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Of Counsel

\*Also Admitted in West Virginia  
\*\*Also Admitted in Virginia

March 4, 2013

Wayne Scott, Prosecutor  
Bureau of Investigation and Enforcement  
PA Public Utility Commission  
PO Box 3265  
Harrisburg, PA 17105-3265

**RE: Pennsylvania Public Utility Commission, Bureau of Transportation and Safety v.  
Yellow Cab Company of Pittsburgh  
C-2013-2301095  
Our File No.: 26003/12568**

Dear Ms. Chiavetta:

Enclosed please find Respondent Yellow Cab Company's Answer and New Matter to the Complaint in the above captioned matter. The original was electronically filed on this date.

Thank you for your attention to this matter.

Very truly yours,



Ray F. Middleman

RFM/dlm

Enclosure

cc: Rosemary Chiavetta, Secretary (w/encl.)

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BEFORE THE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

PENNSYLVANIA PUBLIC UTILITY  
COMMISSION, BUREAU OF  
TRANSPORTATION AND SAFETY,

C-2013-2301095

v.

YELLOW CAB COMPANY OF PITTSBURGH  
A-00049926C

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ANSWER AND NEW MATTER

AND NOW, comes the Respondent, Yellow Cab Company of Pittsburgh ("Yellow Cab"), by and through its attorneys Ray F. Middleman, Esquire, and Malone Middleman, P.C., and files the within Answer and New Matter as set forth below:

1. Admitted.
2. Admitted.
3. It is admitted that the PUC conducted an inspection of Respondents 2008 Ford Taxi (Cab #252), license plate No. TX47944, on August 7, 2012.
4. Admitted in part; Denied in part. It is admitted only that no fuel surcharge notice was posted in the aforesaid vehicle at the time of inspection. The remaining averments of Paragraph 4 are denied.
5. It is admitted that the PUC conducted an inspection of Respondents 2007 Chevrolet Taxi (Cab #150), license plate no. TX45704, on August 7, 2012.
6. Admitted in part; Denied in part. It is admitted only that no fuel surcharge notice was posted in the aforesaid vehicle at the time of inspection. The remaining averments of Paragraph 6 are denied.

7. It is admitted that the PUC conducted an inspection of Respondents 2007 Chevrolet Taxi (Cab #508), license plate No. TX47530, on August 7, 2012.

8. Admitted in part; Denied in part. It is admitted only that an inspection took place. It was denied that the meter was too fast or was inaccurate as a result of any act or action on the part of the Respondent. Strict proof of the allegations are demanded at the time of hearing.

9. It is admitted that the PUC conducted an inspection of Respondents 2007 Ford Taxi (Cab #202), license plate No. TX45217, on August 8, 2012.

10. Admitted in part; Denied in part. It is admitted only that an inspection took place. It is denied that the battery in the aforesaid vehicle was not properly secured. Strict proof of the allegations are demanded at the time of the hearing.

11. Denied. It is denied that the Respondent violated 66 Pa. C.S. § 501(c) and/or that the penalty proposed is appropriate for the alleged violation under the circumstances.

12. Denied. It is denied that this Respondent violated 52 Pa Code § 29.314 (b)(6) and/or that the civil penalty proposed is appropriate for the alleged violation under the circumstances.

13. Denied. It is denied that this Respondent violated 52 Pa. Code §29.402 (1) or 67 Pa Code §175.80 (c)(6) and/or that the civil penalty proposed is appropriate for the alleged violation under the circumstances.

WHEREFORE, the Respondent, the Yellow Cab Company of Pittsburgh, respectfully requests that this Honorable Court enter judgment in its favor and against the PUC.

**NEW MATTER**

14. It is averred with respect to the violation of failure to display/post fuel surcharge sticker with respects to cab #252 and cab #150 that, as per Exhibits 1 and 2 attached hereto, both vehicles were shopped and decals applied on the same date as the alleged violation.

15. That the aforesaid fuel surcharge decal violations did not involve passenger safety or the welfare of any passenger. It is further averred that the decals are susceptible to removal by passengers without Respondent's knowledge.

