

IN THE SUPREME COURT OF THE STATE OF NEVADA

RYDER TRUCK RENTAL, INC.

Petitioner,

vs.

THE EIGHTH JUDICIAL DISTRICT
COURT OF THE STATE OF NEVADA
ex rel. THE COUNTY OF CLARK, AND
THE HONORABLE JUDGE NANCY
ALLF,

Respondent.

NICOLE LIMON, an individual,

Real Party In Interest.

Electronically Filed
Sep 10 2021 08:32 a.m.
Elizabeth A. Brown
Clerk of Supreme Court
Supreme Court No. A-19-794326-C
District Court Case No. A-19-794326-C

PETITIONER'S APPENDIX VOLUME 5 of 5

Kurt Bonds, Esq. (NBN: 6228)
Karie N. Wilson, Esq. (NBN: 7957)
ALVERSON TAYLOR & SANDERS
6605 Grand Montecito Pkwy., Ste. 200
Las Vegas, Nevada 89149
(702) 384-7000

Attorneys for Petitioner Ryder Truck Rental, Inc.

Petitioner's Appendix Volume 1

<u>Exhibit #</u>	<u>Title of Document</u>	<u>Page Numbers</u>
Exhibit A	Plaintiffs' Complaint – Filed May 7, 2019	1-5
Exhibit B	Ryder Rental Agreement – Dated June 30, 2017	6-17
Exhibit C	Defendant Load 1 Trucking's Answers to Plaintiff's Interrogatories – Filed November 1, 2019	18-28

Petitioner's Appendix Volume 2

<u>Exhibit #</u>	<u>Title of Document</u>	<u>Page Numbers</u>
Exhibit D	Plaintiff's Opposition to Defendant Ryder Truck Rental, Inc.'s Motion for Summary Judgment – Filed July 14, 2021	29-39
Exhibit E	Defendant Ryder Truck Rental Inc.'s Answers to Plaintiff's Interrogatories – Filed November 1, 2019	40-68

Petitioner's Appendix Volume 3

<u>Exhibit #</u>	<u>Title of Document</u>	<u>Page Numbers</u>
Exhibit F	Plaintiff's Ninth Supplemental List of Witnesses and Documents Pursuant to NRCP 16.1 – Filed March 31, 2021	69-96
Exhibit G	Defendant Ryder Truck Rental, Inc.'s Motion for Summary Judgment – Filed July 1, 2021	97-109

Petitioner's Appendix Volume 4


<u>Exhibit #</u>	<u>Title of Document</u>	<u>Page Numbers</u>
Exhibit H	Register of Actions for Case No. A-19-794326-C	110-116
Exhibit I	Order Denying Defendants' Motion for Summary Judgment, filed August 24, 2021	117-120

Petitioner's Appendix Volume 5

<u>Exhibit #</u>	<u>Title of Document</u>	<u>Page Numbers</u>
Exhibit J	Nevada Highway Patrol Traffic Crash Report – Dated July 19, 2021	121-136
Exhibit K	Driver's License and Pre-Employment Drug Screening	137-154

EXHIBIT J

Event Number: 170701840		STATE OF NEVADA TRAFFIC CRASH REPORT SCENE INFORMATION SHEET Revised 01/2016			Crash Number: NHP170701840		Scene Information	
Code Revision: 01/01/2016				<input type="checkbox"/> 1) Property <input checked="" type="checkbox"/> 2) Injury <input type="checkbox"/> 3) Fatal				
<input type="checkbox"/> 1) Urban <input type="checkbox"/> 1) Emergency Use <input checked="" type="checkbox"/> 2) Rural <input type="checkbox"/> 2) Office Report		<input type="checkbox"/> 1) Preliminary Report <input type="checkbox"/> 3) Resubmission <input checked="" type="checkbox"/> 2) Initial Report <input type="checkbox"/> 4) Supplement Report		<input type="checkbox"/> 1) Hit and Run <input type="checkbox"/> 2) Private Property		Agency Name: NEVADA HIGHWAY PATROL		
Crash Date 7 / 19 / 2017		Time 0510		Day WED		Beat / Sector HLJ25		<input checked="" type="checkbox"/> 1) County CLARK
Mile Marker		# Vehicles 2		# Non Motorists 0		# Occupants 3		# Fatalities 0
						# Injured 1		# Restrained 2
Occurred On: (Highway # or Street Name) <input type="checkbox"/> 1) Parking Lot <input type="checkbox"/> 2) Active School Zone US95								
<input checked="" type="checkbox"/> 1) At Intersection With: SR163 <input type="checkbox"/> 2) Or <input type="checkbox"/> 3) Feet <input type="checkbox"/> 4) Miles <input type="checkbox"/> 5) Approximate Of (Cross Street)								
Surface		Intersection		Paddle Markers		Access Control		
<input checked="" type="checkbox"/> 1) Asphalt <input type="checkbox"/> 2) Concrete <input type="checkbox"/> 3) Gravel <input type="checkbox"/> 4) Dirt <input type="checkbox"/> 5) Other		<input type="checkbox"/> 1) Four Way <input type="checkbox"/> 4) Y <input type="checkbox"/> 2) > Four Way <input type="checkbox"/> 5) Roundabout <input checked="" type="checkbox"/> 3) T <input type="checkbox"/> 7) L <input type="checkbox"/> 6) Other		<input type="checkbox"/> 1) None <input type="checkbox"/> 2) Left Side <input type="checkbox"/> 3) Right Side <input checked="" type="checkbox"/> 4) Both Sides <input type="checkbox"/> 5) Unknown		<input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 2) Full <input type="checkbox"/> 3) Partial		
Roadway Character		Roadway Conditions		Total Thru Lanes		Average Roadway Widths		Roadway Grade
<input type="checkbox"/> 1) Curve & Grade <input type="checkbox"/> 2) Curve & Hillcrest <input type="checkbox"/> 3) Curve & Level <input type="checkbox"/> 4) Straight & Grade <input type="checkbox"/> 5) Straight & Hillcrest <input checked="" type="checkbox"/> 6) Straight & Level <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 8) Other		<input checked="" type="checkbox"/> 1) Dry <input type="checkbox"/> 7) Slush <input type="checkbox"/> 2) Icy <input type="checkbox"/> 8) Standing Water <input type="checkbox"/> 3) Wet <input type="checkbox"/> 9) Moving Water <input type="checkbox"/> 4) Snow <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Sand / Mud/ Dirt / Gravel <input type="checkbox"/> 6) Other <input type="checkbox"/> 11) Oil		Main Road <input type="checkbox"/> 1) One <input type="checkbox"/> 2) Two <input type="checkbox"/> 3) Three <input type="checkbox"/> 4) Four <input type="checkbox"/> 5) Five <input type="checkbox"/> 6) > 5 Total All Lanes:		Travel Lane Ft Storage / Turn Lane 0 Ft Median 0 Ft Paved Shoulder Inside Outside		<input type="checkbox"/> 1) Not Determined <input checked="" type="checkbox"/> 2) Relatively Level Roadway <input type="checkbox"/> 3) Up Slope (+) <input type="checkbox"/> 4) Down Slope (-)
								Relative To V1 Grade 0.0 %
Pavement Markings				Roadway Description		Weather Conditions		
<input type="checkbox"/> 1) Centerline, Broken Yellow <input type="checkbox"/> 2) Centerline, Solid Yellow <input checked="" type="checkbox"/> 3) Centerline, Double Yellow <input checked="" type="checkbox"/> 4) Lane Line, Broken White <input type="checkbox"/> 5) Lane Line, Solid White <input type="checkbox"/> 6) No Passing, Either Direction <input type="checkbox"/> 7) Turn Arrow Symbols				<input type="checkbox"/> 8) Center Turn Lane Line <input type="checkbox"/> 9) Edge Line, Left Yellow <input checked="" type="checkbox"/> 10) Edge Line, Right White <input type="checkbox"/> 11) Other <input type="checkbox"/> 12) None <input type="checkbox"/> 13) Unknown		<input checked="" type="checkbox"/> 1) Two-Way, Not Divided <input type="checkbox"/> 2) Two-Way, Divided, Unpro, Median <input type="checkbox"/> 3) Two-Way, Divided, Median Barrier <input type="checkbox"/> 4) One-Way, Not Divided <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Off Road		<input type="checkbox"/> 1) Clear <input type="checkbox"/> 7) Fog, Smog, Smoke, Ash <input checked="" type="checkbox"/> 2) Cloudy <input type="checkbox"/> 8) Severe Crosswinds <input type="checkbox"/> 3) Snow <input type="checkbox"/> 9) Sleet / Hail <input type="checkbox"/> 4) Rain <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Blowing Sand, Dirt, Soil <input type="checkbox"/> 6) Other <input type="checkbox"/> 11) Blowing Snow
Light Conditions		Vehicle Collision Type		Location of First Event				
<input type="checkbox"/> 1) Dark <input checked="" type="checkbox"/> 6) Dark—No Roadway Lighting <input type="checkbox"/> 2) Dawn <input type="checkbox"/> 7) Dark—Spot Roadway Lighting <input type="checkbox"/> 3) Daylight <input type="checkbox"/> 8) Dark—Continuous Roadway Lighting <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 9) Dark—Unknown Roadway Lighting <input type="checkbox"/> 5) Other		<input type="checkbox"/> 1) Head On <input type="checkbox"/> 6) Sideswipe - Meeting <input type="checkbox"/> 2) Rear End <input type="checkbox"/> 7) Sideswipe - Overtaking <input type="checkbox"/> 3) Backing <input type="checkbox"/> 8) Non Collision <input checked="" type="checkbox"/> 4) Angle <input type="checkbox"/> 9) Unknown <input type="checkbox"/> 5) Rear to Rear <input type="checkbox"/> 10) Rear to Side		<input type="checkbox"/> 1) Travel Lane <input type="checkbox"/> 6) Outside Shoulder <input type="checkbox"/> 11) Ramp <input type="checkbox"/> 2) Turn Lane <input checked="" type="checkbox"/> 7) Intersection <input type="checkbox"/> 12) Unknown <input type="checkbox"/> 3) Gore <input type="checkbox"/> 8) Private Property <input type="checkbox"/> 13) Separator <input type="checkbox"/> 4) Median <input type="checkbox"/> 9) Roadside <input type="checkbox"/> 14) Parking Lane/Zone <input type="checkbox"/> 5) Inside Shoulder <input type="checkbox"/> 10) Other				
Roadway / Environment Factors				Type of Work Zone		Work Area Zone		
<input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 10) Wet, Icy, Snow, Slush <input type="checkbox"/> 19) Backup Regular Congestion <input type="checkbox"/> 2) Weather <input type="checkbox"/> 11) Ruts, Holes, Bumps <input type="checkbox"/> 20) Work Zone <input type="checkbox"/> 3) Debris <input type="checkbox"/> 14) Animal in Roadway <input type="checkbox"/> 21) Non Highway Work <input type="checkbox"/> 4) Glare <input type="checkbox"/> 15) Unknown <input type="checkbox"/> 22) Railway Grade Crossing # <input type="checkbox"/> 5) Other Roadway <input type="checkbox"/> 23) Shared User Path/Trail <input type="checkbox"/> 6) Other Environmental <input type="checkbox"/> 7) Shoulders <input type="checkbox"/> 16) Visual Obstruction <input type="checkbox"/> 8) Road Obstruction <input type="checkbox"/> 17) Backup Prior Crash <input type="checkbox"/> 9) Worn Traffic Surface <input type="checkbox"/> 18) Backup Non Recurring Incident				<input type="checkbox"/> 1) Lane Closure <input type="checkbox"/> 2) Lane Shift/Crossover <input type="checkbox"/> 3) Work on Shoulder or Median <input type="checkbox"/> 4) Intermittent/Moving Work <input type="checkbox"/> 5) Other		<input type="checkbox"/> 1) Advanced Warning Area <input type="checkbox"/> 2) Transition Area <input type="checkbox"/> 3) Activity Area <input type="checkbox"/> 4) Termination Area		
				Workers Present		Law Enforcement Present		
				<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No		<input type="checkbox"/> 1) No <input type="checkbox"/> 2) Officer Present <input type="checkbox"/> 3) LE Vehicle Only Present		
Property Damage To Other Than Vehicle								
Describe Property Damage:				Owner's Name:				
				<input type="checkbox"/> 1) Owner Notified				
				Owner's Address: (Street Address City, State Zip)				
				NV				
First Harmful Event	Code # 214	Description: MOTOR VEHICLE IN TRANSPORT						
Investigation Complete	Photos Taken	Scene Diagram	Statements	Date Notified	Time Notified	Arrival Date	Arrival Time	
<input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	<input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	<input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No	<input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No #2	7 / 19 / 2017	0511	7 / 19 / 2017	0606	
Investigator(s) Truscello		ID Number H6537	Date 7 / 19 / 2017	Reviewed By Sgt A. Cholke		Date Reviewed 7 / 25 / 2017	Page 1 of 6	


