MO. Driver Chowtie drove .5 hours after being on-duty 14 hours.					



	<b>FEDEX CUSTOM CRITICAL INC</b> U.S. DOT #: 164025	Review Date: 04/25/2013
	<b>Part B Violations</b>	

6 FEDERAL	Primary: 396.3(b)	Discovered 10	Checked 125	Drivers/Vehicles In Violation	Checked 125
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**Description**

Failing to keep minimum records of inspection and vehicle maintenance.

**Example**

Charles S. Norris, Truck Tractor No. E9543, Interstate Trip 2/7/2013, Minneapolis, MN to Tulsa, OK. Truck Tractor No. E9543 was operated in excess of 100,000 miles in the past 365 days, however, no record of any oil changes, lubrications or any other service or repairs were maintained in the vehicle maintenance file, except for "replace brake linings for steers" on 4/13/2013. Also MCSAP report no. KS00YL010568 dated 2/7/2013, lists 5 inoperable lights on Truck tractor No. E9543, and no record of repair (or copy of inspection report) for these violations are listed in the maintenance file.

7 FEDERAL ACUTE	Primary: 396.9(c)(2)	Discovered 2	Checked 8	Drivers/Vehicles In Violation	Checked 8
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**Description**

Requiring or permitting the operation of a motor vehicle declared "out-of-service" before repairs were made.

**Example**

John Wiley Douglas, Truck No. DR4564, Interstate trip 3/21/2013, Pasadena, TX to Charles, TX. Driver Douglas was stopped for an inspection in Pasadena, TX on 3/21/2013 resulting in Truck No. DR4564 being declared out-of-service for a damaged brake hose (Inspection No. TX13289DFN01). However, the driver's AOB RD indicates that driver Douglas left the inspection scene 5 minutes after the inspection was printed, drove 15 minutes, was on-duty not driving for 55 minutes, drove 27 minutes more, and then obtained repairs.

8 FEDERAL	Primary: 396.9(d)(3)	Discovered 7	Checked 20	Drivers/Vehicles In Violation	Checked 20
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**Description**

Failing to maintain completed inspection form for 12 months from the date of inspection at the carrier's principal place of business.

**Example**

Emanuel Gilliam, Truck No. DR4576, Interstate trip 10/14/2012, Louisville, KY to Garland, TX. Driver Gilliam was stopped for MCSAP Inspection (Inspection No. AR467E004458) on I-40 in Crittenden County, AR, but the carrier fails to maintain a copy of the inspection report at the principle place of business.

9 FEDERAL CRITICAL	Primary: 396.11(a)	Discovered 101	Checked 810	Drivers/Vehicles In Violation	Checked 27
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**Description**

Failing to require driver to prepare driver vehicle inspection report.

**Example**

Fletcher Jones III, Truck No. E9579, Interstate trip 1/29/2013, Newton, IA to St. Joseph, MO. DVIR was not prepared.

**Safety Fitness Rating Information:**

**Total Miles Operated** 114,171,341  
**Recordable Accidents** 27  
**Recordable Accidents/Million Miles** 0.24

**OOS Vehicle (CR):** 0  
**Number of Vehicle Inspected (CR):** 0  
**OOS Vehicle (MCMIS):** 11  
**Number of Vehicles Inspected (MCMIS):** 125





**FEDEX CUSTOM CRITICAL INC**  
U.S. DOT #: 164025

Review Date:  
04/25/2013

### Part B Violations

Your proposed safety rating is :

**SATISFACTORY**

Rating Factors		Acute	Critical
Factor 1:	S	0	0
Factor 2:	C	0	1
Factor 3:	S	0	0
Factor 4:	C	1	1
Factor 5:	S	0	0
Factor 6:	S	-	-

Corrective actions must be taken for any violations (deficiencies) identified on Part B of this report.





**Security Contact Q & A**  
**Sensitive Security Information**

**Security Assessment**

- |   |  |                    |
|---|--|--------------------|
| 1 | Does plan include a specific assessment of possible HM transp. security risks? | <b>Answer:</b> Yes |
| 2 | Does assessment adequately capture specific threats and vulnerabilities (T&V)? | <b>Answer:</b> Yes |
| 3 | Does the assessment adequately capture specific T&V of personnel security?     | <b>Answer:</b> Yes |
| 4 | Does the assessment adequately capture specific T&V of unauthorized access?    | <b>Answer:</b> Yes |
| 5 | Does the assessment adequately capture specific T&V of en route security?      | <b>Answer:</b> Yes |
| 6 | Is the organization's security posture periodically assessed?                  | <b>Answer:</b> Yes |

**Security Plan**

- |    |  |                    |
|----|--|--------------------|
| 7  | Does the security plan correlate to the security assessment in question 2 above? | <b>Answer:</b> Yes |
| 8  | Is the security plan "specific" to the organization?                             | <b>Answer:</b> Yes |
| 9  | Are there written procedures on actions to take in event of a security breach?   | <b>Answer:</b> Yes |
| 10 | Are there written procedures to report the above to law enforcement?             | <b>Answer:</b> Yes |
| 11 | Do security plan measures "vary commensurate with the level of threat"?          | <b>Answer:</b> N/A |

**Personnel Security**

- |    |  |                    |
|----|--|--------------------|
| 12 | Are the personnel security measures appropriate for the assessment as written?   | <b>Answer:</b> Yes |
| 13 | Are the personnel security measures adequate even if not all risks identified?   | <b>Answer:</b> Yes |
| 14 | Are the security plan's personnel security measures being followed?              | <b>Answer:</b> Yes |
| 15 | Do all drivers required to have valid CDLs with required endorsements have them? | <b>Answer:</b> Yes |
| 16 | Are required background checks on drivers conducted?                             | <b>Answer:</b> Yes |
| 17 | Is information confirmed for applicants applying for positions dealing with HM?  | <b>Answer:</b> Yes |
| 18 | Are performance standards or PSOs used in the approach to personnel security?    | <b>Answer:</b> Yes |
| 19 | Is citizenship or legal residence status confirmed for all employees?            | <b>Answer:</b> Yes |

**Unauthorized Access**

- |    |   |                    |
|----|---|--------------------|
| 20 | Is the security plan's approach to unauthorized access operation specific?      | <b>Answer:</b> Yes |
| 21 | Are the unauthorized access measures appropriate for the assessment as written? | <b>Answer:</b> Yes |
| 22 | Are the unauthorized access measures adequate even if not all risks identified? | <b>Answer:</b> Yes |
| 23 | Are the security plan's unauthorized access measures being followed?            | <b>Answer:</b> Yes |

**En Route Security**

- |    |   |                    |
|----|---|--------------------|
| 24 | Is the security plan's approach to en route security operation specific?        | <b>Answer:</b> Yes |
| 25 | Are the en route security measures appropriate for the assessment as written?   | <b>Answer:</b> Yes |
| 26 | Are State/Indian tribe NRHM (non-RAM) routing designations being followed?      | <b>Answer:</b> Yes |
| 27 | Are written route plans provided to drivers of Division 1.1, 1.2, and 1.3 HM?   | <b>Answer:</b> Yes |
| 28 | Are drivers of vehicles transporting HRCQ RAM complying with preferred routing? | <b>Answer:</b> Yes |