16. It is denied that the meter of Cab #508 was operated, knowingly, in a "fast" setting. To the extent required, the meter in Cab #508 was shopped and re-calibrated on the day of the PUC Complaint. At no time did the Respondent purposefully or knowingly allow Cab #508 to be put into lease service with a meter which was not accurate.

17. There is no allegation that any member of the riding public was subjected to harm, danger or overcharge.

18. Respondent has a program of regular inspection and maintenance to avoid any maintenance issues and problems in relation to its 300 cab fleet.

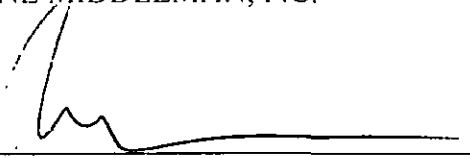
19. All alleged issues raised in the PUC Complaint, to the extent existent at all, were immediately addressed by Respondent.

WHEREFORE, the Respondent, the Yellow Cab Company of Pittsburgh, respectfully requests that this Honorable Court enter judgment in its favor and against the PUC.

Respectfully submitted,

MALONE MIDDLEMAN, P.C.

By: \_\_\_\_\_

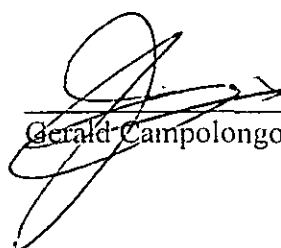
  
Ray F. Middleman, Esquire  
Attorney for Respondent,  
Yellow Cab Company of Pittsburgh

**VERIFICATION**

I, Gerald Campolongo, have read the foregoing document. The statements herein are correct to the best of my personal knowledge, information and belief.

This statement and verification is made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities, which provides that if I make knowingly false averments, I may be subject to criminal penalties.

BY:

  
\_\_\_\_\_  
Gerald Campolongo

Date: 3/4/13

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# REPAIR REQUISITION

CAB NO.	DATE SHOPPED	TIME SHOPPED	SHOPPED BY
252	8-7-12	9:30 AM	PUC
CAB SHOPPED FOR			
NO SURCHARGE POSTED			
MECHANIC NO.			TIME FINISHED
CAB MILEAGE		TIME STARTED	
MECHANIC NO.	CAB MILEAGE	TIME ON JOB	
WORK PERFORMED	REPLACE SURCHARGE DECAL		
PARTS USED			

TO BE FILLED OUT BY GARAGE OR SHOP SUPERVISOR

TO BE FILLED OUT BY MECHANIC

PLEASE WRITE CLEARLY

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## REPAIR REQUISITION

TO BE FILLED OUT BY GARAGE OR SHOP SUPERVISOR.	CAB NO. <b>252</b>	DATE SHOPPED <b>8-7-12</b>	TIME SHOPPED <b>9:30 AM</b>	SHOPPED BY <b>PUC</b>
	CAB SHOPPED FOR <b>NO SURCHARGE POSTED</b>			
				TIME FINISHED
	MECHANIC NO. <b>MIKE</b>	CAB MILEAGE <b>96692</b>		TIME STARTED
WORK PERFORMED <b>REPLACE SURCHARGE DECAL</b>			TIME ON JOB	
PARTS USED				

PLEASE WRITE CLEARLY

TO BE FILLED OUT BY MECHANIC

**DRIVER/VEHICLE COMPLIANCE REPORT**  
**PENNSYLVANIA PUBLIC UTILITY COMMISSION**  
**Bureau of Investigation & Enforcement – Motor Carrier Services & Enforcement Division**  
**P. O. Box 3265, Harrisburg, PA 17105-3265**