Event Number: 170701840 Code Revision: 01/01/2016	STATE OF NEVADA TRAFFIC CRASH REPORT SCENE INFORMATION SHEET Revised 10/20/15	<table border="1"> <tr> <td data-bbox="1042 149 1315 210"> Crash Number: NHP170701840 </td> <td data-bbox="1315 149 1487 210"> Scene Information </td> </tr> <tr> <td colspan="2" data-bbox="1042 210 1487 275"> Agency Name: NEVADA HIGHWAY PATROL </td> </tr> </table>	Crash Number: NHP170701840	Scene Information	Agency Name: NEVADA HIGHWAY PATROL	
Crash Number: NHP170701840	Scene Information					
Agency Name: NEVADA HIGHWAY PATROL						
<p style="text-align: center;">Description of Crash / Narrative</p> <p>V-1 WITH T-1 IN TOW WAS TRAVELING SOUTHBOUND ON US95 IN THE #L1 TRAVEL APPROACHING SR163. V-2 WAS TRAVELING NORTHBOUND ON US95 IN THE #1 TRAVEL LANE APPROACHING SR163. D-1 FAILED TO YIELD RIGHT OF WAY LEFT TURN TO V-2. THE FRONT OF V-2 STRUCK THE RIGHT SIDE OF T-1. V-1 WAS MOVED PRIOR TO NHP ARRIVAL. V-2 CAME TO REST ON ALL FOUR WHEELS FACING EAST IN BETWEEN THE #1 AND #2 TRAVEL LANES OF US95 IN THE INTERSECTION AT SR163.</p>						
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div data-bbox="224 1371 397 1543">  </div> <div data-bbox="259 1575 365 1596"> Indicate North </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 200px;"> <div data-bbox="191 1871 690 1892"> A.I.C.: _____ </div> <div data-bbox="1360 1843 1494 1904" style="border: 1px solid black; padding: 5px;"> Page 2 of 6 </div> </div>						

Event Number: 170701840		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 1/2016		Crash Number: NHP170701840		Vehicle Information																									
Vehicle # V1	# Occupants 2	<input checked="" type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Number: NEVADA HIGHWAY PATROL																											
Direction of Travel: <input type="checkbox"/> 1) North <input type="checkbox"/> 3) East <input type="checkbox"/> 5) Unknown <input checked="" type="checkbox"/> 2) South <input type="checkbox"/> 4) West		Roadway / Street Name: US95			Travel Lane #: L1																										
Vehicle Action: <input type="checkbox"/> 1) Straight <input checked="" type="checkbox"/> 3) Left Turn <input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 9) Passing <input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 2) Backing <input type="checkbox"/> 4) Right Turn <input type="checkbox"/> 6) Parked <input type="checkbox"/> 8) Stopped <input type="checkbox"/> 10) Racing <input type="checkbox"/> 12) Entering Lane <input type="checkbox"/> 15) Enter Parked <input type="checkbox"/> 17) Lane Change <input type="checkbox"/> 22) Negotiating a Curve																															
Driver: (Last Name, First Name, Middle Name Suffix) STEPHENS, TONY				Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____																											
Street Address:				Transported To:																											
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type: 1 Seating Position: 1 Occupant Restraints: 7																									
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female		DOB: / /		Phone Number:		Injury Severity: 0 Injury Location:																									
DLN: C1140120		State <input type="checkbox"/> 1) NV <input checked="" type="checkbox"/> CA		Class: <input checked="" type="checkbox"/> 1) CDL <input type="checkbox"/> 2) DL		License Status 0																									
Airbags: 2		Airbag Switch:		Ejected: 0		Trapped: 0																									
Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements		Restrictions		Driver Factors																									
Alcohol / Drug Involvement <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 5) Unknown		Method of Determination (check up to 2) <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 3) Driver Admission <input type="checkbox"/> 6) Preliminary Breath Test		Test Results:		<input checked="" type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 6) Driver Ill / Injured <input type="checkbox"/> 2) Had Been Drinking <input checked="" type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 8) Driver Inattention / Distracted <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 10) Unknown																									
Vehicle Year: 2016		Vehicle Make: FRT		Vehicle Model: TRACTOR		Vehicle Type: TRACTOR TRUCK DRIVER																									
Plate / Permit No.: 2645925		State <input checked="" type="checkbox"/> 1) NV		Expiration Date: 10 / 31 / 2017		Vehicle Color: WHI																									
Vehicle Identification Number: 1FUJGLD60GLHM6260																															
Registered Owner Name: RYDER, <input type="checkbox"/> 1) Same As Driver																															
Registered Owner Address: 3100 INDUSTRIAL PARKWAY, JEFFERSONVILLE, IN 47130																															
Insurance Company Name: AON RISK SERVICES CENTRAL <input checked="" type="checkbox"/> 1) Insured																															
Policy number: Z 3572638		Effective: 10 / 1 / 2016		To: 10 / 1 / 2017																											
Insurance Company Address or Phone Number: 800 753 8808																															
<input type="checkbox"/> 1) Vehicle Towed		Towed By: *RETAINED BY DRIVER																													
Removed To:																															
Traffic Control				Sequence of Events																											
<input type="checkbox"/> 2) Traffic Control Signal <input type="checkbox"/> 11) Stop Sign <input type="checkbox"/> 3) Flashing Traffic Control Signal <input type="checkbox"/> 12) Yield Sign <input type="checkbox"/> 4) School Zone Sign / Device <input type="checkbox"/> 13) Railway Crossing Sign / Device <input type="checkbox"/> 5) Pedestrian Signal / Sign <input type="checkbox"/> 17) Chain / Snow Tire Req. Device <input type="checkbox"/> 20) Officer / Flagger <input type="checkbox"/> 6) No Passing <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 7) No Controls <input type="checkbox"/> 8) Warning Sign <input type="checkbox"/> 10) Other _____				Distance Traveled After Impact MOVED																											
				Speed Estimate <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>From</th> <th>To</th> <th>Limit</th> </tr> <tr> <td>20</td> <td>30</td> <td>65</td> </tr> </table>				From	To	Limit	20	30	65																		
From	To	Limit																													
20	30	65																													
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Code #</th> <th>Description</th> <th>Collision With Fixed Object</th> <th>Most Harmful Event</th> </tr> <tr> <td>1st 214</td> <td>MOTOR VEHICLE IN TRANSPORT</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>2nd</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3rd</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4th</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5th</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>				Code #	Description	Collision With Fixed Object	Most Harmful Event	1st 214	MOTOR VEHICLE IN TRANSPORT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2nd		<input type="checkbox"/>	<input type="checkbox"/>	3rd		<input type="checkbox"/>	<input type="checkbox"/>	4th		<input type="checkbox"/>	<input type="checkbox"/>	5th		<input type="checkbox"/>	<input type="checkbox"/>
Code #	Description	Collision With Fixed Object	Most Harmful Event																												
1st 214	MOTOR VEHICLE IN TRANSPORT	<input type="checkbox"/>	<input checked="" type="checkbox"/>																												
2nd		<input type="checkbox"/>	<input type="checkbox"/>																												
3rd		<input type="checkbox"/>	<input type="checkbox"/>																												
4th		<input type="checkbox"/>	<input type="checkbox"/>																												
5th		<input type="checkbox"/>	<input type="checkbox"/>																												
<input checked="" type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC <input type="checkbox"/> 4) Pending (1) 484B.253		Violation FAIL TO YIELD RIGHT OF WAY LEFT TURN		NOC 53802		Citation Number X01586936																									
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC (2)		Violation		NOC		Citation Number																									
Investigator(s) Truscillo		ID Number H6537		Date 7 / 19 / 2017		Reviewed By Sgt A. Cholke																									
				Date Reviewed 7 / 25 / 2017		Page of 3 of 6																									

