

N.C. FILE
FAX Ohio

Public Utilities Commission

Jenifer French, Chair

21-812-TR-CVF

Commissioners

M. Beth Trombold
Lawrence K. Friedman
Dennis P. Deters
Daniel R. Conway

June 16, 2021

ANWAR, KHALIL
50 WASHINGTON CT
TOWACO, NJ 07082

RE: Notice of Apparent Violation
And Intent to Assess Forfeiture
Case No. OH1721002330D
OH1721002330
PIN #: hDDPNKHA

PUCO

2021 JUL 21 PM 2:42

RECEIVED - RECORDING DIV

Dear Sir or Madam:

On 06-15-2021, a vehicle operated by SAMAD & KHALIL TRACKING LLC and driven by, ANWAR, KHALIL was inspected in the State of Ohio, resulting in the discovery of the following apparent violation(s) of the Commission's rules. The Commission intends to assess a civil forfeiture against KHALIL ANWAR in the following amount:

<u>Code</u>	<u>Group</u>	<u>Description</u>	<u>Crash</u>	<u>State Citation</u>	<u>Forfeiture</u>
391.41A-F	4	Operating a property-carrying vehicle without possessing a valid medical certificate.	N		\$ 100.00
<u>Total Amount Due:</u>					\$ 100.00

Within 30 days of this notice you must either: 1) pay the assessed civil forfeiture or, 2) submit a written Request for Conference to present mitigating circumstances. * Violations with a "Y" in the "crash" column or any text in the "State Citation" column are not assessed a civil forfeiture. Further, because these offenses are primarily under the jurisdiction of local courts, these violations are not available for a conference.

Failure to comply with either option above shall constitute a waiver of your right to further contest the violation(s) and will conclusively establish the occurrence of the violation(s). 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. In addition, your Ohio operating authority (CPCN) may be sanctioned as permitted by law.

180 East Broad Street
Columbus, Ohio 43215-3793

(614) 466-3016
www.PUCO.ohio.gov



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Date Processed JUL 21 2021

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JUL 20 21, 10:38p

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name** Anwar **First Name** Khail in accordance with (please check 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) **OR**
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), 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 _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

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.

12/15/2022

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Daftani, Mohammad

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

25MA08685700

Medical Examiner's Telephone Number

(973)882-0444

Date Certificate Signed

12/15/2020

- ☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

NJ

National Registry Number

2305003405

Driver's Signature

Driver's Address

Street Address: 50 Washington ct

City: Towaco

Driver's License Number

A59964340010772

Issuing State/Province

NJ

CLP/CDL Applicant/Holder

☐ Yes ☒ No

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7/20/2021

To whom it may concern,

I Khalil Anwar request for conference to present my circumstances please contact me at 9737229677.

Sincerely

Khalil Anwar

Best regret