**PART A**

<b>BP8#</b> 2301095	<b>01 DATE</b> 08/07/2012	<b>02 START TIME</b> 0930	<b>03 STREET/ROUTE NO.</b> North Point Dr.	<b>04 BORO. CITY, TWP.</b> Pittsburgh	<b>05 COUNTY</b> Allegheny
<b>06 RESPONSIBLE CARRIER NAME</b> Yellow Cab Company of Pittsburgh					<b>07 PUC NUMBER ON VEHICLE</b> <input type="checkbox"/> None Required/US DOT A49926
<b>08 ADDRESS</b> 1825 Liverpool St Pittsburgh Pa. 15233					<b>09 US DOT NUMBER</b> N/A
<b>10 OPERATOR'S NAME &amp; DOB</b> Jemai Imed DOB 05/15/1977				<b>11 OLN/STATE</b> PA 30499017	
<b>12 ADDRESS</b> 405 E Main St. Apt 2 Carnegie Pa 15106					<b>13 CDL OR LIC. CLASS. END.</b> C
<b>14 YR. MAKE/TYPE OF POWER UNIT</b> 2008 Ford (seats 5) Taxi		<b>15 REGISTRATION NO.</b> TX47944	<b>16 STATE</b> PA	<b>17 V.I.N.</b> 2FAHP71V48X145496	<b>18 CO. NO.</b> 252
<b>19. YR. MAKE OF TRAILER/TYPE</b> ST		<b>20 REGISTRATION NO.</b>	<b>21 STATE</b>	<b>22 V.I.N.</b>	<b>23 CO. NO.</b>
<b>24 YR. MAKE OF TRAILER/TYPE</b> ST		<b>25 REGISTRATION NO.</b>	<b>26 STATE</b>	<b>27 V.I.N.</b>	<b>28 CO. NO.</b>
<b>29 NAME MARKINGS ON VEHICLE</b> <input type="checkbox"/> None Displayed Yellow Cab Co (both sides)				<b>30 ODOMETER READING</b>	
<b>31 POWER UNIT LEASED</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>32 LEASE ON BOARD</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<b>33. OBTAINED LEASE</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<b>34 ISSUED RECEIPT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
<b>35 LEASE INFORMATION</b> a. WHO PAYS DRIVER'S WAGES? <u>Self Employed</u> b. WHO PAYS SOCIAL SECURITY? <u>Self</u> c. WHO HAS DIRECT CONTROL OF THE TRANSPORTATION? <u>Carrier</u> d. WHO PAYS OPERATING COST OF VEHICLE? <u>Self</u>					
<b>36 SHIPPING DOCUMENT NO.</b> No trips at time of inspection	<b>37 WHOSE DOCUMENT?</b>		<b>38 DATE</b>		<b>39 CHARACTER OF SHIPMENT</b>
<b>40 SHIPPER'S NAME AND ADDRESS</b>					
<b>41 ORIGIN OF TRIP (CITY, TWP, CO)</b>		<b>42 INTENDED USE</b>			<b>43 WEIGHT</b>
<b>44 CONSIGNEE'S NAME &amp; ADDRESS</b>					
<b>45 DESTINATION OF TRIP (CITY, TWP, CO)</b>		<b>46 COMPENSATION</b>		<b>47 CARRIER CURRENT REGISTERED UCR</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>48 TAXIMETER CHECK</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A		<b>49 METER TYPE</b> Silent 620		<b>50 SERIAL NO.</b> 39456	
<b>51 SEAL NO.</b> N/A		<b>52 SAFETY PERFORMED?</b> <input checked="" type="checkbox"/> PNC <input type="checkbox"/> MCSAP			
<b>53 PART B VIOLATIONS (IF PUC CHECKED IN 52)</b> <input type="checkbox"/> NO VIOLATIONS <input checked="" type="checkbox"/> VIOLATIONS SHOWN ON PART B		<b>54 LEVEL (IF MCSAP CHECK IN 52)</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
<b>55 TIME BEGAN OFFICER PREPARING REPORT</b> <i>[Signature]</i>		<b>56 MCSAP RPT #</b> N/A		<b>57 TIME ENDED</b> 1010	
<b>58 COPY RECEIVED BY</b> <i>[Signature]</i>					