Event Number: 170701840		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 1/2016		Crash Number: NHP170701840 Agency Number: NEVADA HIGHWAY PATROL		Vehicle Information	
Name: (Last Name, First Name, Middle Name Suffix) WINZER, DAVID ANDREW				Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type: 2	
Seating Position: 10		Occupant Restraints: 0		DOB: / /		Phone Number:	
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female		Injury Severity: 0		Injury Location:			
		Airbags: 0		Airbag Switch: 1		Ejected: 0	
				Trapped: 0			
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type:	
Seating Position:		Occupant Restraints:		DOB: / /		Phone Number:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female		Injury Severity:		Injury Location:			
		Airbags:		Airbag Switch:		Ejected:	
				Trapped:			
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type:	
Seating Position:		Occupant Restraints:		DOB: / /		Phone Number:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female		Injury Severity:		Injury Location:			
		Airbags:		Airbag Switch:		Ejected:	
				Trapped:			
<input checked="" type="checkbox"/> 1) Trailing Unit 1 VIN : 1GRAP0624JD111756				Plate: TTM27S		State: <input type="checkbox"/> 1) NV <input type="checkbox"/> 2) TN	
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				Plate:		Type: FULL TRAILER	
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				Plate:		Type:	
Commercial Vehicle Configuration							
<input checked="" type="checkbox"/> 1) Commercial Vehicle				<input type="checkbox"/> 2) School Bus			
Source							
<input type="checkbox"/> 1) Driver <input type="checkbox"/> 2) Log Book <input type="checkbox"/> 3) Shipping Papers / Trip Manifest				<input checked="" type="checkbox"/> 4) State Reg. <input type="checkbox"/> 5) Side Of Vehicle <input type="checkbox"/> 6) Other			
<input type="checkbox"/> 1) Bus, 9 - 15 Occupants <input type="checkbox"/> 2) Bus, > 15 Occupants <input type="checkbox"/> 3) Single 2 Axle and 6 Tire <input type="checkbox"/> 4) Single > 3 Axle <input type="checkbox"/> 5) Any 4 Tire Vehicle				<input type="checkbox"/> 6) Tractor Only <input checked="" type="checkbox"/> 7) Tractor / Trailer <input type="checkbox"/> 8) Tractor / Doubles <input type="checkbox"/> 9) Tractor / Triples <input type="checkbox"/> 10) Truck with Trailer			
<input type="checkbox"/> 11) Tractor / Semi Trailer <input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat) <input type="checkbox"/> 13) Light Truck, (Haz-Mat) <input type="checkbox"/> 14) Other Heavy Vehicle							
Carrier Name: VANHOEKELN GREENHOUSES INC				Power Unit GCWR <input type="checkbox"/> 1) ≤ 10,000 Lbs. <input type="checkbox"/> 2) 10,001 - 26,000 Lbs. <input checked="" type="checkbox"/> 3) ≥ 26,001 Lbs.			
				<input type="checkbox"/> 1) Hazmat <input type="checkbox"/> 2) Released			
Carrier Street Address: 220 SOUTH HANCOCK STREET				City: MCADOO		State <input type="checkbox"/> 1) NV <input type="checkbox"/> 2) PA	
				Zip Code: 18237			
Cargo Body Type				Haz-Mat ID #:		Type of Carrier	
<input type="checkbox"/> 1) Pole <input type="checkbox"/> 2) Tank <input type="checkbox"/> 3) Flatbed <input type="checkbox"/> 4) Dump <input type="checkbox"/> 5) Unknown				<input checked="" type="checkbox"/> 6) Van / Box <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 8) Auto Carrier <input type="checkbox"/> 9) Garbage / Refuse <input type="checkbox"/> 10) Not Applicable		<input type="checkbox"/> 11) Grain, Gravel Chips <input type="checkbox"/> 12) Bus, 9—15 Occupants <input type="checkbox"/> 13) Bus, > 15 Occupants <input type="checkbox"/> 14) Other	
				Hazard Classification #:		<input type="checkbox"/> 1) Single State <input checked="" type="checkbox"/> 2) USDOT <input type="checkbox"/> 3) Canada <input type="checkbox"/> 4) Mexico <input type="checkbox"/> 5) None	
				NAS Safety Report #: NV7033013228			
				Carrier Number: 381097			
				<div style="text-align: right;"> Page 4 of 6 </div>			