**Security Contact Q & A**  
**Sensitive Security Information**

29 Are routing guidelines being followed for vehicles transporting NRHM (non-RAM)? **Answer: Yes**

30 Are hazardous materials delivered expeditiously? **Answer: Yes**

31 Are the routing regs. and ER instr. provided for Div. 1.1, 1.2, and 1.3 HM? **Answer: Yes**

**Security Plan Administration**

32 Is the security plan written? **Answer: Yes**

33 Is the security plan retained for as long as it remains in effect? **Answer: Yes**

34 Is the plan (or parts) available to employees responsible for implementing it? **Answer: Yes**

35 Are all copies of the security plan updated and revised as necessary? **Answer: Yes**

36 Does the organization have fixed management responsibility for security? **Answer: Yes**

**Security Training**

37 Has security awareness training been provided to all HM employees on schedule? **Answer: Yes**

38 Has in-depth training been provided to HM employees with plan responsibilities? **Answer: Yes**

39 Does the in-depth training include company security objectives? **Answer: Yes**

40 Does the in-depth training include specific personnel security procedures? **Answer: Yes**

41 Does in-depth training material include specific unauthorized access procedures? **Answer: Yes**

42 Does in-depth training material include specific en route security procedures? **Answer: Yes**

43 Does the in-depth training material include employee responsibilities? **Answer: Yes**

44 Does in-depth training include actions to take in event of a security breach? **Answer: Yes**

45 Does in-depth training material include an organizational security structure? **Answer: Yes**

**Additional Security Management**

46 Has the organization established partnerships with other agencies for security? **Answer: Yes**

**Security Plan**

47 Overall, does the Security Plan conform to Part 172, Subpart 1? **Answer: Yes**

**Security Plan Administration**

48 Ensure the individual for security reports to top management. **Answer: Yes**





**Part B Requirements and/or Recommendations****1. CONTROLLED SUBSTANCES AND ALCOHOL BASIC PROCESS BREAKDOWN: Monitoring and Tracking****DESCRIPTION OF PROCESS BREAKDOWN**

Fedex Custom Critical, Inc. safety personnel should convey expectations to all drivers for adhering to safe driving regulations, company policies and procedures and to make sure everyone understands the policy expectations for alcohol and controlled substances post accident testing and has the adequate means to respond after an emergency situation to have post alcohol and controlled testing completed in the required time limit.

**BASIC SPECIFIC RECOMMENDED REMEDIES**

Implement Safety Improvement Practices: The following are recommended practices related to Monitoring and Tracking Processes.

- Evaluate personnel who are monitoring drivers against performance standards related to controlled-substance and alcohol regulations and company policies to ensure that they are applying standards fairly, consistently, and equitably, and are documenting evaluations.
- Review and retain each driver's Motor Vehicle Record (MVR) at least annually to ensure compliance with company policies, Federal regulations, and State and local laws and ordinances related to controlled substances and alcohol. If a driver seems to have numerous violations, the MVR should be reviewed more often. Random MVR checks in addition to annual checks are also effective. File the MVR in each driver's driver qualification file after review.
- Monitor and adjust the testing program to ensure proper annual driver sampling.
- Ensure that all test records are monitored for adherence to retention dates and nondisclosure requirements.
- Implement a system for keeping accurate records of controlled-substance and alcohol completed training needs and completed training, via software, checklist in the driver's file, and/or another appropriate method.
- Implement an effective process for monitoring and tracking drivers' removal from safety-sensitive functions and their return to duty according to controlled-substance and alcohol regulations and related company policies and procedures.
- Provide adequate oversight of all personnel hiring and training processes, including qualification of service agents, to ensure adherence to controlled-substance and alcohol regulations and company policies and procedures.
- Maintain the following documents to help evaluate the performance of all staff (drivers and managers) involved in controlled-substance and alcohol testing and the effectiveness of the policies and procedures: Motor Vehicle Record (MVR); records related to testing, the designated employer representative (DER), return to duty, and dispatch; lists of drivers removed due to a history of controlled-substance and/or alcohol misuse and those disqualified for personal driving under the influence (DUI); substance-abuse professional (SAP) letters; and for each test type, include selection criteria, the eligibility-pool list, and the statistical laboratory summary.
- Regularly evaluate the company's controlled-substance and alcohol-related inspection results via the Federal Motor Carrier Safety Administration's (FMCSA) website at <http://ai.fmcsa.dot.gov/SMS>. Assess violations for process breakdowns and how to remedy them. Use data to help implement an effective process beyond self-reporting to monitor, document, and evaluate compliance with controlled-substance and alcohol regulations and company policies.
- When monitoring and tracking issues regarding controlled substances and alcohol use, always assess whether they are individual or represent a systemic breakdown in one of the Safety Management Processes (Policies and Procedures, Roles and Responsibilities, etc.).

**Seek Out Resources:**

- You are encouraged to review your company's record at the following website: <http://ai.fmcsa.dot.gov/SMS>. You will need to use your PIN Number that has been provided by the FMCSA.
- Contact industry associations to get resources and ideas on safety improvement practices from other carriers in the industry.

**2. VEHICLE MAINTENANCE BASIC - INSPECTION-REPAIR-MAINTENANCE PROCESS BREAKDOWN: Policies and Procedures****DESCRIPTION OF PROCESS BREAKDOWN**

Fedex Custom Critical Inc has a Policy specific to vehicle maintenance and inspection, which requires an annual



**Part B Requirements and/or Recommendations**

(periodic) inspection twice a year, along with records of maintenance performed being submitted twice a year. Based on violations discovered, this policy is proving to be ineffective. Fedex Custom Critical Inc should revise its' policy to required monthly submitting of maintenance reports by owner operators. Fedex Custom Critical Inc's policy should also address vehicle out-of-service repairs for roadside inspections, as well as procedures for submitting electronic Driver Vehicle Inspection Reports (DVIRs).

**BASIC SPECIFIC RECOMMENDED REMEDIES**

**Implement Safety Improvement Practices:** The following are recommended practices related to Policies and Procedures.

- Develop a system of preventive maintenance for compliant, safe, and efficient fleet operations, including a schedule for periodic maintenance, inspection, and recordkeeping. This system should be attuned to manufacturer recommendations, the carrier's own experience, and regulatory requirements.
- Develop a procedure ensuring that vehicle defects that impact safety and/or safety compliance are reported, repaired, and certified before the vehicle is operated.
- Develop procedures to ensure that management is notified of vehicle defects through the use of Driver Vehicle Inspection Records (DVIRs) and other communication channels, such as driver call-in and e-mail from mechanics.
- Develop a policy ensuring that drivers are qualified to complete thorough and timely Driver Vehicle Inspection Records (DVIRs) by the end of the day of the trip and prior to a subsequent assignment.
- Establish a policy requiring drivers to submit copies of all roadside inspections to carrier management within 24 hours.
- Develop policies and procedures requiring drivers to immediately notify appropriate management of any roadside vehicle Out-of-Service (OOS) order.
- Develop a written and progressive disciplinary policy focused on taking corrective action to ensure drivers comply with regulations and policies. A progressive disciplinary policy could include, among other things, written warnings, suspensions, or work restrictions, monetary penalties, and termination. This policy should also specify consequences for any carrier official who knowingly and willfully allows vehicle maintenance violations.

**Seek Out Resources:**

- You are encouraged to review your company's record at the following website: <http://ai.fmcsa.dot.gov/SMS>. You will need to use your PIN Number that has been provided by the FMCSA.
- Contact industry associations to get resources and ideas on safety improvement practices from other carriers in the industry.

3. • **Understand Why Compliance Saves Time and Money:** Compliance with FMCSRs will not only save lives, but also saves your business time and money. Tracking how much your business spends on non-compliance activities can help you understand the many benefits of compliance to your business and why safety is good business.

• **Document and Follow Through on Action Plans:** Document and follow through on action plans to ensure the actions you are taking are creating improvement in safety management and compliance.

