

FILE

21-513-TR CVF

Public Utilities Commission of Ohio
ATTN: Docketing Division

May 20, 2021

PUCO case number: OH3245012970D
Name: Ali Mohammed
Ref: M530048961554

Addendum to urgent request for conference and additional explanation

PUCO

2021 MAY 24 PM 2:50

RECEIVED - DOCKETING DIV

I respectfully submit this urgent petition to request a reopening and reconsideration of my case.

On 1/21/2021, my truck was inspected. I presented a valid Medical Examiner's Certificate showing a compliance with all the required physical tests. The inspector asked me to notify the state of Michigan of the validity of this card which I did the next day on 1/22/2021.

After that, I received a letter showing 'second' notice' with an amount of \$500 to be paid. With my limited English proficiency, as English is not my native language, I thought it was a fine that had to be paid for failure to notify the state of Michigan of the validity of my medical card. I did pay the fine as a law abiding citizen without understanding that a payment was an admission of guilt. As a result, my commercial driver's license was suspended for one year.

Please note that I have never received any other letter stating "first notice" on it prior to that one, and receiving a second notice directly made me panic and pay without any resistance as this driving business is my only source of income and I am the sole provider in my family and therefore, I can not afford to not have my business running for even one month. A one year suspension of my commercial driver's license would put me out of business and affect my only work and source of income and put me and my whole family in a serious hardship. And considering the present situation and how hard life has become with the pandemic, this would become a social case.

After I updated my medical certificate, I contracted the Corona virus. I have been through an untold emotional, physical and financial distress. I was struggling to keep things in order and under control as I was fighting to recover

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Technician AK Date Processed 5.24.21

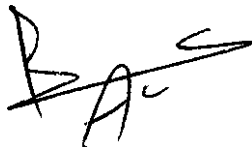
so I can work and take care of my family financially and not being a burden on the government and the society. This suspension would jeopardize all my efforts to run a successful and lawful business, and so, being independent financially. Especially that this driver's license suspension was for a minor violation based on a misunderstanding and miscommunication, and never on any intent to break any of the commission's rules. Please note that I have had this company since 2016 with a clean record, no prior violations and always up to date.

I have only received on may 6, 2021, the recommendation of the staff at the assistant attorney general office, Public utilities Section, to deny my request to reopen the case for improper attempt to argue the matter. Their recommendation doesn't take into consideration the extraordinary circumstances of my case. And as every citizen should have equal access to justice and a fair process, I believe unfortunately, that not understanding English very well and not being able to find or afford a professional of the law to help me understand and argue this matter properly, have jeopardized greatly my opportunity to do so. I had to hire a translator to be able to translate the documents received to understand what's happening.

For all the aforementioned reasons and as driving is extremely necessary to maintain my and my family's livelihood, I would like to have a conference where I present my case.

I have attached to this letter, documents supporting the facts stated above.

I thank you in advance for your kind consideration.

A handwritten signature in black ink, appearing to be 'Ali Mohammed', with a stylized flourish at the end.

Applicant: Ali Mohammed
Tel: (517) 512-8814

Transaction Confirmation

Confirmation Information

Your CDL Certification information was successfully processed.

Please print this page or document the information below for your records.

Driver's License Number: [REDACTED]
Submission Date: January 22, 2021 9:17:31 AM

Notice: This document confirms that you have submitted your self-certification and, if required, medical certification. This document is not a substitute for your medical certification and cannot be used for driving purposes.

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-006. Public reporting burden for this collection of information is estimated to be approximately 1 hour per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or other aspect of this collection of information, including suggestions for reducing the burden, to Washington, DC 20503.

OMB No. 2120-006

Expiration Date: 11/30/2021

Medical Examiner's Certificate

(to be completed by the Medical Examiner)

I certify that I have examined Last Name: Mohammed First Name: Ali

In accordance with Federal Code only one:

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
 - ☐ Wearing corrective lenses
 - ☐ Accompanied by a Master/Exemption
 - ☐ Wearing hearing aid
 - ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
 - ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
 - ☐ Qualified by operation of 49 CFR 391.64 (Federal)
 - ☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

06/02/2022

Medical Examiner's Signature

Medical Examiner's Name (Please print or type)

Davis, Gary

Medical Examiner's State License, Certificate, or Registration Number

4301050358

Medical Examiner's Telephone Number

(714) 955-7000

Date Certificate Signed

06/02/2022

☒ MD ☐ Physician Assistant

☐ DO ☐ Chiropractor

Building State

☐ Advanced Practice Nurse

☐ Other Practitioner (specify)

National Registry Number

Driver's License Number

MD0000000000

Building State/Province

MD

CLP/CDL Applicant/holder

Driver's Address

Street Address: 1230 Josephine Ct Apt 108

City: ANNAPOLIS

State/Province: MD

Zip Code: 21402

☒ Yes ☐ No