Event Number: 170701840		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 1/2016		Crash Number: NHP170701840		Vehicle Information																									
Vehicle # V2	# Occupants 1	<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Number: NEVADA HIGHWAY PATROL																											
Direction of Travel: <input checked="" type="checkbox"/> 1) North <input type="checkbox"/> 3) East <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 2) South <input type="checkbox"/> 4) West		Roadway / Street Name: US95			Travel Lane #: 1																										
Vehicle: <input checked="" type="checkbox"/> 1) Straight <input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 9) Passing <input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 19) Unknown Action: <input type="checkbox"/> 2) Backing <input type="checkbox"/> 4) Right Turn <input type="checkbox"/> 6) Parked <input type="checkbox"/> 8) Stopped <input type="checkbox"/> 10) Racing <input type="checkbox"/> 12) Entering Lane <input type="checkbox"/> 15) Enter Parked <input type="checkbox"/> 17) Lane Change <input type="checkbox"/> 22) Negotiating a Curve																															
Driver: (Last Name, First Name, Middle Name Suffix) LIMON, NICOLE TERESA				Transported By: <input type="checkbox"/> 1) Not Transported <input checked="" type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ AMERICAN MEDICAL RESPC																											
Street Address:				Transported To: BULLHEAD HOSPITAL (WARMC)																											
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type: 1 Seating Position: 1 Occupant Restraints: 7																									
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female DOB: / / Phone Number:				Injury Severity: B Injury Location: 1 3 7																											
OLN: A4092983 State: CA <input type="checkbox"/> 1) NV Class: C <input checked="" type="checkbox"/> 2) DL License Status: 0				Airbags: 8 Airbag Switch: Ejected: 0 Trapped: 0																											
Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse Alcohol / Drug Involvement <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 5) Unknown		Endorsements		Restrictions		Driver Factors <input checked="" type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 6) Driver Ill / Injured <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 8) Driver Inattention / Distracted <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 10) Unknown																									
Vehicle Year: 2017 Vehicle Make: CHEVROLET Vehicle Model: TAHOE Vehicle Type: SUV/CARRY-ALL		Plate / Permit No.: BLP0385 State: AZ <input type="checkbox"/> 1) NV Expiration Date: 8 / 30 / 2017 Vehicle Color: WHI		Vehicle Factors <input type="checkbox"/> 1) Failed To Yield Right of Way <input type="checkbox"/> 13) Over Correct / Steering <input type="checkbox"/> 2) Disregard Control Device <input type="checkbox"/> 14) Other Improper Driving <input type="checkbox"/> 3) Too Fast For Conditions <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 4) Exceeding Speed Limit <input type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 5) Wrong Way / Direction <input type="checkbox"/> 18) Ran Off Road <input type="checkbox"/> 6) Mechanical Defects <input type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 7) Drove Left of Center <input type="checkbox"/> 20) Road Defect <input type="checkbox"/> 8) Other <input type="checkbox"/> 21) Object Avoidance <input type="checkbox"/> 9) Failed to Maintain Lane <input type="checkbox"/> 22) Unknown <input type="checkbox"/> 10) Following Too Close <input type="checkbox"/> 28) Aggressive <input type="checkbox"/> 11) Unsafe Lane Change <input type="checkbox"/> 29) Reckless / Careless <input type="checkbox"/> 12) Made Improper Turn																											
Registered Owner Name: EAN HOLDING, <input type="checkbox"/> 1) Same As Driver				Vehicle Identification Number: 1GNSCBK5HR198804																											
Registered Owner Address: 14002 EAST 21ST STREET #1500, TULSA, OK 74134				1st Contact 																											
Insurance Company Name: <input type="checkbox"/> 1) Insured				Damaged Areas <input checked="" type="checkbox"/> 1) Front <input type="checkbox"/> 4) Total <input type="checkbox"/> 2) Right Side <input type="checkbox"/> 5) None <input type="checkbox"/> 3) Left Side <input type="checkbox"/> 6) Unknown <input type="checkbox"/> 4) Rear <input type="checkbox"/> 7) Top <input type="checkbox"/> 5) Right Front <input type="checkbox"/> 8) Under Carriage <input type="checkbox"/> 6) Right Rear <input type="checkbox"/> 9) Left Front <input type="checkbox"/> 7) Top <input type="checkbox"/> 10) Left Rear <input type="checkbox"/> 8) Under Carriage <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 9) Left Front <input type="checkbox"/> 12) Other																											
Policy number:		Effective: / / To: / /		Extent of Damage <input type="checkbox"/> 1) Minor <input type="checkbox"/> 4) Total <input type="checkbox"/> 2) Moderate <input type="checkbox"/> 5) None <input checked="" type="checkbox"/> 3) Major <input type="checkbox"/> 6) Unknown																											
Insurance Company Address or Phone Number:				Sequence of Events																											
<input type="checkbox"/> 1) Vehicle Towed Towed By: *RETAINED BY DRIVER		Removed To:		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Code #</th> <th>Description</th> <th>Collision With Fixed Object</th> <th>Most Harmful Event</th> </tr> </thead> <tbody> <tr> <td>1st</td> <td>214</td> <td>MOTOR VEHICLE IN TRANSPORT</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>2nd</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3rd</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4th</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5th</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				Code #	Description	Collision With Fixed Object	Most Harmful Event	1st	214	MOTOR VEHICLE IN TRANSPORT	<input checked="" type="checkbox"/>	2nd			<input type="checkbox"/>	3rd			<input type="checkbox"/>	4th			<input type="checkbox"/>	5th			<input type="checkbox"/>
Code #	Description	Collision With Fixed Object	Most Harmful Event																												
1st	214	MOTOR VEHICLE IN TRANSPORT	<input checked="" type="checkbox"/>																												
2nd			<input type="checkbox"/>																												
3rd			<input type="checkbox"/>																												
4th			<input type="checkbox"/>																												
5th			<input type="checkbox"/>																												
Traffic Control <input type="checkbox"/> 2) Traffic Control Signal <input type="checkbox"/> 11) Stop Sign <input type="checkbox"/> 3) Flashing Traffic Control Signal <input type="checkbox"/> 12) Yield Sign <input type="checkbox"/> 4) School Zone Sign / Device <input type="checkbox"/> 13) Railway Crossing Sign / Device <input type="checkbox"/> 5) Pedestrian Signal / Sign Device <input type="checkbox"/> 17) Chain / Snow Tire Req. <input type="checkbox"/> 6) No Passing <input type="checkbox"/> 20) Officer / Flagger <input type="checkbox"/> 7) No Controls <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 8) Warning Sign <input type="checkbox"/> 10) Other _____				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Distance Traveled After Impact</th> <th colspan="3">Speed Estimate</th> </tr> <tr> <th></th> <th>From</th> <th>To</th> <th>Limit</th> </tr> </thead> <tbody> <tr> <td>15 FEET</td> <td>55</td> <td>65</td> <td>65</td> </tr> </tbody> </table>				Distance Traveled After Impact	Speed Estimate				From	To	Limit	15 FEET	55	65	65												
Distance Traveled After Impact	Speed Estimate																														
	From	To	Limit																												
15 FEET	55	65	65																												
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC <input type="checkbox"/> 4) Pending (1)		Violation		NOC		Citation Number																									
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC (2)		Violation		NOC		Citation Number																									
Investigator(s) Truscello		ID Number H6537		Date 7 / 19 / 2017		Reviewed By Sgt A. Cholke																									
				Date Reviewed 7 / 25 / 2017		Page 5 of 6																									

Event Number: 170701840		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 1/2016		Crash Number: NHP170701840 Agency Number: NEVADA HIGHWAY PATROL		Vehicle Information	
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3 Unknown DOB: / /		Phone Number:		Seating Position:		Occupant Restraints:	
<input type="checkbox"/> 2) Female		Injury Severity:		Injury Location:		Ejected:	
Airbags:		Airbag Switch:		Trapped:		Occupant Restraints:	
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3 Unknown DOB: / /		Phone Number:		Seating Position:		Occupant Restraints:	
<input type="checkbox"/> 2) Female		Injury Severity:		Injury Location:		Ejected:	
Airbags:		Airbag Switch:		Trapped:		Occupant Restraints:	
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3 Unknown DOB: / /		Phone Number:		Seating Position:		Occupant Restraints:	
<input type="checkbox"/> 2) Female		Injury Severity:		Injury Location:		Ejected:	
Airbags:		Airbag Switch:		Trapped:		Occupant Restraints:	
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				Plate:		State: <input type="checkbox"/> 1) NV Type:	
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				Plate:		State: <input type="checkbox"/> 1) NV Type:	
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				Plate:		State: <input type="checkbox"/> 1) NV Type:	
Commercial Vehicle Configuration							
<input type="checkbox"/> 1) Bus, 9 - 15 Occupants <input type="checkbox"/> 2) Bus, > 15 Occupants <input type="checkbox"/> 3) Single 2 Axle and 6 Tire <input type="checkbox"/> 4) Single > 3 Axle <input type="checkbox"/> 5) Any 4 Tire Vehicle <input type="checkbox"/> 6) Tractor Only <input type="checkbox"/> 7) Tractor / Trailer <input type="checkbox"/> 8) Tractor / Doubles <input type="checkbox"/> 9) Tractor / Triples <input type="checkbox"/> 10) Truck with Trailer				<input type="checkbox"/> 11) Tractor / Semi Trailer <input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat) <input type="checkbox"/> 13) Light Truck, (Haz-Mat) <input type="checkbox"/> 14) Other Heavy Vehicle			
Carrier Name:				Source <input type="checkbox"/> 1) Driver <input type="checkbox"/> 2) Log Book <input type="checkbox"/> 3) Shipping Papers / Trip Manifest <input type="checkbox"/> 4) State Reg. <input type="checkbox"/> 5) Side Of Vehicle <input type="checkbox"/> 6) Other			
Carrier Street Address: 220 SOUTH HANCOCK STREET				Power Unit GCWR <input type="checkbox"/> 1) ≤ 10,000 Lbs. <input type="checkbox"/> 2) 10,001 - 26,000 Lbs. <input type="checkbox"/> 3) ≥ 26,001 Lbs. <input type="checkbox"/> 1) Hazmat <input type="checkbox"/> 2) Released			
Cargo Body Type <input type="checkbox"/> 1) Pole <input type="checkbox"/> 6) Van / Box <input type="checkbox"/> 11) Grain, Gravel Chips <input type="checkbox"/> 2) Tank <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 12) Bus, 9—15 Occupants <input type="checkbox"/> 3) Flatbed <input type="checkbox"/> 8) Auto Carrier <input type="checkbox"/> 13) Bus, > 15 Occupants <input type="checkbox"/> 4) Dump <input type="checkbox"/> 9) Garbage / Refuse <input type="checkbox"/> 14) Other <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 10) Not Applicable				Haz-Mat ID #:		Type of Carrier <input type="checkbox"/> 1) Single State <input type="checkbox"/> 2) USDOT <input type="checkbox"/> 3) Canada <input type="checkbox"/> 4) Mexico <input type="checkbox"/> 5) None	
Hazard Classification #:				NAS Safety Report #:			
Carrier Number:				Page 6 of 6			