• **NOTICE:** A pattern and/or repeated violations of the same or related acute or critical regulations (violations of the same Part in Title 49, Code of Federal Regulations) will cause the maximum penalties allowed by law to be assessed under Section 222 of the Motor Carrier Safety Improvement Act of 1999 (MCSIA). A pattern of violations means two or more violations of acute and/or critical regulations in three or more Parts of Title 49, Code of Federal Regulations discovered during any eligible investigation. Repeated violations means violation(s) of an acute regulation of the same Part of Title 49, Code of Federal Regulations discovered in an investigation after one or more closed enforcement actions within a six year period and/or violation(s) of a critical regulation in the same Part of Title 49, Code of Federal Regulations discovered in an investigation after two or more closed enforcement actions within a six year period.

• **NOTICE:** 49 CFR Part 391.23 requires prospective employers to, at a minimum, investigate a driver's employment information, crash record, and alcohol and controlled substances history from all employers the driver worked for within the previous 3 years.

The Pre-Employment Screening Program (PSP) is a screening tool that assists motor carriers in investigating crash history and roadside safety performance of prospective drivers. The PSP allows motor carriers to purchase 5 years of



**Part B Requirements and/or Recommendations**

crash data and 3 years of roadside inspection data from the Federal Motor Carrier Safety Administration's (FMCSA) Motor Carrier Management Information System (MCMIS). Records are available 24 hours a day via Web request. Motor carriers should visit the following website for more information:  
<http://www.psp.fmcsa.dot.gov/Pages/default.aspx>

• All motor carriers and truck drivers are needed to fight against terrorism and hijacking. You could be a target. Protect yourself, your trucks, your cargo, and your facilities. Discuss with your employees/drivers the "Security Measures for Truck Drivers and Companies" which were provided and reviewed with motor carrier official. Motor carriers should visit the following website for more information:  
<http://www.fmcsa.dot.gov/documents/Hijacking-Brochure.pdf>

• COMPASS PORTAL COMPANY ACCESS ACCOUNT - The COMPASS program is an FMCSA-wide initiative that is leveraging new technology to transform the way the FMCSA does business. The ultimate goal is to implement a customer-centric information technology (IT) solution that optimizes FMCSA's business processes and improves the Agency's ability to save lives. Key objectives include (1) creating a single source for crucial safety data via single sign-on access, (2) improving data quality to ensure better, more informed decision-making and (3) providing actionable information as well as data. For companies, the FMCSA Portal provides single sign-on access to L&I, DataQs, Analysis and Information (A&I) Online, and the National Consumer Complaint Database (NCCDB) via a single password and user ID. Company users can also access public functionality in L&I, SAFER, Commercial Vehicle Information Systems and Networks (CVISN), and the National Hazardous Material Route Registry (NHMRR) as well as the "Protect Your Move" and "Share the Road Safely" Web sites. To register for a COMPASS account, go to: <https://portal.fmcsa.dot.gov>.

• Company access accounts are available to the following types of users: (1) carriers with a USDOT number and (2) carrier employees or other professionals (i.e. freight-forwarders, insurance companies) who need access to carrier information. Note: You must know the carrier's USDOT Number. In order to set up an account, you must know the user account type that you are requesting. A Company Official Account is for a person who will have full access to company information, and the ability and responsibility of approving and managing account requests from Company Employees. Note: There will be only one Company Official for each USDOT#. To request a Company Official user account, you must have the PIN associated with your USDOT#. If you do not have a PIN, or do not know your PIN, go to the USDOT PIN Request. An Access Company Information Account is for a person who needs access to limited company information, but is not responsible for managing accounts or other users. For additional information about COMPASS, go to <http://www.fmcsa.dot.gov/about/what-we-do/keyprograms/compass-factsheet.htm>.

• Supporting documents are the records of the motor carrier which are maintained in the ordinary course of business and may be used by the motor carrier to verify the information recorded on the driver's record of duty status. Effective 12/19/2008, the FMCSA formally adopted a policy of including GPS and other advanced technology records as supporting documents (see Federal Register Vol. 73 No. 224, 11/19/2008). Failure to maintain such records for six months as required will result in your company being cited and/or penalized for failure to maintain supporting documents.

Other examples of supporting documents you should maintain are: Bills of lading, carrier pros, freight bills, dispatch records, driver call-in records, gate record receipts, weight/scale tickets, fuel receipts, fuel billing statements, toll receipts, international registration plan receipts, international fuel tax agreement receipts, trip permits, port of entry receipts, cash advance receipts, delivery receipts, lumber receipts, interchange and inspection reports, lessor settlement sheets, over/short and damage reports, agricultural inspection reports, CVSA reports, accident reports, telephone billing statements, credit card receipts, driver fax reports, on-board computer reports, border crossing reports, custom declarations, traffic citations, overweight/oversize reports and citations, and/or other documents directly related to the motor carrier's operation, which are retained by the motor carrier in connection with the operation of its transportation business. Supporting documents may include other documents which the motor carrier maintains and can be used to verify information on the driver's records of duty status. If these records are maintained at locations other than the principal place of business but are not used by the motor carrier for verification purposes, they must be forwarded to the principal place of business upon a request by an authorized representative of the FMCSA or State official within 2 business days.





## Part B Requirements and/or Recommendations

### 4. Post-accident alcohol and drug testing

#### §382.303

Included in §382.303 are requirements for when tests must be conducted, the time frame under which they must be conducted, and the circumstances in which a law enforcement officer's test result may be used.

#### Definition of accident

The definition of accident to reference when considering a post-accident test is contained in 49 CFR 390.5. That definition is as follows:

#### Accident means-

- (1) Except as provided in paragraph (2) of this definition, an occurrence involving a commercial motor vehicle operating on a public road which results in:
  - (i) A fatality;
  - (ii) Bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
  - (iii) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the vehicle to be transported away from the scene by a tow truck or other vehicle.
- (2) The term accident does not include:
  - (i) An occurrence involving only boarding and alighting from a stationary motor vehicle; or
  - (ii) An occurrence involving only the loading or unloading of cargo; or
  - (iii) An occurrence in the course of the operation of a passenger car or a multipurpose passenger vehicle (as defined in §571.3 of this title) by a motor carrier and is not transporting passengers for hire or hazardous materials of a type and quantity that require the motor vehicle to be marked or placarded in accordance with §177.823 of this title.

#### "Disabling damage" is further defined as follows:

Disabling damage means damage which precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs.

- (1) Inclusions. Damage to motor vehicles that could have been driven, but would have been further damaged if so driven.
- (2) Exclusions.
  - (i) Damage which can be remedied temporarily at the scene of the accident without special tools or parts.
  - (ii) Tire disablement without other damage even if no spare tire is available.
  - (iii) Headlamp or taillight damage.
  - (iv) Damage to turn signals, horn, or windshield wipers which makes them inoperative.

#### When testing is required

As soon as practicable following an accident involving a commercial motor vehicle, each employer shall test each surviving driver for alcohol and drugs when either:

the accident involved a fatality; or  
the driver received a moving traffic citation in connection with an accident resulting in personal injury or a vehicle being towed from the scene.

#### Time frame for testing

When a required post-accident test has not been administered within the time frames stipulated, the actions outlined below must be taken.

#### Alcohol test

1. If the driver has not submitted to an alcohol test within 2 hours, the employer shall prepare and maintain on file a record stating the reason a test was not promptly administered.
2. If the driver has not submitted to an alcohol test within 8 hours, cease attempts to administer the test and prepare and maintain the record described above.

Blood Testing Not Authorized - On February 15, 1994, the Department of Transportation published a proposal





## Part B Requirements and/or Recommendations

seeking comment on whether blood testing should be used in very limited circumstances (i.e., for post-accident tests, where evidential breath testing was not available). The DOT has concluded that it is not worth subjecting employees to an invasive testing procedure and incurring the other disadvantages of adding blood alcohol testing to the program to capture this probably small number of cases. For this reason, DOT withdrew the proposed authorization of the use of blood in some post-accident test situations, and will not include blood testing as a part of the DOT alcohol testing program.

