

FILE

FAX

Hi my name is Izzidin Saleh

My case number is 21-757-TR-CVF

I have attorney for my case he told me last time you're not able to reopen my case, I want tell you please about my defense, I renewed my physical card before it expired and sent it to the company in which I work and to security of states by fax because I was working outside the state and I could not go to their office and I faxed it and I thought that everything was fine and after 6 Months later, a policeman stopped me and then told me that I could not drive semi trucks because there was a problem with my driving license. A day later I went to the security of states and told them that I had sent it to them via fax and told me that they did not receive it and I gave it to them and they put it on the system and everything was perfect after a while they sent me a violation about my license papers. Driving I did not know that I did not have to pay the fine, so I paid it and I do not know that it will become a problem against me. I ask you, if you will, to have mercy on me and forgive me for not knowing the laws, as I did not know the laws correctly. I ask you to forgive me and consider my request and return my driving license to me. I love my job and earn a living from it. I have a wife and two children. I want to go back to my work, please I don't have job now and I put it a lot of money to the attorney I don't have money now please I want back to my job, I can't live now I need to put food in the table for my family please. I know its my fault to pay that ticket but if you gave me a-mercy and forgive me for that problem if you can reopen my case please. Thank you

Name: Izzidin A Saleh.

Address: 8119 w 84th st. Justice, Illinois. 60458.

Tel: 7084419110.

Email: [izek7588@gmail.com](mailto:izek7588@gmail.com).

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.

Technician Debbie Date Processed 10/22/21

PUCO

2021 OCT 22 AM 7:55



## Medical Examiner's Certificate

I certify that I have examined **Last Name** **Salih** **First Name** **Izzidin** 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)

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

12/16/2022

Medical Examiner's Signature

*[Signature]*

Medical Examiner's Telephone Number Date Certificate Signed

(708) 430-2295

12/16/2020

Medical Examiner's License or Certificate Number

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

085.007556

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

Issuing State National Registry Number

IL

3550874716

Driver's Signature

*[Signature]*

Driver's License Number

Issuing State/Province

IL

Street Address: 8119 W 84TH ST

City: JUSTICE

State/Province: IL

Zip Code: 60458

CLP/CDL Applicant/Holder

Yes ☐ No ☐

\*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 appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.\*

County/City: 7724      Issuing State/Province: IL  
 Driver's License Number: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 Street Address: 8115 W BARTIST      City: ALTO      State/Province: \_\_\_\_\_  
 ZIP Code: 60011      ☒ Yes    ☐ No      CLP/CLP Applicant/Holder

"The document contains sensitive information and also contains data, beyond the reach of WikiLeaks, that could negatively affect national security and cause the President to appear to be involved in the document under the control of another person. Properly signed, the document should be made available to the public by properly authenticating."

Form MCSA-5875

OMB No. 2125-0006 Expiration Date: 11/30/2021



MEDICAL RECORD #

(or sticker)

## SECTION 1. Driver Information (to be filled out by the driver)

## PERSONAL INFORMATION

Last Name: Saleh First Name: Izzidin Middle Initial: A Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Street Address: 8119 W 84TH ST City: JUSTICE State/Province: IL Zip Code: 60458  
Driver's License Number: S400-4018-8191 Issuing State/Province: IL Phone: (708)441-9110 Gender: ☒ M ☐ F  
E-mail (optional): IZEK7588@GMAIL.COM CLP/CDL Applicant/Holder\*: ☒ Yes ☐ No  
Driver ID Verified By\*\*: Commercial Drivers License  
Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ☐ Yes ☒ No ☐ Not Sure

\* CLP/CDL Applicant/Holder: See instructions for definitions.

\*\* Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport

## DRIVER HEALTH HISTORY

(Attach additional sheets if necessary)

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Form MCSA-5875

OMB No. 2126-0006 Expiration Date: 11/30/2021

Last Name: Saleh

First Name: Izzidin

DOB

Exam Date: 12/16/2020

## DRIVER HEALTH HISTORY (continued)

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 386 Appendices A and B.

Driver's Signature: 

Date: 12/16/2020 11:09:12 PM

**SECTION 2. Examination Report** (to be filled out by the medical examiner)**DRIVER HEALTH HISTORY REVIEW**

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

(Attach additional sheets if necessary)

Form MCSA-5875

OMB No. 2126-0006 Expiration Date: 11/30/2021

Last Name: Saleh First Name: Izzidin DOB:  Exam Date: 12/16/2020

TESTING

PHYSICAL EXAMINATION

(Attach additional sheets if necessary)

Form MCSA-5875

OMB No. 2128-0006 Expiration Date: 11/30/2021

Last Name: Saleh First Name: Izzidin DOB: Exam Date: 12/16/2020

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

## MEDICAL EXAMINER DETERMINATION (Federal)

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: Philease MartinMedical Examiner's Name (please print or type): Martin, PhileaseMedical Examiner's Address: 8755 S Harlem Ave City: Bridgeview State: IL Zip Code: 60455-1905Medical Examiner's Telephone Number: (708)430-2295 Date Certificate Signed: 12/16/2020Medical Examiner's State License, Certificate, or Registration Number: 085.007556 Issuing State: IL☐ MD ☐ DO ☒ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse☐ Other Practitioner (specify): \_\_\_\_\_National Registry Number: 3550874716Medical Examiner's Certificate Expiration Date: 12/16/2022

**Additional Notes Addendum**

Last Name: Saleh First Name: Izzidin DOB:  Exam Date: 12/16/2020

**DRIVER HEALTH HISTORY**

Surgery (continued):

Medications (continued):

Health History Yes Answers(continued):

Other Health Conditions (continued):

Examiner Comments (continued):

**PHYSICAL EXAMINATION****OTHER TESTING**



Last Name: SalehFirst Name: IzzidinDOB: 07/05/1988Exam Date: 12/16/2020**CERTIFICATION**

Does Not Meet Standards (continued):

Monitoring required due to (continued):

Reason Text (continued):