Puc-222 (Rev 02/09) REPORT NO:005011 0165

**DRIVER/VEHICLE COMPLIANCE REPORT**

**PENNSYLVANIA PUBLIC UTILITY COMMISSION**

**Bureau of Investigation and Enforcement – Motor Carrier Services & Enforcement Division**

**P. O. Box 3265, Harrisburg, PA 17105-3265**

**PART A**

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| 01 DATE  10/24/2012 | 02 TIME STARTED  1:20pm | | | | | 03 STREET/ROUTE NO.  Lafayette St | | | 04 BORO, CITY, TWP.  Norristown | | | | | | | | 05 COUNTY  Montgomery | | |
| 06 RESPONSIBLE CARRIER NAME  Germantown Cab Co TA Germantown Taxi 610-666-5555 | | | | | | | | | | | | | | | | | 07 PUC NUMBER ON VEHICLE  110733  None Required | | |
| 08 ADDRESS  800 Chestnut St, Phila. Pa 19107 | | | | | | | | | | | | | | | | | 09 US DOT NUMBER | | |
| 10 OPERATOR’S NAME & DOB  Stephen Deshields 04/04/1974 | | | | | | | | | | | | | 11 OLN/STATE  24914443 PA | | | | | | |
| 12 ADDRESS  2137 W Venango St, Phila, PA 19140 | | | | | | | | | | | | | | | | | 13 CDL OR LIC, CLASS, END.  A | | |
| 14 YR, MAKE/TYPE OF POWER UNIT  2004 Ford | | | | | | 15 REGISTRATION NO.  tx47059 | | | 16 STATE | | | | | 17 V.I.N.  2fahp71w04x166655 | | | | | 18 CO. NO.  G-108 |
| 19. YR, MAKE OF TRAILER/TYPE | | | | | | 20 REGISTRATION NO. | | | 21 STATE | | | | | 22 V.I.N. | | | | | 23 CO. NO. |
| 24 YR, MAKE OF TRAILER/TYPE | | | | | | 25 REGISTRATION NO. | | | 26 STATE | | | | | 27 V.I.N. | | | | | 28 CO. NO. |
| 29 NAME MARKINGS ON VEHICLE    Germantown Cab Co.  None Displayed | | | | | | | | | | | 30 ODOMETER READING  142197 | | | | | | | | |
| 31 POWER UNIT LEASED  YES NO | | | 32 LEASE ON BOARD  YES NO N/A | | | | | 33. OBTAINED LEASE  YES NO N/A | | | | | | | | | 34 ISSUED RECEIPT  YES NO N/A | | |
| 35 LEASE INFORMATION  a. WHO PAYS DRIVER’S WAGES? Driver  b. WHO PAYS SOCIAL SECURITY? Driver  c. WHO HAS DIRECT CONTROL OF THE TRANSPORTATION? Driver  d. WHO PAYS OPERATING COST OF VEHICLE? Carrier | | | | | | | | | | | | | | | | | | | |
| 36 SHIPPING DOCUMENT NO. | | 37 WHOSE DOCUMENT? | | | | | | 38 DATE  10/24/2012 | | | | | | | | 39 CHARACTER OF SHIPMENT  Passenger | | | |
| 40 SHIPPER’S NAME AND ADDRESS | | | | | | | | | | | | | | | | | | | |
| 41 ORIGIN OF TRIP (CITY, TWP, CO)  Norristown | | | | | 42 INTENDED USE  Taxi | | | | | | | | | | | 43 WEIGHT | | | |
| 44 CONSIGNEE’S NAME & ADDRESS | | | | | | | | | | | | | | | | | | | |
| 45 DESTINATION OF TRIP (CITY, TWP, CO)  Norristown | | | | | 46 COMPENSATION  $4.00 | | | | | | | 47 CARRIER CURRENT REGISTERED UCR  YES  NO | | | | | | | |
| 48 TAXIMETER CHECK  PASS FAIL  N/A | | | 49 METER TYPE | | | | | 50 SERIAL NO.  142197 | | | | | | | | | | 51 SEAL NO.  Lead | |
| 52 SAFETY PERFORMED?  PUC MCSAP | | | | 53 PART B VIOLATIONS (IF PUC CHECKED IN 52)  NO VIOLATIONS VIOLATIONS SHOWN ON PART B | | | | | | | | | | | 54 LEVEL (IF MCSAP CHECK IN 52)  1 2 3 4 5 | | | | |
| 55 NAME AND BADGE NO. OF OFFICER PREPARING REPORT  **Officer Anthony J. Bianco** | | | | | | | 56 MCSAP RPT # | | | 57 TIME ENDED  1:47pm | | | | | | 58 COPY RECEIVED BY | | | |