### Drug test

If a driver has not submitted to a drug test within 32 hours, the employer shall cease attempts to administer the test, and prepare and maintain a record stating the reasons why.

A driver who is subject to post-accident testing must remain available, or the employer may consider the driver to have refused to submit to testing. The driver subject to post-accident testing must refrain from consuming alcohol for 8 hours following the accident, or until he/she submits to an alcohol test, whichever comes first.

NOTE: Nothing in the regulations should be construed as to require the delay of necessary medical attention for injured people following an accident. Also, the driver is not prohibited from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.

Employers are obligated to provide the necessary information, procedures, and instructions to their drivers to allow them to be tested after an accident. This is especially important for employers whose operations occur in remote areas. Drivers are then obligated to follow the instructions and see that the tests are conducted.

5. Require all drivers to prepare a written inspection report for each day a vehicle is operated. Ensure that each report is signed by the driver, certified, and reviewed if defects are reported.
6. Periodically review the maintenance and inspection records for all lease vehicles as required by Part 396 of the FMCSR. Keep a record to document these reviews and notify the vehicle owner of any violations detected.
7. No motor carrier or intermodal equipment provider shall require or permit any person to operate nor shall any person operate any motor vehicle or intermodal equipment declared and marked "out-of-service" until all repairs required by the "out-of-service notice" have been satisfactorily completed. The term operate as used in this section shall include towing the vehicle or intermodal equipment, except that vehicles or intermodal equipment marked "out-of-service" may be towed away by means of a vehicle using a crane or hoist. A vehicle combination consisting of an emergency towing vehicle and an "out-of-service" vehicle shall not be operated unless such combination meets the performance requirements of this subchapter except for those conditions noted on the Driver Vehicle Examination Report.



**FEDEX CUSTOM CRITICAL INC**

U.S. DOT #: 164025

Review Date:

04/25/2013

**Part C****Reason for Review:** Compliance Review**Planned Action:** Compliance Monitoring**Parts Reviewed Certification:**

325	382	383	387	390	391	392	393	395	396	397	398	399	171	172	173	177	178	180
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				✓	✓		✓		

**Prior Reviews**

8/5/2009

8/25/1997

4/16/1992

**Prior Prosecutions****Unsat/Unfit Information**

Is the motor carrier of passengers subject to the safety fitness procedures contained in 49 CFR part 385 subpart A, AND does it transport passengers in a commercial motor vehicle?

Does carrier transport placardable quantities of hazardous materials? Yes - Interstate and Intrastate

Unsat/Unfit rule:

45-Day - Interstate Placardable HM

**Corporate Contact:** Scott A McCahan

**Corporate Contact Title:** Senior Manager

**Special Study Information:****Remarks:****REASON FOR INVESTIGATION:**

The reason for this investigation's assignment was because the carrier other reason: Hazardous Material Safety Permit (HMSP). The original assignment date was 2/12/13. The type of investigation originally assigned was onsite comprehensive. A D & A Supplemental Review was assigned. See caption below named "CONTROLLED SUBSTANCES AND ALCOHOL SUPPLEMENTAL REVIEW:" for further information. At the time this investigation was initiated (3/28/13) the following BASIC(s) were at or above their intervention threshold: None.

**SCOPE OF INVESTIGATION:**

The original assignment was onsite comprehensive investigation with a D & A Supplemental review based on 0 BASICs at or above their intervention threshold. It was discovered that the carrier's current data indicates 0 BASIC(s) at or above their intervention threshold. The carrier has 0 BASIC(s) with unresolved serious violations. This investigation remains a onsite comprehensive investigation. 9 Red Flag Drivers noted. See caption below named "DRIVERS WITH RED FLAG VIOLATIONS:" for further information.

Matheny OH3209

Dates on site at carrier: 4/2/13, 4/4/13, 4/5/13, 4/8/13, 4/9/13, 4/11/13, 4/12/13, 4/15/13, 4/25/13

Dates working on carrier information off site: 3/28/13, 3/29/13, 4/1/13, 4/16/13, 4/18/13, 4/22/13, 4/23/13

Investigator Kerns OH0428 worked on site at carrier: 4/8/13, 4/9/13, and 4/11/13

Investigator Hedrick OH3219 worked on site at carrier 4/4/13, 4/5/13, 4/9/13, and 4/11/13.

**CARRIER OPERATION DESCRIPTION:**

The carrier did not discuss its' financial condition.

The gross revenue listed in Part A was provided by Scott McCahan

The major assets of the company include buildings and trailers.

Carrier Officials include:

Virginia C. Albanese President and CEO

Allan W. Brown Vice President, General Counsel

Harold B. Scott Vice President Sales and Marketing



**Part C**

Carrier officials or employees who were interviewed, but not listed in Part A include: Diane Conner, Supervisor Safety, Kellie Toth, Accident/Hazard Analyst

Carrier hauls general commodities in a for-hire operation. An example of an Interstate trip was on 1/29/13 when driver Fletcher Jones made an interstate trip from Newton, IA to St. Joseph, MO.

The motor carrier was not involved in emergency relief efforts and did not operate under an exemption or waiver during the past 365 days.

The company personnel responsible for safety management is: Scott McCahan.

**PRE-INVESTIGATION:**

I scheduled this investigation on 3/28/13, with Scott McCahan, the Senior Manager, Safety and Contractor Relations. The appointment was made via telephone, I provided the carrier with an appointment letter which I faxed to the carrier. The carrier maintains supporting documents at the principal place of business. The written appointment letter requested the following documents: Accident Register and files, MCS-90 Insurance Form (if for-hire or HM carrier), Drug and Alcohol Data (if applicable), Driver Qualification Files, Driver's List, Records of Duty Status for the past 6 months, RODS Supporting Documents, Maintenance Files, Equipment List, and DVIRs, Fleet Miles, Corporate Officials, and Gross Revenue.

On 4/2/13 I met with carrier official Scott McCahan, at 1475 Boettler Road, Uniontown, OH 44685. On this date the following requested documents were not provided: alcohol and controlled substance post accident testing, DVIR's, and maintenance records.

**CDLIS (DRIVER LICENSE) CHECK:**

The carrier employs 2461 drivers, including 2137 CDL drivers.

125 State of Ohio driver's license checks were conducted. See Part 383 for any violations.

An SCR was conducted. The carrier is subject to the HM Security Plan requirements. No violations.

Review of HM Incident reports show carrier reported incidents in a timely manner.

**DRIVERS WITH RED FLAG VIOLATIONS:**

The carrier had 9 red flag driver violations.

(1) John Batty License: GA 052055403

Red Flag violation: 383.23(a) (2) operating a cmv without a valid cdl

Documents to confirm that the driver with RF violations has been corrected

1. CDL copies
2. Driver License copies
3. Carrier's Driver Availability Log

Red flag driver questions:

1. Has the Red Flag violation been corrected or is it continuing?

The Red Flag violation has been corrected.

2. If corrected, was the correction timely? (i.e. Did the driver operate between the time of the violation and when it was corrected?)

a. Inspection IL4488002510 - John Batty, Co-Driver and Mary Foy, Driver

i. John Batty's GA license 052055403 indicated that Mr. Batty had a K restriction on his license which indicates intrastate GA only.

ii. Inspection shows violation 383.23(a) (2) for John Batty operating a CMV without a CDL.

iii. Driver did not operate the CMV until after the correction was made. Carrier placed driver out of service on 2/7/13, driver went into company's Safety Review (not driving) on 2/8/13, and then after driver had the correction made to the license, carrier put Mr. Batty back into service and available for dispatch on 2/11/13.