You are? (Please circle one) <input checked="" type="radio"/> Driver <input type="radio"/> Passenger <input type="radio"/> Witness <input checked="" type="radio"/> Victim <input type="radio"/> Other				VOLUNTARY STATEMENT		Event / Case No. CAD No. Citation No.: X01586936	
Date & Time of Statement 6:38 PM 7-19-17 - 5 AM		Date & Time of Accident / Event 7-19-17 - 5:30 AM About Pacific		Your current Location US 95 + SR 163		Are you Injured? Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	
Your Name (Last / First / Middle) STEPHENS, Tony				Date of Birth 11/40/20		Driver License Number CH	
Residence Address : (Number, Street & Bldg./Apt No.) 20639 Lynning St S B7 WALNUT, CA 91689				City WALNUT		State Zip Code CA 91689	
Work Address: (Number & Street) 20639 Lynning St S B7 WALNUT, CA 91689				City WALNUT		State Zip Code CA 91689	
Additional or Emergency Contact, Name(s) & Number(s):				Work Schedule (Hours) IN		Days Off	
Best Place & Time of day to contact you:				Vehicle; Year & Make Frightliner 2016-2015		License No. State IN	
Did you use your seat belt? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A				Depart Date (if visitor):			

PASSENGER INFORMATION (OTHER THAN DRIVER)

Seating Position	Full Name	Address	Date of Birth	Phone Number	Restraints S/B A/B	Injured
Sleeper	David Andrew Winzer					

PLEASE WRITE BELOW WHAT HAPPENED:


Was making a left hand turn at an intersection of from I 95 on to 163 next thing I know a car hit my trailer the car that hit trailer must have spend up after I started my turn.		
This Statement is given Voluntarily and I affirm the Truth and Accuracy of the facts contained herein: X Tony Stephens		Witnessed by: 537

(DPS FORM 6 (REV 6/05))

(NPS) Rev 8-109

(3) 4237

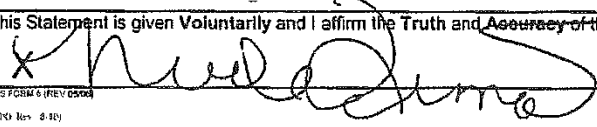
NV 7633013228

You are? (Please circle one) <input checked="" type="radio"/> Driver <input type="radio"/> Passenger <input type="radio"/> Witness <input type="radio"/> Victim <input type="radio"/> Other				VOLUNTARY STATEMENT		Event / Case No. CAD No. Citation No.:	
Date & Time of Statement		Date & Time of Accident / Event		Your current Location WARMC		Are you Injured? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
Your Name (Last / First / Middle) LIMON TERESA NICOLE				Date of Birth		Driver License Number A4092983	
Residence Address : (Number, Street & Bldg./Apt No.)				City		State Zip Code	
Work Address: (Number & Street)				City		State Zip Code	
Additional or Emergency Contact, Name(s) & Number(s): RAY LIMON				Work Schedule (Hours) 6AM-1200		Days Off THU-FRI	
Best Place & Time of day to contact you:				Vehicle; Year & Make		License No. State	
Home Phone:				Work/Cell Phone: 752-5905		Business / School / Agency Name:	
Occupation: RN				Depart Date (if visitor):		Did you use your seat belt? <input checked="" type="radio"/> YES <input type="radio"/> No <input type="radio"/> N/A	

PASSENGER INFORMATION (OTHER THAN DRIVER)

Seating Position	Full Name	Address	Date of Birth	Phone Number	Restraints S/B A/B	Injured

PLEASE WRITE BELOW WHAT HAPPENED:

I WAS TRAVELING NORTH ON HIGHWAY 95 NEAR SR 163 WHEN A SEMI TRUCK TURNED LEFT IN FRONT OF ME FROM THE HIGHWAY 95 SOUTH BOUND LANE ONTO SR 163 TOWARD LAURELIN NV. I WAS TRAVELING TO SUN RISE HOSPITAL FOR WORK, I WAS TRAVELING APPROXIMATELY 65-70 MPH BEFORE THE COLLISION.	
This Statement is given Voluntarily and I affirm the Truth and Accuracy of the facts contained herein 	Witnessed by: 537

Refer:

NEVADA HIGHWAY PATROL

Dt. No.

Accident No.

VEHICLE REPORT

Date 7/19/17

Citation No.

Other (specify) 170701840Impounded ☐ Stored ☒ Recovered ☐Approved by AKM 410Description of vehicle WHITE 2017 CHEVY TALIS BLP0385 AZ
Color Year Make Model Lic. No. State and YearVehicle identification number 1GN5CBKCEHR198804 Speedometer reading

Legal owner

Registered owner EAN HOLDING 14002 E. 21st #1500 TULSA, OK
Name AddressHas legal owner been notified of action taken? NHP Form 33 completed? ---Has registered owner been notified of action taken? NO NHP Form 33 completed? ---If stolen or embezzled, has reporting agency been advised of recovery? NO WANTED

Circumstances surrounding impound, recovery and storage:

DRIVER TX / NICOLE LIMONVEHICLE TAKEN TO:
3100 NEEDLES HIGHWAY
LAUCKEN, NV 89029Vehicle towed by A + G TOWING Date 7/19/17 Time 0647Vehicle towed from US95/8R163Vehicle stored or impounded at 1135 INTERSTATE PLACE BULLHEAD CITY AZ 86442Release conditions NONE

VEHICLE INVENTORY

	Yes	No		Yes	No		Condition
Cushion (front)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Spotlight(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	L.F. tire	<u>GOOD</u>
Cushion (rear)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Foglight(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	R.F. tire	
Rear view mirror	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bumper (front)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	L.R. tire	
Side view mirror	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bumper (rear)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	R.R. tire	
Cigar lighter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Motor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spare tire	<u>FRONT DAMAGED IN CRASH</u>
Radio	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	
Clock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Air Conditioner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fenders	
Heater	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hub caps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Body, hood	
Keys	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fender pants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Top	<u>GOOD</u>
Registration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grill	
Windshield wipers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jack	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upholstery	

List property, tools, other items: (Complete NHP Form 35 if estimated value exceeds \$100.)

PURSE w/ MISCELLANEOUS FEMININE PRODUCTS, 1x LUGGAGE w/ CLOTHING + FEMININE SUPPLIES

STATE OF NEVADA Nevada Highway Patrol			
In the Justice/Municipal Court: LAS VEGAS JUSTICE COURT		County: CLARK Issue Date/Time: 7/19/2017 0606 Violation Date/Time: 7/19/2017 0510	Citation # X01586936 Case # Accident #: 170701840 Type: TRAFFIC
<input type="checkbox"/> Juvenile			
LOCATION AND VIOLATION INFORMATION			
Location: US95 and AT SR163 BT/Sector: HLJ25		Weather: Cloudy Traffic: Unknown	Road Conditions: Dry Direction: S
Cited: Posted:	Actual: Confirm: Grant: *NONE	School Zone: No Construction Zone WP: No Ped Safety Zone: No	Arrest: No Accident: Yes
VIOLATOR / DRIVER			
Name: STEPHENS, TONY			
Address: Hgt: 505 Wgt: 140 Sex: M Hair: BLK Eyes: BRN Race: B DOB:		City: State:	Zip: Phone:
DL #: C1140120 DL Expires:		DL State: CA Restrictions:	CDL: Yes Endorsements:
		Class: A	
VEHICLE Did operate the following vehicle:			
VIN #: 1FUJGLD60GLHM6260 Make: FRT DOT #:	Model: TRACTOR Color: WHITE Reg Exp: 10/31/2017	Type: TR Veh Tag: 2645925 Veh Yr: 2016	State: NV Haz Mat: No CMV: Yes
Owner: RYDER, Address: 3100 INDUSTRIAL PARKWAY, JEFFERSONVILLE, IN 47130-0000			
VIOLATIONS Did then and there commit the following offense(s);			
VIOLATION 1 - CITATION - 484B.253 - 53802 - Fail To Yield Right Of Way Left Turn DRIVER FTYIELD ROW TO ONCOMING VEHICLE AND CAUSED CRASH			
Bail: Crt Req Admin Fee: Crt Req Facility Fee: Crt Req SP CT Fee: Crt Req Total: Crt Req			
I certify (or Declare) under penalty of perjury under the laws of the state of Nevada that I have reasonable grounds/probable cause to believe and do believe that above named person committed the above offense(s) contrary to law.			
Trooper's Signature 537	Complainant's Signature	Defendant's Signature <i>Ty. SB</i>	
Trooper Truscello ID# H6537	Citizen: Addr: City:	This is not a plea of guilty. (Not void if unsigned)	
Failure to comply with this complaint or future dates relating to this complaint will constitute a separate offense			
Interpreter Needed: *NONE		Court Mandatory: YES	
Without admitting having committed the above offense(s), I hereby promise to respond as directed on this notice and waive my right to be taken immediately before a magistrate (NRS 484D.630 and NRS 484A.750)			
You are hereby ordered to appear to answer to the above charges on the day and time:			
LAS VEGAS JUSTICE COURT Physical: 200 Lewis Avenue First Floor, Las Vegas, NV 89101 Mailing: Same as Physical 702-671-3444 https://www.lasvegasjusticecourt.us/		Total Bail: COURT Appear On: 10/17/2017 At: 0800 HRS	