# REPAIR REQUISITION

TO BE FILLED OUT BY GARAGE OR SHOP SUPERVISOR	CAB NO. <b>150</b>	DATE SHOPPED <b>8-7-12</b>	TIME SHOPPED <b>2:22 PM</b>	SHOPPED BY <b>PUC</b>
	CAB SHOPPED FOR <b>NO SURCHARGE POSTED</b>			
				TIME FINISHED
	MECHANIC NO. <b>MIKE</b>	CAB MILEAGE <b>1918</b>	TIME STARTED	
	WORK PERFORMED <b>REPLACE SURCHARGE DECAL</b>			TIME ON JOB
TO BE FILLED OUT BY MECHANIC	PARTS USED			

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PA PUBLIC UTILITY COMMISSION  
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## REPAIR REQUISITION

TO BE FILLED OUT BY GARAGE OR SHOP SUPERVISOR	CAB NO. <i>150</i>	DATE SHOPPED <i>8-7-12</i>	TIME SHOPPED <i>2:22 PM</i>	SHOPPED BY <i>PUC.</i>	
	CAB SHOPPED FOR <i>NO SURCHARGE POSTED</i>				
	MECHANIC NO. <i>MIKE</i>			CAB MILEAGE <i>1918</i>	TIME FINISHED
	WORK PERFORMED <i>REPLACE SURCHARGE DECAL</i>			TIME ON JOB	
TO BE FILLED OUT BY MECHANIC	PARTS USED				

PLEASE WRITE CLEARLY

*h*

**DRIVER/VEHICLE COMPLIANCE REPORT**  
**PENNSYLVANIA PUBLIC UTILITY COMMISSION**  
**Bureau of Investigation & Enforcement – Motor Carrier Services & Enforcement Division**  
**P. O. Box 3265, Harrisburg, PA 17105-3265**

**PART A**

<b>BP8#</b> 2301095	<b>01 DATE</b> 08/07/2012	<b>02 START TIME</b> 1422	<b>03 STREET/ROUTE NO.</b> North Point Dr.	<b>04 BORO, CITY, TWP.</b> Pittsburgh	<b>05 COUNTY</b> Allegheny	
<b>06 RESPONSIBLE CARRIER NAME</b> Yellow Cab Company of Pittsburgh					<b>07 PUC NUMBER ON VEHICLE</b> <input type="checkbox"/> None Required/US DOT A49926	
<b>08 ADDRESS</b> 1825 Liverpool St Pittsburgh Pa. 15233					<b>09 US DOT NUMBER</b> N/A	
<b>10 OPERATOR'S NAME &amp; DOB</b> Adil Zayyoun DOB 10/26/1983				<b>11 OLN/STATE</b> PA 28859207		
<b>12 ADDRESS</b> 5838 Alderson St Pittsburgh Pa. 15217					<b>13 CDL OR LIC, CLASS, END.</b> A	
<b>14 YR, MAKE/TYPE OF POWER UNIT</b> 2007 Chevrolet (seats 5) Taxi		<b>15 REGISTRATION NO.</b> TX45704	<b>16 STATE</b> PA	<b>17 V.I.N.</b> 2G1WT58K079301493	<b>18 CO. NO.</b> 150	
<b>19. YR, MAKE OF TRAILER/TYPE</b> ST		<b>20 REGISTRATION NO.</b>	<b>21 STATE</b>	<b>22 V.I.N.</b>	<b>23 CO. NO.</b>	
<b>24 YR, MAKE OF TRAILER/TYPE</b> ST		<b>25 REGISTRATION NO.</b>	<b>26 STATE</b>	<b>27 V.I.N.</b>	<b>28 CO. NO.</b>	
<b>29 NAME MARKINGS ON VEHICLE</b> <input type="checkbox"/> None Displayed Yellow Cab Co (both sides)				<b>30 ODOMETER READING</b> 117591		
<b>31 POWER UNIT LEASED</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<b>32 LEASE ON BOARD</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<b>33. OBTAINED LEASE</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<b>34 ISSUED RECEIPT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A						
<b>35 LEASE INFORMATION</b> a. WHO PAYS DRIVER'S WAGES? <u>Self Employed</u> b. WHO PAYS SOCIAL SECURITY? <u>Self</u> c. WHO HAS DIRECT CONTROL OF THE TRANSPORTATION? <u>Carrier</u> d. WHO PAYS OPERATING COST OF VEHICLE? <u>Self</u>						
<b>36 SHIPPING DOCUMENT NO.</b>		<b>37 WHOSE DOCUMENT?</b>		<b>38 DATE</b> 08/07/2012		
<b>39 CHARACTER OF SHIPMENT</b> 1 Passenger						
<b>40 SHIPPER'S NAME AND ADDRESS</b> Westin Hotel Pittsburgh Allegheny County						
<b>41 ORIGIN OF TRIP (CITY, TWP, CO)</b> same as #40		<b>42 INTENDED USE</b> Transportation			<b>43 WEIGHT</b> Unknown	
<b>44 CONSIGNEE'S NAME &amp; ADDRESS</b> Hilton Gardens Oakland Pittsburgh Allegheny County						
<b>45 DESTINATION OF TRIP (CITY, TWP, CO)</b> same as #44		<b>46 COMPENSATION</b> 8.84		<b>47 CARRIER CURRENT REGISTERED UCR</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>48 TAXIMETER CHECK</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A		<b>49 METER TYPE</b> silent 620		<b>50 SERIAL NO.</b> 44624		
<b>51 SEAL NO.</b> N/a						
<b>52 SAFETY PERFORMED?</b> <input checked="" type="checkbox"/> PUC <input type="checkbox"/> MCSAP		<b>53 PART B VIOLATIONS (IF PUC CHECKED IN 52)</b> <input checked="" type="checkbox"/> NO VIOLATIONS <input type="checkbox"/> VIOLATIONS SHOWN ON PART B			<b>54 LEVEL (IF MCSAP CHECK IN 52)</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>55 NAME AND BADGE NO. OF OFFICER PREPARING REPORT</b> JAMES P. MURRAY BAL 10		<b>56 MCSAP RPT #</b> N/A		<b>57 TIME ENDED</b> 1447		
<b>58 COPY RECEIVED BY</b> AED W						