3. Knowledge and Willfulness

a. Did the motor carrier know or should the motor carrier have known of this Red Flag Violation?

i. The carrier should have known that the "K" restriction was listed on the CDL when the new license was issued 1/2/13 because they had a copy of the license the driver provided in the Driver Qualification file.

ii. Carrier and Driver indicate that the "K" was placed on the CDL in error, which was validated by a copy of the driver's previous CDL which had no restrictions and driver indicating there had been no changes. Mr. Batty's license





**Part C**

which was to expire on 1/14/13 shows no restriction, license issued 1/2/13 shows "K" restriction, and license re-issued 2/9/13 is corrected with no "K" restriction.

- b. Did the driver fail to inform the employing motor carrier of the Red Flag violation?
- i. Driver was unaware of the K restriction being put on his license in error.

(2) Paul Coulston MI C423676441204

Red Flag violation: 391.11(b)(5) driver lacking valid license for type vehicle being operated

Documents to confirm that the driver with RF violation has been corrected:

Copy of CDL

Copy of MVR

Red flag driver questions:

- 1. Has the Red Flag violation been corrected or is it continuing?
  - a. The Red Flag violation has been corrected.
  - b. This is a State of Michigan violation only, not a federal violation.
- 2. If corrected, was the correction timely? (i.e. Did the driver operate between the time of the violation and when it was corrected?)
  - a. Inspection MIAMAG001316 - placed Paul Coulston out of service for not being licensed for the type of vehicle being operated. His co-driver, Janet Grappin was also written up on this same inspection only was not placed out of service because she was the co-driver.
  - b. Mr. Coulston has a valid class A CDL, however, MI has a requirement when maintaining a CDL in that state that the license has to be defined as a "Chauffeurs" Class A CDL and both Mr. Coulston and Ms Grappin have an "Operator" Class A CDL.
  - c. Inspection MIAMAG001316 was on 5/4/12, carrier was notified and both Mr. Coulston and Ms Grappin were taken out of service until they had a "Chauffeurs" Class A CDL.
- 3. Knowledge and Willfulness
  - a. Did the motor carrier know or should the motor carrier have known of this Red Flag Violation?
    - i. The motor carrier had a motor vehicle report, as required, showing Mr. Coulston had a valid Class A CDL so it is unknown how carrier would have known.
    - b. Did the driver fail to inform the employing motor carrier of the Red Flag violation?  
Driver did not know that he did not possess a valid Class A CDL.

(3) Garry Crawford - FL C616292862610

Red Flag violation: 391.15(a) driving a cmv while disqualified. Inspection - ALKEJC009606

Documents to confirm that the driver with RF violation has been corrected:

Motor Vehicle Report

Red flag driver questions:

- 1. Has the Red Flag violation been corrected or is it continuing?
  - a. The Red Flag Violation continued from the time of the inspection 8/9/12 through 2/21/13 when the carrier released the driver. It was indicated to me that the carrier had no knowledge of the roadside inspection initially; however, upon further review of the roadside inspection itself, it has a notation that the officer spoke directly to the Safety Manager at the time of the inspection.
- 2. If corrected, was the correction timely? (i.e. Did the driver operate between the time of the violation and when it was corrected?)
  - a. Mr. Crawford did continue to operate so there was not a timely correction by the carrier. Carrier indicated that the driver was initially working under an owner, Arivelto Dasilva in vehicle D7171, however, a change had been made and Mr. Crawford was working for a different owner, James Giannuzzu in vehicle D8280 at the time of inspection. It seems that once qualified to work for Fedex Custom Critical, they can work for different owners.
- 3. Knowledge and Willfulness
  - a. Did the motor carrier know or should the motor carrier have known of this Red Flag Violation?
    - i. Mr. Crawford's DOH was 7/17/12. Carrier maintains the initial MVR dated 6/18/12 showing a valid CDL. The inspection was on 8/9/12 and the notation from the investigator indicated the suspension of the license was because the driver failed to file his medical certificate to the state and was disqualified on 7/25/12. The inspection also notes that the







## Part C

driver had in his possession a valid medical certificate issued on 6/29/12 and was good through 6/29/14. Carrier would not have known.

b. Did the driver fail to inform the employing motor carrier of the Red Flag violation?

i. The driver failed to submit to the motor carrier the inspection with the Red Flag violation, however, the investigator informed the carrier at the time of the inspection of the Red Flag violation.

(4) Jasvir Dhillon - PQ D450531036609

Red Flag violation: 391.11(b) (7) driver disqualified from operating CMV - MI - MIBMCB003598

Documents to confirm that the driver with RF violations has been corrected:

Motor vehicle reports

Red flag driver questions:

1. Has the Red Flag violation been corrected or is it continuing?

a. Mr. Dhillon was terminated by the carrier on 12/7/12.

2. If corrected, was the correction timely? (i.e. Did the driver operate between the time of the violation and when it was corrected?

a. No. Inspection MI - MIBMCB003598 occurred on 9/27/12. Carrier claims they did not receive a copy of the inspection until 12/7/12 at which time they placed the driver out of service and then terminated his contract.

3. Knowledge and Willfulness

a. Did the motor carrier know or should the motor carrier have known of this Red Flag Violation?

i. Carrier had a valid motor vehicle report dated 9/12/12.

b. Did the driver fail to inform the employing motor carrier of the Red Flag violation?

i. Yes, Mr. Dhillon failed to inform the motor carrier.

(5) Jose Garcia - FL G620420641810

1. Red Flag violation: 383.23(a) (2) operating a CMV without a valid cdl

2. Jose Garcia was contracted with Fedex Custom Critical from 2/17/11 through 5/25/12. Carrier maintains a motor vehicle report showing a valid CDL from 2/11/11 and a valid annual motor vehicle report dated 2/20/12.

3. A&I shows Jose Garcia was cited for the Red Flag violation on GA inspection# MCS1003714 while operating with Blueray Logistics DOT # 2256236.

(6) Janet Grappin - MI G615368461187

Red Flag violation: 391.11(b) (5) driver lacking license for vehicle being operated

Documents to confirm that the driver with RF violations has been corrected:

Copy of CDL

Copy of MVR

Red flag driver questions:

4. Has the Red Flag violation been corrected or is it continuing?

a. The Red Flag violation has been corrected.

b. This is a State of Michigan violation only, not a federal violation.

5. If corrected, was the correction timely? (i.e. Did the driver operate between the time of the violation and when it was corrected?

a. Inspection MIAMAG001316 - violated Janet Grappin for not being licensed for the type of vehicle being operated. Her co-driver, Paul Coulston was also written up on this same inspection and placed out of service because he was the driver.

b. Ms Grappin has a valid class A CDL, however, MI has a requirement when maintaining a CDL in that state that the license has to be defined as a "Chauffeurs" Class A CDL and both Mr. Coulston and Ms Grappin have an "Operator" Class A CDL.

c. Inspection MIAMAG001316 was on 5/4/12, carrier was notified and both Mr. Coulston and Ms Grappin were taken out of service until they had a "Chauffeurs" Class A CDL.

6. Knowledge and Willfulness

a. Did the motor carrier know or should the motor carrier have known of this Red Flag Violation?

i. The motor carrier had a motor vehicle report, as required, showing Ms Grappin had a valid Class A CDL so it is



**Part C**

unknown how carrier would have known.

- b. Did the driver fail to inform the employing motor carrier of the Red Flag violation?
- i. Driver did not know that she did not possess a valid Class A CDL.

(7) David Smith - NC 6164065

Red Flag violation: 383.51(a) driving a cmv while disqualified Inspection PAUC12000230

Documents to confirm that the driver with RF violations has been corrected:

MVR

Red flag driver questions:

- 1. Has the Red Flag violation been corrected or is it continuing?
  - a. Unknown, Mr. Smith was taken out of service 1/10/13 and his contract was terminated 1/29/13.
- 2. If corrected, was the correction timely? (i.e. Did the driver operate between the time of the violation and when it was corrected?)
  - a. Mr. Smith's contract was terminated according to Fedex Custom Critical policy.
- 3. Knowledge and Willfulness
  - a. Did the motor carrier know or should the motor carrier have known of this Red Flag Violation?
    - i. David Smith's DOH 4/27/10, Mr. Smith's annual review was on 4/18/12 showing a valid CDL at that time.
  - b. Did the driver fail to inform the employing motor carrier of the Red Flag violation?
    - i. Carrier was informed by the investigator.