STEPHENS, TONY

Officer Notes:	
Picture	Radar (Mov/Sta): Stop Type: TRAFFIC Trailer Tag: TTM27S Trailer State: TN Trailer Expires: Appear On Date: 10/17/2017 Appear at Time: 0800 HRS Unit: Have Insurance: No Insurance Exp: Tint %:
Officer Notes:	Approved By: dps38093 Approver Badge No: H4410 Approved Date: 7/25/2017 9:03:34 PM
Diagram	

X01586936

DRIVER/VEHICLE EXAMINATION REPORT



Nevada Department of Public Safety/Highway Patrol
Attn: Federal Projects
555 Wright Way
Carson City, NV 89711
Phone #: (775)684-0908 Fax #: (775)687-8343
nevada.cve@dps.state.nv.us

Report Number: NV7033013228
Inspection Date: 7/19/2017 Certification Date: 08/01/2017
Time Started: 06:19 Time Ended: 07:27
Inspection Level: II - Walk-Around
HM Inspection Type: No HM Inspection

LOAD1
20639 LYCOMING ST B7
WALNUT, CA 91689
USDOT #: 02909032
MC/MX #:
State #:

Phone #:
Fax #:

Driver: STEPHENS, TONY
License #: C1140120 State: CA
Date of Birth: 1/2/1961
CoDriver: WINZER, DAVID ANDREW
License #: B3887441 State: CA
Date of Birth: 3/23/1977

Location: US95 / SR163
Highway:
County: CLARK
Shipper:

MilePost: CL02
Origin: MONTEBELLO, CA
Destination: HARRISON, NJ

Bill of Lading:
Cargo: GENERAL FREIGHT

VEHICLE IDENTIFICATION:

Unit	Type	Make	Year	State	License#	Equipment ID	Unit VIN	GVWR	CVSA #	CVSA Issued #	OOS Stkr.#
1	TT	FRHT	2016	IN	2645925	654808	1FUJGLD60GLHM6260	54,000			
2	ST	GDAN	2018	IN	TTM27S		1GRAP0624JD111756	68,000			

BRAKE ADJUSTMENTS: No brake measurements recorded.

VIOLATIONS :

Vio Code	Section	Unit	OOS	State Citation Number	Verify*	Crash	Violation Description
392.2MI	392.2	D	N	x01586936	N	N	Miscellaneous Traffic Law Violation: failed to yield right of way to right turning veh
393.75A	393.75(a)	2	Y		U	Y	**Flat tire or fabric exposed: #4 axle right outer tire flat
393.75A4	393.75(a)(4)	2	N		N	Y	**Tire-cut exposing ply and/or belt material: #5 axle right outer tire side wall cut
393.207B	393.207(b)	2	Y		U	Y	**Adjustable axle locking pins missing or not engaged: right side sliding rail mis aligned

* N - Non-OOS or Driver OOS Violation; U - Unknown

** Y - The violation occurred because of the crash; U - Unknown

HazMat: No HM Transported. Placard: NA Cargo Tank:

Special Checks:

- | | | |
|---|--|---|
| <input type="checkbox"/> Alcohol/Controlled Substance Check | <input type="checkbox"/> Traffic Enforcement | <input checked="" type="checkbox"/> Post Crash Inspection |
| <input type="checkbox"/> Conducted by Local Jurisdiction | <input type="checkbox"/> PASA Conducted Inspection | <input type="checkbox"/> PBBT Inspection |
| <input type="checkbox"/> Size and Weight Enforcement | <input type="checkbox"/> Drug Interdiction Search | Arrests: |
| <input type="checkbox"/> EScreening | | |

The items listed above do not comply with Nevada law and/or regulation. To clear the record, it is necessary that the driver or owner return this form to the Nevada Highway Patrol within 15 days, with certification that the item(s) have been corrected. Failure to repair or correct these violations; failure to certify correction of Out-Of-Service Violations or other safety violations as noted on the Inspection Form and failure to retain a copy of the inspection form at the responsible motor carrier's principle place of business for the prescribed time period, may result in additional penalties as prescribed by law.

Signature of Carrier Official: X

Date: _____

The undersigned certifies that all violations have been corrected to assure compliance with Nevada/Federal law and/or regulations, insofar as they are applicable to motor carriers and drivers. Operation of said vehicle without required repairs may result in additional penalties.

Signature of Repairer: X

Facility: _____

Date: _____

Report Prepared By:
V. DINGLASAN

Badge #:
10087

Copy Received By:
STEPHENS, TONY

Page 1 of 1



X

X

NV7033013228

PETAPP0135

Event Number: 170701840		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 1/2016		Crash Number: NHP170701840		Vehicle Information	
Name: (Last Name, First Name, Middle Name Suffix) WINZER, DAVID ANDREW				Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type: 2	
Seating Position: 10		Occupant Restraints: 0					
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3 Unknown		DOB: / /		Phone Number:		Injury Severity: 0	
<input type="checkbox"/> 2) Female						Injury Location:	
						Airbags: 0 Airbag Switch: 1 Ejected: 0 Trapped: 0	
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type:	
Seating Position:		Occupant Restraints:					
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3 Unknown		DOB: / /		Phone Number:		Injury Severity:	
<input type="checkbox"/> 2) Female						Injury Location:	
						Airbags: Airbag Switch: Ejected: Trapped:	
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type:	
Seating Position:		Occupant Restraints:					
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3 Unknown		DOB: / /		Phone Number:		Injury Severity:	
<input type="checkbox"/> 2) Female						Injury Location:	
						Airbags: Airbag Switch: Ejected: Trapped:	
<input checked="" type="checkbox"/> 1) Trailing Unit 1 VIN : 1GRAP0624JD111766				Plate: TTM27S		State: <input type="checkbox"/> 1) NV Type: FULL TRAILER	
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				Plate:		State: <input type="checkbox"/> 1) NV Type:	
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				Plate:		State: <input type="checkbox"/> 1) NV Type:	
Commercial Vehicle Configuration							
<input checked="" type="checkbox"/> 1) Commercial Vehicle				<input type="checkbox"/> 2) School Bus			
Source				Source			
<input type="checkbox"/> 1) Bus, 9 - 15 Occupants				<input checked="" type="checkbox"/> 4) State Reg.			
<input type="checkbox"/> 2) Bus, > 15 Occupants				<input type="checkbox"/> 5) Side Of Vehicle			
<input type="checkbox"/> 3) Single 2 Axle and 6 Tire				<input type="checkbox"/> 6) Other			
<input type="checkbox"/> 4) Single > 3 Axle							
<input type="checkbox"/> 5) Any 4 Tire Vehicle							
<input type="checkbox"/> 6) Tractor Only							
<input checked="" type="checkbox"/> 7) Tractor / Trailer							
<input type="checkbox"/> 8) Tractor / Doubles							
<input type="checkbox"/> 9) Tractor / Triples							
<input type="checkbox"/> 10) Truck with Trailer							
<input type="checkbox"/> 11) Tractor / Semi Trailer							
<input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat)							
<input type="checkbox"/> 13) Light Truck, (Haz-Mat)							
<input type="checkbox"/> 14) Other Heavy Vehicle							
Carrier Name: VANHOEKELN GREENHOUSES INC				Power Unit GCWR <input type="checkbox"/> 1) ≤ 10,000 Lbs. <input type="checkbox"/> 2) 10,001 - 26,000 Lbs. <input checked="" type="checkbox"/> 3) ≥ 26,001 Lbs.			
Carrier Street Address: 220 SOUTH HANCOCK STREET				<input type="checkbox"/> 1) Hazmat <input type="checkbox"/> 2) Released			
City: MCADOO				State <input type="checkbox"/> 1) NV		Zip Code: 18237	
Cargo Body Type				Haz-Mat ID #:		Type of Carrier	
<input type="checkbox"/> 1) Pole				<input type="checkbox"/> 1) Single State		NAS Safety Report #: NV7033013228	
<input checked="" type="checkbox"/> 6) Van / Box				<input checked="" type="checkbox"/> 2) USDOT		Carrier Number: 381097	
<input type="checkbox"/> 2) Tank				<input type="checkbox"/> 3) Canada		<input type="checkbox"/> 4) Mexico	
<input type="checkbox"/> 3) Flatbed				<input type="checkbox"/> 4) Mexico		<input type="checkbox"/> 5) None	
<input type="checkbox"/> 4) Dump							
<input type="checkbox"/> 5) Unknown							
<input type="checkbox"/> 10) Not Applicable							
<input type="checkbox"/> 11) Grain, Gravel Chips							
<input type="checkbox"/> 12) Bus, 9—15 Occupants							
<input type="checkbox"/> 13) Bus, > 15 Occupants							
<input type="checkbox"/> 14) Other							

EXHIBIT K

CALIFORNIA **COMMERCIAL DRIVER LICENSE**

DL C1140120

EXP 01/02/2022

LN STEPHENS

FN TONY

DOB 01/02/1961

RSTR 46

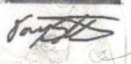

CLASS A
END NONE

01021961

SEX M HAIR BLK EYES BRN
HGT 5-05" WGT 140 lb

DD 01/13/2017 60633/11FD/22

ISS 03/24/2017



SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR

TONY STEPHENS

SIGNATURE 12/06/2016



DQEMPL 000001

Drug & Alcohol Policy For Load 1 Trucking LLC.