Done

# REPAIR REQUISITION

TO BE FILLED OUT BY GARAGE OR SHOP SUPERVISOR	CAB NO. <b>508</b>	DATE SHOPPED <b>8-7-12</b>	TIME SHOPPED <b>11:15AM</b>	SHOPPED BY <b>PUC</b>
	CAB SHOPPED FOR <b>PUC: METER</b>			
	<b>PLATE LAMP</b>			
				TIME FINISHED
TO BE FILLED OUT BY MECHANIC	MECHANIC NO. <b>29</b>	CAB MILEAGE <b>157898</b>	TIME STARTED	
	WORK PERFORMED		TIME ON JOB	
	<b>Road Test, Recalibrat Meter</b>			
	<b>At PUC Marks, 3900 - 4000 Change of 1000 Reus REPLACE PLATE BULB</b>			
PARTS USED				

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**DRIVER/VEHICLE COMPLIANCE REPORT**  
**PENNSYLVANIA PUBLIC UTILITY COMMISSION**  
 Bureau of Investigation & Enforcement – Motor Carrier Services & Enforcement Division  
 P. O. Box 3265, Harrisburg, PA 17105-3265

*Re-inspection*

**PART A**

BP#	01 DATE 08/07/12	02 START TIME 1310 HRS	03 STREET/ROUTE NO. NORTH POINT DR	04 BORO, CITY, TWP. CITY OF PGH	05 COUNTY ALLEGHENY
06 RESPONSIBLE CARRIER NAME THE YELLOW CAB CO OF PGH					07 PUC NUMBER ON VEHICLE <input type="checkbox"/> None Required/US DOT 49926
08 ADDRESS 1825 LIVERPOOL ST. PITTSBURGH, PA 15233					09 US DOT NUMBER N/A
10 OPERATOR'S NAME & DOB ALEXEY VINES 08/18/77				11 OLN/STATE 24499719 PA	
12 ADDRESS 1916 HANOVER ST. PITTSBURGH, PA 15218					13 CDL OR LIC, CLASS, END. C
14 YR, MAKE/TYPE OF POWER UNIT 2007 CHEVROLET Taxi		15 REGISTRATION NO. TX47530	16 STATE PA	17 V.I.N. 2G1WT58K479283239	18 CO. NO. 508
19. YR, MAKE OF TRAILER/TYPE ST		20 REGISTRATION NO.	21 STATE	22 V.I.N.	23 CO. NO.
24 YR, MAKE OF TRAILER/TYPE ST		25 REGISTRATION NO.	26 STATE	27 V.I.N.	28 CO. NO.
29 NAME MARKINGS ON VEHICLE <input type="checkbox"/> None Displayed				30 ODOMETER READING	
31 POWER UNIT LEASED <input type="checkbox"/> YES <input type="checkbox"/> NO	32 LEASE ON BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		33. OBTAINED LEASE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		34 ISSUED RECEIPT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