(8) Scott Werley - NY 432139812

Red Flag violation: 391.15(a) driving a cmv while disqualified

Documents to confirm that the driver with RF violations has been corrected:

MVR

Red flag driver questions:

- 1. Has the Red Flag violation been corrected or is it continuing?
  - a. Violation has been corrected. When carrier was made aware of the out of service violation they took him out of service until his CDL report was showing a valid CDL.
- 2. If corrected, was the correction timely? (i.e. Did the driver operate between the time of the violation and when it was corrected?)
  - a. Scott Werley's DOH was 3/30/12
  - b. Carrier produced the initial mvr dated 3/2/12.
- 3. Knowledge and Willfulness
  - a. Did the motor carrier know or should the motor carrier have known of this Red Flag Violation?
    - i. Carrier ran the initial mvr on 3/2/12; the roadside inspection was on 7/13/12.
  - b. Did the driver fail to inform the employing motor carrier of the Red Flag violation?
    - i. Driver did not know his license was suspended.

(9) Robert Willis - GA 051887972

Red Flag violation: 383.23(a) (2) operating a cmv without a valid cd

Robert Willis was cited for operating a CMV without a valid CDL while operating for a different carrier (Super Service LLC DOT 1972877). Fedex Custom Critical shows a DOH for Mr. Willis of 11/7/12 and a motor vehicle report dated 10/24/12 showing a valid CDL.

**CONTROLLED SUBSTANCES AND ALCOHOL SUPPLEMENTAL REVIEW:**

A Drug and Alcohol Supplemental Review was performed.

**INVESTIGATION:**

Full documentation is included in electronic form.

Fleet miles were provided by Scott McCahan and were determined by latest 4 quarter IFTA reports.. and maintenance records.





**Part C**

**PART 367**

All fees paid.

**PART 382**

The carrier is required a controlled substance and alcohol testing program and has implemented one.

Pre-employment: Carrier does not allow drivers to drive prior to receiving a negative test result. The carrier has hired 1410 CDL drivers in the past 365 days. 125 new CDL hires were checked, verifying that they did not perform any safety sensitive functions, prior to the carrier receiving a negative result. I used hiring records and custody & control forms. The following violation(s) were discovered. None

Random: Carrier has implemented a random controlled substance and alcohol testing program. Private Emergency Physicians Inc., 150 Spring Side Dr., Suite B225, Akron, OH 44333, Dr. Gordon Zellars 330-666-0800. The carrier is testing at the appropriate levels.

Post Accident: Carrier has not conducted post accident testing when required. Violations: 382.303(a) and 382.303(b).

Positive Test(s): Carrier has not used a driver(s) that has tested positive.

Policy: The carrier's controlled substances and alcohol testing policies contain all information required by 382.60(b)1-11, and the carrier was maintaining receipt for policy in all the driver's files.

Reasonable Suspicion Training: completed.

**PART 383**

125 State of Ohio driver's license checks were performed.

**PART 387**

Insurance level required: \$5,000,000

Insurance level maintained: \$5,000,000

Fedex Custom Critical maintains a Motor Carrier Surety Bond for public liability under Section 30 of the Motor Carrier Act of 1980 (Form MCS-82) issued by an insurer in the amount of \$5,000,000

**PART 390**

**ACCIDENTS**

The carrier has had 27 reportable accident(s) in the last 365 days. Below are listed carrier's DOT reportable accidents for the past year:

ACCIDENTS in the previous 365 days prior to 3/28/13.

1. 3/19/13 - Steven Howard - Haubstadt, IN - 1 injury and towaway - driver not cited
2. 3/5/13 - Michael Angerhofer - Shelbyville, TN - 4 injuries, 1 fatal and towaway - driver not cited - Alcohol and Controlled Substance testing completed.
3. 2/20/13 - Andrea Harper - Emporia, KS - towaway - driver not cited
4. 1/14/13 - Jeremiah Williams - Savannah, GA - 1 injury and towaway - Citation issued to driver for improper turn - Neither alcohol or controlled substance testing was completed.
5. 12/28/12 - Marvin Crane - North Little Rome, AR - towaway - driver not cited
6. 12/18/12 - Muxumed Siraad - Sevier, UT - towaway - citation issued to driver for speed - Alcohol testing not completed - Controlled Substance testing completed
7. 12/9/12 - Pedro Alfonso - Prairie View TwXXXXXX, MN - towaway - driver not cited
8. 11/25/12 - John Smithers - Parsippany TroXXXXXX, NJ - 2 injuries and towaway - driver not cited
9. 11/14/12 - Cathrine Hoover - Collin, TX - 3 injuries and towaway - driver not cited
10. 10/25/12 - Feysal Hassan - Monongal, WV - 3 injuries and towaway - citation issued to driver for one way violation - Alcohol testing not completed - Controlled Substance testing completed.
11. 10/24/12 - Elfreda Kaser - Greenfield, IN - towaway - driver not cited
12. 10/15/12 - Paul Hernandez - Tarentum Borough, PA - 1 injury and towaway - Citation issued to driver for red light - Alcohol and controlled substance testing completed.
13. 10/14/12 - William Penny - Bell Twp, PA - 1 injury and towaway - driver not cited
14. 10/5/12 - Patti Herrera - Vernon, LA - towaway - driver not cited
15. 10/2/12 - Rex Key - Deerfield Beach, FL - towaway - driver not cited
16. 9/28/12 - Ahmed Yousef - Chikaming Twp, MI - towaway - driver not cited
17. 9/5/12 - Ervin Bias - Bradley, WV - 2 injuries and towaway - driver not cited
18. 8/31/12 - Richardo Garza - Dekalb, GA - towaway - driver not cited



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19. 8/29/12 - Saul Trujillo-Rubi - Smiths Grove, KY - 1 injury and towaway- driver not cited
20. 8/21/12 - Mohamed Mohamed - Bruneau, ID - 2 injuries and towaway - Citation issued to driver - Alcohol and controlled substance testing completed.
21. 8/3/12 - James Graham - Big Horn, MT - towaway - driver not cited
22. 7/13/12 - John Nam - Marion Cty, MO - towaway - driver not cited
23. 5/11/12 - Dennis Joseph - Detroit, MI - 3 injuries and towaway - driver not cited
24. 4/27/12 - Gerald Kramer - St Louis, MO - 1 injury - driver not cited
25. 4/17/12 - James Melcher - Andrews, NC - towaway - driver not cited
26. 4/11/12 - Mohamed Weheliye - Malta Twp, IL- 3 injuries and towaway - driver not cited
27. 4/1/12 - Kenneth Williams - Summersville, WV - 1 injury and towaway - driver not cited

**BIENNIAL UPDATE**

The carrier last updated their MCS-150 on 3/25/13.

**MARKINGS**

The carrier is familiar with the marking requirements, and is presently marking their vehicles properly.

**PART 391**

The sample size for driver qualification files for this carrier is 125. Sampling was based on the SMS Driver Fitness BASIC down to the 50th percentile, and then supplemented per the eFOTM procedures if necessary. The following violations were discovered: None.

**A Medical Examiner Certificate Authentication (MEC) was conducted on:**

Driver: Fletcher Lee Jones Jr.