In 1988, Congress enacted the Drug Free Workplace Act to require federal contractors to establish and maintain a work environment that is free from the effects of drug use and abuse. Federal Regulations 49 CFR Part 40 (§382) present the general terms of this program and its guidelines. We agree with that goal and believe that has Load 1 Trucking LLC. Responsibility to its employees and those who use or come in contact with its products/services, to ensure a safe and productive work environment. To satisfy these responsibilities, it is the policy of Load 1 Trucking LLC. and a condition of employment that an employee be present and able to perform their job free from the effects of alcohol, narcotics, depressants, stimulants, hallucinogens and cannabis or any other substances, which can impair job performance.

Our Commitment

We recognize that drug and alcohol abuse may be a sign of chemical dependency and that substance abuse can be successfully treated with professional help.

Employee Responsibility

The employee is responsible for following all of our work and safety rules, and for observing the standards of behavior and employer, co-workers, and customers have the right to expect from you. In addition, if you believe you may have a problem with drugs or alcohol, you are responsible for seeking assistance, whether from or through the company or any other resource, before a drug or alcohol problem adversely affects your work performance or results in a violation of this policy. The time to seek help is BEFORE you are in "trouble", NOT AFTER. If a professional assessment is made that you have a problem with Drugs or Alcohol, your continued employment may be conditioned upon:

- o Entering into and completing a treatment program approved by the company.
- o Signing and living up to a last chance performance agreement.
- o Undergoing a Follow-up Testing Program at companies' discretion.

Scope of Our Policy

This Policy and each of its rules apply whenever an employee is on or in Company Property, surrounding grounds and parking lots, leased or rented space. Company time (including breaks and meal periods), in any vehicle used on Company business, and in other circumstances (such as on customer premises or at business/sales functions) we believe may adversely affect our operations, safety, reputation or the administration of this policy.

Our Drug and Alcohol Rules

The following rules are extremely important and an employee who violates any one of them will be subject to disciplinary action, up to and including termination.

1. Alcohol An employee may not possess, use, transfer, offer, or be under the influence of any intoxicating liquor while at work or on company business. This rule prohibits using any alcohol prior to reporting to work, during breaks or meal periods, or in conjunction with any Company activity, except social or business events where a Corporate Officer has authorized the moderate consumption of Alcoholic Beverages.
2. An employee will be removed from a Safety Sensitive Position for 24 hours if your BA is more than .02 and less than .04. A Breath Test over .04 is a DOT Violation, and a referral will be required to a Substance Abuse Professional before being released back to a safety sensitive position.
3. Drugs An Employee may not possess, use, transfer, offer, share, attempt to sell or obtain, manufacture, or be under the influence of any drug or similar substance and also may not have any drugs of similar substances present in the body. Thus, an employee who tests positive for any illegal-drug violates this rule. This rule also pertains to Prescription drugs being taken without doctors authorization.
4. Drug Paraphernalia and Alcohol Containers An Employee may not possess any Drug Paraphernalia or Alcohol Containers.
5. Prescriptions/ Over-the-counter Medications It is the employees responsibility to check the potential effects of prescribed drugs and over-the counter Medications with your doctor or pharmacists before starting work, and to immediately let your supervisor know when such use makes it unsafe for you to report to work or do your job.
6. Adulterants Any substance that is used for the purpose of Manipulating a drug test by adding to the specimen or ingesting.

Pre-Employment Testing.

All safety sensitive employees are required to pass a DOT pre-employment urine drug test before being hired.

Random Testing Program.

The Random-testing program is implemented by a third party and/or a computerized Selection Process throughout the year. The Third Party Administrator (TPA) combines the drivers from our company with drivers from other companies. The TPA selects 4 times per year and notifies the DER, Designated Employee Representative. The DER can notify the Driver within the selection period. When the driver is notified, they must test ASAP. The Federal Motor Carrier Safety Administration does not allow testing delays due to convenience or movement of freight. (FMCSA).

Mandatory Post Accident Testing.

Post accident drug and/or alcohol testing will be at supervisor or company request, or as Defined in 49 CFR Part 40. *See Chart*

Type of accident involved	Citation issued to the CMV driver? (Class A or B)	Test must be Performed.
i. Human Fatality	Yes No	Yes Yes
ii. Bodily injury with immediate medical treatment away from scene..	Yes No	Yes No
iii. Disabling damage to any motor vehicle requiring tow away.	Yes No	Yes No

Reasonable Suspicion Testing or Reasonable Cause

At least one Supervisor will be trained in accordance to 49 CFR 382.603 of the Federal Register to make these observations of Work Performance, Behavior, and Physical Indicators.

- Observable Symptoms or Unusual Behavior.
- The Odor or Smell of Alcohol or Drugs on the employee's breath or clothes or in an area (such as in a vehicle, office, work area, or restroom) immediately controlled or occupied by the employee.
- Alcohol, alcohol containers, illegal drugs or drug paraphernalia in the employee's possession or in an area controlled or occupied by the employee (vehicle, office, desk restroom.) ;
- Unexplained or Significant deterioration in job performance.
- Unexplained significant changes in behavior (e.g., abusive behavior, repeated disregard of safety rules or procedures, insubordination, etc.);
- Evidence that the employee may have tampered with a previous drug test.
- Criminal citations, arrests or convictions involving drugs and alcohol.
- Unexplained absenteeism or tardiness
- Employee admissions regarding drug or alcohol use;
- Any involvement in any work-related accident or near misses.
- Any type of Paraphernalia discover on your person or Company Property

exam can be administered along with Drug and Alcohol Screen to determine if employee is fit for Duty. This could be requested in addition to the DOT Medical card Certificate.

Duty to Cooperate

An employee who fails to cooperate in the administration of this policy generally will be terminated and is in violation of §49 CFR Part 40. This includes such things as:

- Refusing to consent to testing, to submit a sample, or to sign required forms.
- Refusing to cooperate in any way (for example, refusing to courteously and candidly cooperate in any interview or investigation, including any form of truthfulness, misrepresentation or misleading statements or omissions.);
- Any form of dishonesty in the investigation or testing process.
- Refusing to test again at a time of the Company's choosing whenever any test results in a finding of a dilute sample or reasonable suspicion.
- Failure to accept the referral, to enter into and complete an approved treatment program, or to sign or adhere to the commitments in the Last Chance Performance Agreement.

EMPLOYEE ACKNOWLEDGEMENT AND CONSENT TO TESTING

1. I, Gary Stephens 4-25-17 acknowledge receiving a copy of the Company's Drug and Alcohol Policy. Date _____
2. I voluntarily agree to provide a sample of my Urine for Testing and to submit to any related physical or other examination when I have been requested to do so.
3. I authorize the release of the Test Result (and any other relevant medical information) to the Company for its use evaluation and suitability for continued employment. I also release the Company from all liability arising out of or connected with the testing.
4. I understand that if I refuse to submit to the testing, to give a requested sample(s), to authorize release of the results to the company, and/or if the test results indicate that I do not meet the Company's standards, I may be terminated.
5. I understand that any attempt to switch, adulterate or in any way tamper with the requested sample(s) or to otherwise manipulate the testing process will result in termination of employment. I also understand that if my test results are dilute on the second testing, I may be terminated.

I have read this entire policy and each of the above statements ☒ Yes ☐ No

Signature & Date

Gary Stephens

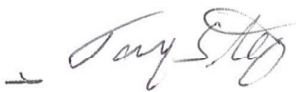
4-25-17

Load 1 Trucking LLC. Driver Policy

1. All drivers must turn in Logs to get their pay check and must be filled out correctly. There will be no falsifying on the logs. You also need to use the recap section on the far right of the Log. Make sure you fill them out correctly. Double check your work.
2. All drivers are responsible for fuel receipts and any receipts on their trip. They must be turned in at the completion of the trip. If you are missing any receipts there will be a \$20.00 dollar penalty per receipt. You are given two envelopes for your trip. Make sure you are using them.
3. All drivers will be given a trip sheet. You are responsible for writing down your odometer reading at beginning of your trip, each state line, and ending of your trip. This will help us keep track of the state mileage as it applies to IFTA.
4. All drivers are responsible for maintaining the trucks they use. Take out your personal items along with any trash at the end of your trip. Load 1 Trucking LLC. is not responsible for any items you leave in the truck that come up missing. Any damage caused by drivers or not cleaning the truck \$50.00 dollars will be charged to the driver for cleaning.
5. Effective 1/26/14 payday will now be on Fridays. Remember there is always one trip in the hole. So you must have completed a trip before that Friday to get a check.
6. All loads must be scaled when picked up. Failure to do this will result in disciplinary action.
7. There will be \$75 put on the Com Data Card at the beginning of your trip. This is to be used for Tolls and Scaling only. Anything additional must be approved by us and we will need to know the reason. Once again ALL receipts must be kept or there will penalty as listed above.
8. All drivers must pay for tolls. If a toll is charged to the Company you will pay for it. They charge us a additional 50.00 for tolls that are charged to the Company.
9. Drivers must do a Inspection form at the beginning and ending of their shift for tractor and trailer. At the end of the trip anything wrong with the truck must be reported to the Mechanic Shop. Failure to do this will result in disciplinary action.
10. All drivers will be enrolled into a Drug Testing program. And will receive random drug tests throughout the year. A positive test will result in automatic termination.
11. All drivers are responsible for checking fluids on the truck, tire pressure. Any mechanical damage that is driver related will result in loss of pay. You will pay for the damage if it was preventable.