35 LEASE INFORMATION a. WHO PAYS DRIVER'S WAGES? <u>SELF</u> b. WHO PAYS SOCIAL SECURITY? <u>SELF</u> c. WHO HAS DIRECT CONTROL OF THE TRANSPORTATION? <u>YELLOW CAB</u> d. WHO PAYS OPERATING COST OF VEHICLE? <u>YELLOW CAB</u>					
36 SHIPPING DOCUMENT NO.	37 WHOSE DOCUMENT?	38 DATE		39 CHARACTER OF SHIPMENT PASSENGERS	
40 SHIPPER'S NAME AND ADDRESS					
41 ORIGIN OF TRIP (CITY, TWP, CO)		42 INTENDED USE PUBLIC TRANSPORTATION		43 WEIGHT	
44 CONSIGNEE'S NAME & ADDRESS					
45 DESTINATION OF TRIP (CITY, TWP, CO)		46 COMPENSATION		47 CARRIER CURRENT REGISTERED UCR <input type="checkbox"/> YES <input type="checkbox"/> NO	
48 TAXIMETER CHECK <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A		49 METER TYPE CENTRODYNE 620		50 SERIAL NO. 42075	
51 SEAL NO.		52 SAFETY PERFORMED? <input checked="" type="checkbox"/> PUC <input type="checkbox"/> MCSAP		53 PART B VIOLATIONS (IF PUC CHECKED IN 52) <input checked="" type="checkbox"/> NO VIOLATIONS <input type="checkbox"/> VIOLATIONS SHOWN ON PART B	
54 LEVEL (IF MCSAP CHECK IN 52) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		55 NAME AND BADGE NO. OF OFFICER PREPARING REPORT ROY J. BARLETT #2		56 MCSAP RPT # #2	
57 TIME ENDED 1335 HRS		58 COPY RECEIVED BY <i>A. Vines</i>			

# REPAIR REQUISITION

1540157

CAB NO. <b>202</b>	DATE SHOPPED <b>8-8-12</b>	TIME SHOPPED <b>12:15 PM</b>	SHOPPED BY
CAB SHOPPED FOR <b>PUC BATTERY HOLD DOWN</b>			
			TIME FINISHED
MECHANIC NO. <b>97</b>	CAB MILEAGE <b>280216</b>	?	TIME STARTED
WORK PERFORMED <b>Replaced hold down</b>			TIME ON JOB
PARTS USED <b>Hold down 6C22-10756-A</b>			

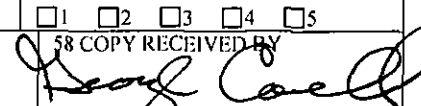
TO BE FILLED OUT BY GARAGE OR SHOP SUPERVISOR

TO BE FILLED OUT BY MECHANIC

PLEASE WRITE CLEARLY

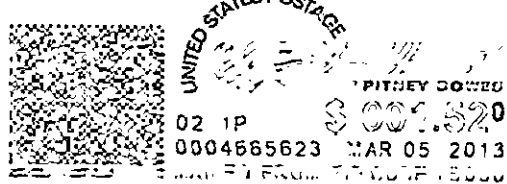
**DRIVER/VEHICLE COMPLIANCE REPORT**  
**PENNSYLVANIA PUBLIC UTILITY COMMISSION**  
**Bureau of Investigation & Enforcement – Motor Carrier Services & Enforcement Division**  
**P. O. Box 3265, Harrisburg, PA 17105-3265**