Driver's DOB: 11/05/1951

Driver's Licenser Number: R213318019-MO

ME's License or Certificate Number and Issuing state: R7015-MO

Date of Issuance of the MEC: 05/03/2012

The result was MEC CHECK CONFIRMED - ME validated the certificate provided by driver. Darrell Zeller, M.D.  
816-241-0603

4/18/13 9:53 AM - Kim Whituz, Front Desk, Concentra, Kansas City, MO

**A Medical Examiner Certificate Authentication (MEC) was conducted on:**

Driver: Michael James Morris

Driver's DOB: 07/28/1966

Driver's Licenser Number: M620603367593-MI

ME's License or Certificate Number and Issuing state: 047824-MI

Date of Issuance of the MEC: 3/20/2013

The result was MEC CHECK CONFIRMED - ME validated the certificate provided by driver. Syed Taj MD 734-259-0500  
4/18/13 9:58 AM - Dr. Syed Taj - Kenton, MI**A Medical Examiner Certificate Authentication (MEC) was conducted on:**

Driver: Robert Mitchell Willis

Driver's DOB: 09/20/1961

Driver's Licenser Number: 051887972-GA

ME's License or Certificate Number and Issuing state: MD014632-TN

Date of Issuance of the MEC: 08/06/2012

The result was MEC CHECK CONFIRMED - ME validated the certificate provided by driver. Joseph Sentef Jr. M.D.  
423-553-9394

4/18/13 10:07 AM - Heidi Crawford, Occupational Medicine Sentef Medical Center, Chattanooga, TN

**A Medical Examiner Certificate Authentication (MEC) was conducted on:**

Driver: Alan R. Boyer

Driver's DOB: 02/27/1966

Driver's Licenser Number: PX020107-OH

ME's License or Certificate Number and Issuing state: NP-07784-OH

Date of Issuance of the MEC: 09/02/2011

The result was MEC CHECK CONFIRMED - ME validated the certificate provided by driver. Deborah Shaffer MS, CRNP



**Part C**

4/18/13 12:06 PM - Ann Kirby, Concentra, Dayton, OH

A Medical Examiner Certificate Authentication (MEC) was conducted on:

Driver: Nicolae Ioan Marcu

Driver's DOB: 09/10/1981

Driver's Licensor Number: M620630340704-MI

ME's License or Certificate Number and Issuing state: 3611-OH

Date of Issuance of the MEC: 10/15/2012

The result was MEC CHECK CONFIRMED - ME validated the certificate provided by driver. Castro Mufleh D.C. 330-599-5825

4/18/13 11:31 AM - Castro Mufleh DC, Roadside Well care

A Medical Examiner Certificate Authentication (MEC) was conducted on:

Driver: Cynthia M. Hoekstra

Driver's DOB: 05/09/1958

Driver's Licensor Number: H2361135866900-WI

ME's License or Certificate Number and Issuing state: G4202-TX

Date of Issuance of the MEC: 10/10/2011

The result was MEC CHECK CONFIRMED - ME validated the certificate provided by driver. Concentra Medical Center, Waco, TX 254-772-2777. Joseph Rosiles MD

4/18/13 12:55 PM - Renata Belon, Front Office, Concentra, Waco TX

A Medical Examiner Certificate Authentication (MEC) was conducted on:

Driver: Elfreda Kaser

Driver's DOB: 05/10/1976

Driver's Licensor Number: RR687490-OH

ME's License or Certificate Number and Issuing state: 35-055647-OH

Date of Issuance of the MEC: 10/09/2012

The result was MEC CHECK CONFIRMED - ME validated the certificate provided by driver. B. Bett MD, 330-345-8032

4/18/13 12:56 PM - Tanya Brown, Assistant, Home Town Urgent Care, Wooster, OH

A Medical Examiner Certificate Authentication (MEC) was conducted on:

Driver: Waymon R Scott

Driver's DOB: 05/22/1946

Driver's Licensor Number: 05542058-TX

ME's License or Certificate Number and Issuing state: G3311-TX

Date of Issuance of the MEC: 11/17/2011

The result was MEC CHECK Choose an item. David L. Duke II, MD 936-560-5537

4/18/13 1:05 PM - Janet - indicated she would call back but she did not.

A Medical Examiner Certificate Authentication (MEC) was conducted on:

Driver: James W Yoder

Driver's DOB: 12/19/1931

Driver's Licensor Number: Y360459314590-FL

ME's License or Certificate Number and Issuing state: ME75689-FL

Date of Issuance of the MEC: 10/24/2012

The result was MEC CHECK CONFIRMED - ME validated the certificate provided by driver. US Healthworks, Bradenton, FL, Bryan E. Nelson, MD 941-755-2562

4/18/13 1:05 PM - Danelle Syert, X ray Tech

A Medical Examiner Certificate Authentication (MEC) was conducted on:

Driver: Steven Robert Howard

Driver's DOB: 02/05/1983

Driver's Licensor Number: H63077745096

ME's License or Certificate Number and Issuing state: 4704159028-MI

Date of Issuance of the MEC: 9/4/12





**FEDEX CUSTOM CRITICAL INC**

U.S. DOT #: 164025

Review Date:

04/25/2013

### Part C

The result was MEC CHECK CONFIRMED - ME validated the certificate provided by driver. Gerald W. Gertiser II APN, 989-348-7400

4/18/13 1:16 PM - Julie Belt, Medical Assistant

A Medical Examiner Certificate Authentication (MEC) was conducted on:

Driver: Peggy Durrin

Driver's DOB: 06/16/1949

Driver's Licensor Number: B23827077-VA

ME's License or Certificate Number and Issuing state: 002965-GA

Date of Issuance of the MEC: 07/25/2011

The result was MEC CHECK CONFIRMED - ME validated the certificate provided by driver. Tony Lefteris, 404-799-9288

4/18/13 1:18 PM Tony Lefteris

A Medical Examiner Certificate Authentication (MEC) was conducted on:

Driver: Philippe R. Stuart

Driver's DOB: 06/03/1953

Driver's Licensor Number: 646609232-NY

ME's License or Certificate Number and Issuing state: 007974-1-NY

Date of Issuance of the MEC: 09/09/2011

The result was MEC CHECK REFUSED - ME refused to confirm via telephone. John Spindler, Phy Asst, Rotterdam

Family Medicine, 518-356-5377

4/18/13 1:21 PM Sarah refused to provide information and would not provide her last name either.

A Medical Examiner Certificate Authentication (MEC) was conducted on:

Driver: Merle Marie Kemp

Driver's DOB: 07/15/1970

Driver's Licensor Number: 7764768-NC

ME's License or Certificate Number and Issuing state: 2924-OH

Date of Issuance of the MEC: 33/11/2013

The result was MEC CHECK CONFIRMED - ME validated the certificate provided by driver. Brian Ball D.C. 330-484-0253

4/18/13 1:31 PM - Brian Ball confirmed

#### PART 392

L & I website lists the carrier's authority as: Active

#### PART 395 PART 395-Checked by SI Hedrick

The sample size for driver's records of duty status for this carrier is 27 drivers for 810 days. Sampling was based on the SMS Driver Fatigue BASIC down to the 50th percentile. The carrier is using Automatic On-Board Recording Devices. I supplied the carrier with my request list, and they sent me the RODS in electronic form (e-mailed). I also obtained an edit summary for each set of RODS. Of 810 records checked I discovered two 14 hour and one 11 hour violations. All of the edits were examined and no suspected falsification was discovered.

#### PART 393 & 396

##### INSPECTIONS

The sample size for vehicle inspections is 125. Of the 125 most recent Level 1, 2, or 5 inspections, 11 resulted in Out of Service vehicle violation. This is listed in Part A.