DQEMPL 000009

12. Any Violations received on the road will result in a \$100.00 dollar penalty by the company. It is the Driver's responsibility to make sure there are no violations. First time you get a violation you will get a written warning. Second time can result in termination.
13. There will be a Bonus program for Inspections for no violations. No violations boost the Company's Safety Score. If there is nothing to hide we should see the Driver's doing Inspections voluntarily.



Driver's Signature

9-25-14

Office Manger Signature

Date

DQEMPL 000010

Previous Employment Verification Documentation

Driver: Tony Stephens Hiring Company: Load 1 Trucking LLC

Date: 4/27/2017 Action: COMPLETED

Previous Company: _____ Number: _____

Personnel: _____

Comments: *** Driver does not have any previous DOT work history ****

Previous Company: _____ Number: _____

Personnel: _____

Comments: _____

Previous Company: _____ Number: _____

Personnel: _____

Comments: _____

Previous Company: _____ Number: _____

Personnel: _____

Comments: _____

**** Please see attached document verification regarding Employment Verification.****

DQEMPL 000011

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name Tony Stephens Date of Application 4-25-17
(print)
Company _____
Address _____
City _____ State _____ Zip _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature Tony Stephens Date 4-25-17

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
DATE EMPLOYED _____ POINT EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)
SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

**TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name)

First, M.I., Last

hereby authorize:

Social Security Number

Date of Birth

Previous Employer:

Email:

Street:

Telephone:

City, State, Zip:

Fax No.:

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
(date of employment application)

To:

Prospective Employer:

Attention:

Telephone:

Street:

City, State, Zip:

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number:

Prospective employer's confidential email address:

Applicant's Signature

Date

This information is being requested in compliance with §40.25 and §391.23.

**TO BE COMPLETED BY PREVIOUS EMPLOYER****ACCIDENT HISTORY**: applicant named above was employed by us. Yes ☐ No ☐

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐
Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

2. Reason for leaving your employ: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐

If there is no safety performance history to report, check here ☐ sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Any other remarks: _____

Signature: _____

Title: _____

Date: _____

PREVIOUS EMPLOYER REMOVE CARBON BEFORE COMPLETING SIDE 2

DQEMPL 000013

PETAPP0146

SIDE 2**SECTION 3:****TO BE COMPLETED BY PREVIOUS EMPLOYER****DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐. Fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____

Telephone: _____

Section 3 Completed by (Signature): _____

Date: _____

SECTION 4a:**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)

☐

Faxed to previous employer

☐

Mailed

☐

Emailed

☐

Other _____

By: _____

Date: _____

SECTION 4b:**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: _____

Recorded by: _____

Method:

☐

Fax

☐

Mail

☐

Email

☐

Telephone

☐

Other _____

Date: _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**SIDE 1 SECTION 1: Prospective Employee**

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

SIDE 2 SECTION 4a: Prospective Employer

- Remove Ply 3
- Remove the adjacent carbon
- Complete the information
- Send Ply 1 and 2 to the Previous Employer

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Remove the carbon
- Turn form over to complete SIDE 2 SECTION 3

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Retain Ply 2
- Return Ply 1 to Prospective Employer

SIDE 2 SECTION 4b: Prospective Employer

- Record receipt of the information
- Retain Ply 1

DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers, when using a driver for the first time, must obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the carrier, as required by section 395.8(j)(2) of the Federal Motor Carrier Safety Regulations. NOTE: Hours for any work during the preceding 7 days, including any compensated work for a non-motor carrier, must be recorded on this form.

This form should be completed on the day the driver is scheduled to begin driving a commercial motor vehicle, and must be kept on file for at least 6 months.

Driver Name (Print) Tony Stephens
Employee ID No. _____

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

_____ A.M.
_____ P.M. On _____ Day _____ Month _____ Year
Time _____
Tony Stephens Driver's Signature Date 4-25-17

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, and performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer?

(check one)
☐ Yes ☒ No

At this time do you intend to work for another employer while still employed by this company?

☐ Yes ☒ No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Witness:

J Driver's Signature

Date

Company Representative

Date

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional license to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state.

If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by the state.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license.

In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to 1) your employing carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. 21140120 State CA Expiration Date 1-2-22

DRIVER'S CERTIFICATION: I certify that I have read and understand the above requirements.

Driver's

Name

(Printed):

Tony Stephens

Date 4-25-17

Driver's

Signature:

Tony Stephens

DQEMPL 000016

PETAPP0149

Previous Pre-employment Employee Alcohol and Drug Test
Statement

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

Prospective Employee Printed Name: Tony Stephens

Prospective Employee SS or ID Number: [REDACTED]

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: ☐ Yes ☒ No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return to duty requirements?

Check one: ☐ Yes ☐ No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: *Tony Stephens* Date: 4-25-17

Witness Signature: _____ Date: _____

Record retention guidelines:

If "yes" to question 1, retain this form and documentation provided for 5 years.

If "no" to question 1, discard after employment terminates but not less than 2 years from
date of statement.

DQEMPL 000017

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)
EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

YES _____ NO ☒

B. Has any license, permit or privilege ever been suspended or revoked?

YES _____ NO ☒

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <small>More than 15 passengers</small>	---		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <small>More than 15 passengers</small>	---		
OTHER _____			

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 (8) HIGH SCHOOL: 1 2 (3) 4 COLLEGE: 1 2 3 4
LAST SCHOOL ATTENDED (NAME) (CITY, STATE)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: *Tommy Styer*

Date: 4-25-17

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
NAME	Cal State University Long Beach	FROM MO. 3 YR. 15	TO MO. 3 YR. 16
ADDRESS	1250 Bellflower Blvd.	POSITION HELD Janitor	
CITY	Long Beach STATE CA ZIP 90840	SALARY/WAGE	
CONTACT PERSON	Andrew Wilson PHONE NUMBER	REASON FOR LEAVING Temporary Only	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

EMPLOYER		DATE	
NAME	Chrysalis Enterprises	FROM MO. 7 YR. 14	TO MO. 2 YR. 15
ADDRESS	522 S. Main Street	POSITION HELD Janitor	
CITY	Los Angeles STATE CA ZIP 90013	SALARY/WAGE	
CONTACT PERSON	David Sall PHONE NUMBER	REASON FOR LEAVING Temporary Only	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

EMPLOYER		DATE	
NAME	Compton Unified School District	FROM MO. 2 YR. 92	TO MO. 3 YR. 13
ADDRESS	501 S. Santa Fe Ave.	POSITION HELD Plant Manager	
CITY	Compton STATE CA ZIP 90221	SALARY/WAGE	
CONTACT PERSON	Damon Fields PHONE NUMBER	REASON FOR LEAVING Retired	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

DQEMPL 000019

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for Driver

Name Stephens, Tony

Last

First

Middle

Social Security No. [REDACTED]

List your address

Current Address

[REDACTED]

[REDACTED] City

State

Zip Code

Phone

[REDACTED]

How Long?

24 Yrs

Previous
Addresses

Street

City

State & Zip Code

How Long?

yr./mo.

Street

City

State & Zip Code

How Long?

yr./mo.

Street

City

State & Zip Code

How Long?

yr./mo.

Do you have the legal right to work in the United States?

YES

Date of Birth

(Required for Commercial Drivers)

01 1 02 1961

Can you provide proof of age?

YES

Have you worked for this company before?

NO

Where?

Dates: From

To

Rate of Pay

Position

Reason for leaving

Are you now employed?

NO

If not, how long since leaving last employment?

1 year 1 month

Who referred you?

TGH Truck Driving School

Rate of pay expected

Have you ever been bonded?
(Answer only if a job requirement)

NO

Name of bonding company

Have you ever been convicted of a felony?

YES

pled guilty to assault with a deadly weapon

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

NO

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.
(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER				DATE	
NAME				FROM	TO
ADDRESS				MO.	YR.
CITY				MO.	YR.
STATE		ZIP	POSITION HELD		
CONTACT PERSON			SALARY/WAGE		
PHONE NUMBER			REASON FOR LEAVING		
WERE YOU SUBJECT TO THE FMCSRs* WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					

8/02/17 - Tony Stephens
Never showed up.

LOAD 1 TRUCKING LLC
385 S. LEMON AVE, UNIT E173
WALNUT, CA 91789

July 31, 2017

To: Tony Stephens

This letter is to inform you that your employment as a Commercial Driver with Load 1 Trucking, LLC is terminated as of today, July 31, 2017. You have been terminated for the following reason(s):

- Positive drug test on a post-accident drug test performed on 07/25/2017.

This decision is not reversible. You will receive your last paycheck today, July 31, 2017

Please sign and date the below as acknowledgment of this information, thank you.

Tony Stephens

Date

DQEMPL 000023

PETAPP0154