**PART A**

<b>BP8#</b>	01 DATE	02 START TIME	03 STREET/ROUTE NO.	04 BORO, CITY, TWP.	05 COUNTY
2301095	08/08/12	11:30 AM	North Point Drive	Pittsburgh	Allegheny
06 RESPONSIBLE CARRIER NAME					07 PUC NUMBER ON VEHICLE
Yellow Cab Co of Pittsburgh 412-321-8100					<input type="checkbox"/> None Required/US DOT A-49926
08 ADDRESS					09 US DOT NUMBER
1825 Liverpool St Pittsburgh PA 15233					
10 OPERATOR'S NAME & DOB				11 OLN/STATE	
George Francis Coull 12/03/1960				19 139 913 PA	
12 ADDRESS				13 CDL OR LIC, CLASS, END.	
220 Augusta St Pittsburgh PA 15211				Class C	
14 YR, MAKE/TYPE OF POWER UNIT		15 REGISTRATION NO.	16 STATE	17 V.I.N.	18 CO. NO.
2007 Ford Taxi		TX45217	PA	2FAHP71W97X160440	202
19. YR, MAKE OF TRAILER/TYPE		20 REGISTRATION NO.	21 STATE	22 V.I.N.	23 CO. NO.
ST					
24 YR, MAKE OF TRAILER/TYPE		25 REGISTRATION NO.	26 STATE	27 V.I.N.	28 CO. NO.
ST					
29 NAME MARKINGS ON VEHICLE				30 ODOMETER READING	
<input type="checkbox"/> None Displayed Yellow Cab of Pittsburgh 321-8100 PGH PUC A-49926 (both sides)				280210	
31 POWER UNIT LEASED		32 LEASE ON BOARD		33. OBTAINED LEASE	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
34 ISSUED RECEIPT					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A					
35 LEASE INFORMATION					
a. WHO PAYS DRIVER'S WAGES? <u>Self-Employed</u>					
b. WHO PAYS SOCIAL SECURITY? <u>Self-Employed</u>					
c. WHO HAS DIRECT CONTROL OF THE TRANSPORTATION? <u>Yellow Cab</u>					
d. WHO PAYS OPERATING COST OF VEHICLE? <u>Yellow Cab</u>					
36 SHIPPING DOCUMENT NO.		37 WHOSE DOCUMENT?		38 DATE	
Annual inspection		Carrier		08/08/12	
39 CHARACTER OF SHIPMENT					
Passengers					
40 SHIPPER'S NAME AND ADDRESS					
No trips as vehicle is not currently leased to a driver at time of inspection (ie, a yard taxi)					
41 ORIGIN OF TRIP (CITY, TWP, CO)		42 INTENDED USE			43 WEIGHT
		Seats 5			UNK
44 CONSIGNEE'S NAME & ADDRESS					
45 DESTINATION OF TRIP (CITY, TWP, CO)		46 COMPENSATION		47 CARRIER CURRENT REGISTERED UCR	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
48 TAXIMETER CHECK		49 METER TYPE		50 SERIAL NO.	
<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A		Silent 620		12627	
51 SEAL NO.		52 SAFETY PERFORMED?			
Yes		<input checked="" type="checkbox"/> PUC <input type="checkbox"/> MCSAP			
		53 PART B VIOLATIONS (IF PUC CHECKED IN 52)			54 LEVEL (IF MCSAP CHECK IN 52)
		<input type="checkbox"/> NO VIOLATIONS <input checked="" type="checkbox"/> VIOLATIONS SHOWN ON PART B			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
55 NAME AND BADGE NO. OF OFFICER PREPARING REPORT		56 MCSAP RPT #		57 TIME ENDED	
CHRISTOPHER O. UREY BADGE #13				12:10	
58 COPY RECEIVED BY					
					







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Rosemary Chiavetta, Secretary  
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