##### VEHICLE MAINTENANCE

The sample size for maintenance files is 125. I discovered the following violations: 396.3(b), 396.9(c)(2), and 396.9(d)(3). ANNUAL INSPECTIONS

I inspected the annual inspections for all 125 vehicles, and noted the following violations: None

##### DVIRs

Sample size for DVIRs is 27 vehicles for 810 DVIRs. DVIR's were not being completed for 13 of the 27 vehicles reviewed.

I discovered the following violation(s) 396.11(a).

#### FOLLOW-ON ACTION:

During closeout on 4/25/13, I was joined by carrier official, Virginia C Albanese, the President/CEO, Scott A McCahan, the





**FEDEX CUSTOM CRITICAL INC**

U.S. DOT #: 164025

Review Date:

04/25/2013

**Part C**

Senior Manager, Kevin R McClellan, Managing Director, and Diane Conner, Supervisor. I discussed each violation in detail. Enforcement action on State of Ohio PUC reviews is handled by the staff Compliance Division.

**DOCUMENTS PROVIDED TO CARRIER:**

I provided the carrier with the following educational materials: None

**REPORT DISPOSITION:**

A copy of the compliance review was given to Scott McCahan, the Senior Manager and to Virginia C Albanese the President/CEO, of Fedex Custom Critical Inc., telephone number 234-310-4061, on 4/25/13.

<b>Upload Authorized:</b>	<b>Yes</b>	<b>No</b>
<b>Authorized by:</b>		<b>Date:</b>
<b>Uploaded:</b>	<b>Yes</b>	<b>No</b>
		<b>Failure Code:</b>
<b>Verified by:</b>		<b>Date:</b>





# Public Utilities Commission

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

Staff Exhibit No. 11

## Commissioners

Steven D. Lesser  
Andre T. Porter  
Lynn Slaby  
M. Beth Trombold

08/16/2013

CR13H104 SEC  
FEDEX CUSTOM CRITICAL INC  
1475 BOETTLE RD  
UNIONTOWN, OH 44685-9584

## SECOND NOTICE

RE: NOTICE OF APPARENT VIOLATION  
AND INTENT TO ASSESS FORFEITURE  
Case No. CR13H104

Dear Sir or Madam:

On 04/25/2013, a compliance review of your facility located at 1475 BOETTLE RD, UNIONTOWN, OH was conducted. As the result of discovery of the following violations of the Commission's rules, the Commission intends to assess a civil forfeiture against FEDEX CUSTOM CRITICAL INC in the following amounts:

CODE	VIOLATION	FORFEITURE
	Transporting an HM shipment without a proper shipping paper	0.00
	Failing to conduct post accident alcohol testing following a recordable crash	600.00
	Failing to conduct post accident testing on a driver for controlled substances	400.00
	Requiring or permitting a property-carrying CMV driver to drive more than 11 hours	0.00
	Requiring or permitting a property-carrying CMV driver to drive after the end of the 14th hour after coming on duty	0.00
	Failing to keep minimum records of inspection and maintenance	0.00
	Operating out-of-service vehicle before making repairs	1250.00
	Failing to keep inspection form 12 mo. at PPOB	0.00
	Failing to require driver to prepare vehicle inspection report	2900.00

TOTAL AMOUNT DUE: \$5,150.00

180 East Broad Street  
Columbus, Ohio 43215-3793

(614) 466-3016  
[www.PUCO.ohio.gov](http://www.PUCO.ohio.gov)

*An equal opportunity employer and service provider*





## Public Utilities Commission

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

### Commissioners

Steven D. Lesser  
Andre T. Porter  
Lynn Slaby  
M. Beth Trombold

Within 30 days of this notice, you must either: (1) pay the assessed civil forfeiture or (2) submit a written request for a conference. Failure to submit a written request for a conference within 30 days shall constitute a waiver of your right to further contest the violations and will conclusively establish the occurrence of the violations. Such failure shall also constitute a waiver of your right to further contest liability to the state of Ohio for the civil forfeiture described in the notice and will result in the forfeiture amount being referred to the Ohio Attorney General's office for collection.

Please consult the enclosed instruction sheet for additional information regarding this Notice of Apparent Violation and Intent to Assess Forfeiture.

Sincerely,  
Tom Forbes  
Compliance Division  
(614) 466-0351

180 East Broad Street  
Columbus, Ohio 43215-3793

(614) 466-3016  
[www.PUCO.ohio.gov](http://www.PUCO.ohio.gov)

*An equal opportunity employer and service provider*

## Case View Report

Assigned CO: Tom Forbes

Case Summary

Case Number: CR13H104  
 Respondent: FEDEX CUSTOM CRITICAL INC  
 USDOT: 00184025  
 Address: 1476 BOETTLER RD  
 UNIONTOWN, OH 44685  
 Inspection: CR on 4/25/2013 (1838 days ago)  
 Status: Close No Action Needed  
 Respondent Type: Carrier

Assessments Pending Review

Non-Hazmat: 0 Last Letter: NIF G  
 Hazmat: 0 Letter Sent: 8/16/2013  
 Compliance Review: 0

Payment Summary

Assessed Amount: \$5,150.00 Amount Due: \$0.00  
 Balance Amount: \$0.00  
 Payment: The case is paid in full as of 6/6/2014 8:45:15 AM

PAID AFTER  
 RECEIVING "NIF"  
 AND "NIF G" LETTERS  
 NO CONFERENCE

Case Violations

## CR Assessments

Violation Code	Violation Description	Number of Violations	Assessed Amount	Post Conference Amount	Commission Ordered Forfeiture
177.817(a)	Transporting an HM shipment without a proper shipping paper	0	\$0.00		
382.303(a)	Failing to conduct post accident alcohol testing following a recordable crash	0	\$600.00		
382.303(b)	Failing to conduct post accident testing on a driver for controlled substances	0	\$400.00		
395.3(a)(1)	Requiring or permitting a property-carrying CMV driver to drive more than 11 hours	0	\$0.00		
395.3(a)(2)	Requiring or permitting a property-carrying CMV driver to drive after the end of the 14th hour after coming on duty	0	\$0.00		
396.3(b)	Failing to keep minimum records of inspection and maintenance	0	\$0.00		
396.9(c)(2)	Operating out-of-service vehicle before making repairs	0	\$1,250.00		
396.9(d)(3)	Failing to keep inspection form 12 mo. at PPOB	0	\$0.00		
396.11(a)	Failing to require driver to prepare vehicle inspection report	0	\$2,900.00		

History Factor

Hazmat: 1 Non-Hazmat: NA

Additional Case Details

NAV Sent Date: None  
 NIF Sent Date: 5/31/2013  
 Resend Date: 8/16/2013  
 Conference Requested: None  
 Conference Date: None  
 Conference Time: None  
 NPD Sent Date: None  
 Settlement Sent Date: None  
 Default Sent Date: None  
 Show Cause Sent Date: None  
 Payment Plan Sent Date: None  
 Delinquent Letter Sent Date: None

## View/Send Letters

Assigned CO: Tom Forbes

Case Summary

Case Number: CR13H104  
Respondent: FEDEX CUSTOM CRITICAL INC  
USDOT: 00164025  
Address: 1475 BOETTLER RD  
UNIONTOWN, OH 44685  
Inspection: CR on 4/25/2013 (1838 days ago)  
Status: Close No Action Needed  
Respondent Type: Carrier

Assessments Pending Review

Non-Hazmat:	0	Last Letter:	NIF G
Hazmat:	0	Letter Sent:	8/16/2013
Compliance Review:	0		

Past Letters

Letter Id	Letter Type	Sent To	Delivery Type	Date Sent Out
591560	NIF G	FEDEX CUSTOM CRITICAL INC	Postal Mail	8/16/2013
590528	NIF	FEDEX CUSTOM CRITICAL INC	Postal Mail	5/31/2013

Create New Letter

Inspection Type  ▼  
Letter Type  ▼