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**PENNSYLVANIA PUBLIC UTILITY COMMISSION**

**DRIVER/VEHICLE COMPLIANCE REPORT**

**PART B**

|  |  |  |
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| **VIOLATIONS DISCOVERED** | | |
| **CODE** | **O/S** | **SUMMARY OF VIOLATION** |
|  |  | **Ref: 175.72(b)-fuel filler cap missing.** |
|  |  | **Ref:175.66(a)-every required lamp shall be in operating condition- Reverse lamps inoperable.** |
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Out-of-Service Passenger - Pursuant to 52 Pa. Code, Chapters 29 & 37, I hereby declare the vehicle(s) with defects followed by an “X” in the “Out-of-Service” column of this Driver/Vehicle Compliance Report to be out-of-service. No person shall remove the attached out-of-service sticker(s) or transport passengers in vehicle(s) until the required repairs have been satisfactorily completed.

Out-of-Service Vehicle – Pursuant to 52 Pa. Code, Chapters 29 & 37, I hereby declare the vehicle(s) with defects followed by an “X” in the “Out-of-Service” column of this Driver/Vehicle Compliance Report to be out-of-service. No person shall remove the attached out-of-service sticker(s) or operate said vehicle(s) until the required repairs have been satisfactorily completed.

Out-of-Service Driver – Pursuant to 52 Pa. Code, Chapters 29 & 37, I hereby declare the driver named in this Driver/Vehicle Compliance Report to be out-of-service. He/She shall not operate, nor shall any motor carrier permit or cause said driver to drive or operate any motor vehicle(s) until      .

Anthony J. Bianco #50

REPORT PREPARED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COPY RECEIVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I HEREBY CERTIFY THAT THE VEHICLE DEFECTS LISTED ON THIS DRIVER/VEHICLE COMPLIANCE REPORT AS “OUT-OF-SERVICE” HAVE BEEN SATISFACTORILY REPAIRED.

SIGNATURE OF REPAIRMAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF GARAGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I HEREBY CERTIFY THAT ALL MOTOR CARRIER SAFETY VIOLATIONS NOTED ON THIS DRIVER/VEHICLE COMPLIANCE REPORT HAVE BEEN CORRECTED.

SIGNATURE OF CARRIER OFFICIAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTION TO MOTOR CARRIERS**

1. IF NO VIOLATIONS ARE SHOWN ON THIS REPORT, NO FURTHER ACTION IS NECESSARY.

2. ALL VIOLATIONS MUST BE CORRECTED BEFORE THE VEHICLE’S NEXT TRIP.

3. SIGN THE APPROPRIATE CERTIFICATION(S) PRINTED ON THE REVERSE SIDE. FOR ANY OUT-OF-SERVICE VIOLATION, BOTH THE REPAIRMAN AND MOTOR CARRIER CERTIFICATION MUST BE COMPLETED.

4. IF THERE ARE ANY VIOLATIONS ON THIS REPORT, MAIL PART A AND B WITHIN 15 DAYS TO:

**PA. PUBLIC UTILITY COMMISSION**

**PHILADELPHIA DISTRICT OFFICE**

**801 Market St, 4th FLOOR**

**Philadelphia PA 19107**

A COPY OF THIS REPORT MUST BE RETAINED FOR 1 YEAR.

5. IF THE NECESSARY REPAIRS CANNOT BE COMPLETED WITHIN 15 DAYS, SUBMIT WRITTEN NOTIFICATION TO THE ABOVE ADDRESS. RETAIN THIS FORM UNTIL THE REPAIRS HAVE BEEN COMPLETED AND THEN RETURN IT TO THE ABOVE ADDRESS WITH THE NECESSARY CERTIFICATIONS COMPLETED.