

Herbert L. Joseph II
432 Parkwood Road
Pittsburgh, PA 15210
412 381-7321
hjoseph@kwcommercial.com

September 24, 2019

Secretary, PA Public Utility Commission
400 North Street
Harrisburg, PA 17120

RE: Petition for Reconsideration from Staff Action

C-2019-3011258 - A-00114384
F3

PETITION FOR RECONSIDERATION FROM STAFF ACTION/CANCELLATION

PA PUC
SECRETARY'S BUREAU

2019 SEP 26 AM 9:53

RECEIVED

I have not had electric service at my residence since November 9, 2019. My gas service was restored last week after being off since July 18, 2018. I was fortunate to survive the winter. All the while, I was battling the Allegheny County Airport Authority in Federal Court at case # CV-18-752 for denying me the natural rights of other Permit Holders to drop off clients or pick up at the Airport. The County Police were instructed to stop me on sight.

I was deliberately run off the road on Grant Street at Third Avenue the last Saturday in May this year at 12:40pm. A police report was filed but no report of any findings has been offered to date. On July 9, 2018 at 3:40am, a Professional Football Player (Brandon Pettigrew) walked out on the \$97.00 fare from The Flats on East Carson Street Bar to the Bigelow Square Doubletree. I blocked him from escaping into the elevator by snagging the door only to have him rush me like an opponent. I used the lobby furniture as a shield and escaped into the darkness. I later forgave him in court and received my \$97.00.

Forgiveness was also proffered to a Mr. Dumas who gave me a massive concussion outside Soho Bar on General Robinson Street. The rear of my head stuck the street asphalt as his tackle took me to the ground. Among other items to be included with this petition are my original visit reports with Dr. Collins at the UPMC concussion clinic. We had five visits extending from December of 2010 through January of 2011. I did not realize that I was supposed to follow up should any issues arise. I went back for a visit several weeks ago and after reviewing the results of the tests I'd just taken stated that had I come back sooner my life would be better now. I have weekly therapy sessions at the Vestibular Center on Water Street next to the Steelers Practice Facility.

I was leaning into the trunk of my Cadillac on February 1, 2019 when a Tractor Trailer struck the driver's side door and the car a total loss. God as my witness, I have not driven any motorized vehicle since then. I paid my insurance until all my money ran out in June this year. This was done because I did not wish to lose my Federal and PA PUC Operating Authority. I simply needed time to care for my mental and physical health. Currently, I have two group therapy and one private session weekly for mental and spiritual needs, alongside various physical therapy sessions when needed.

Kindly reverse the action cancelling my authority. During the past year I have been negligent in tending to my mail. I failed to even open the certified letters picked up because I labored under the mistaken impression that it was simply another letter either threatening to sue for non-payment - Or

the notice of another lawsuit for the same. I am fighting hard to reach a point when I can resume service. The Doctors, Therapists and activities which I now attend to have helped me greatly. I must continue on this path for now. Please Reconsider. Moreover, I was granted SSI on my first application without the aid of an attorney. The Social Security Administration rarely does this. They understand that I am ill and need some time away from work to get well.

With Utmost Sincerity,



Herbert L. Joseph II

J.N. Limousine

RECEIVED

2019 SEP 26 AM 9:54

PA PUC
SECRETARY'S BUREAU

Joseph, Herbert L

MRI

Collins, Michael W, PhD, PhD

Progress Notes

Encounter Date: 12/2/2010

Psychologist

Orthopaedics

JOSEPH, HERBERT L

DOB: 04/23/1959

DOV: 12/02/2010

OFFICE NOTE

PROCEDURES: This initial evaluation consisted of 2 hours of patient care, including medical record review, clinical interview, neuropsychological testing/interpretation, report composition/review, and face-to-face patient feedback and recommendations.

SUBJECTIVE: Herbert Joseph is a 51-year-old African American male who reportedly sustained a cerebral concussion when he was assaulted on November 15, 2010. More specifically, Mr. Joseph reports that he was working as a limousine chauffeur when he was assaulted by potential customer. He states that the man attempted to punch him through the window, which prompted Mr. Joseph to get out of his car. Once out of his car, the man slammed Mr. Joseph to the ground, which resulted in him striking the posterior aspect of his head to the pavement. He reports loss of vision for several seconds, but states that he was conscious and could hear the environment around him. He states that the man continued to kick and punch him, but he was able to cover his head and attempt to avoid any further head trauma. Mr. Joseph was able to chase the man away using a stick that was in his car and then called police. Mr. Joseph continued to work for the remainder of the evening, but followed up at the hospital the next day. He states that he was fatigued and having significant difficulty staying awake. He also experienced a constant headache with nausea and foggiess. CT scan was conducted at the hospital with unremarkable results. Mr. Joseph states that he has taken time off work for the past 2 weeks and has been hypersomnic and fatigued often. Headaches continued until yesterday, when Mr. Joseph states that he was headache free for the first time since the assault. He attempted to exercise, given that he was headache free, and reports no exacerbation or return of symptoms. Overall, Mr. Joseph feels that he is currently improving, from a symptom standpoint.

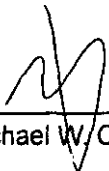
BIOPSYCHOSOCIAL HISTORY: Mr. Joseph's medical history is unremarkable for prior concussion or migraine headache. He does state that he has been assaulted in the past, but did not sustain a head trauma to the extent of the current incident.

Mr. Joseph completed 4 years of college at the University of Pittsburgh, as well as 1 year of law school. He started a limo business in 1996 and has been working this job since. Mr. Joseph states that he was an above-average student in school, and denies history of learning disability or attention problems.

TEST RESULTS: Mr. Joseph was evaluated today via ImPACT, a neurocognitive test specifically designed to measure concussion. Results of today's ImPACT test indicate verbal memory scores at the 7th percentile with visual memory scores at the 9th percentile. Visual motor speed composite score is at the 15th percentile, with reaction time composite score at the 18th percentile. Symptom score during today's evaluation was a 27.

IMPRESSIONS: Based on today's evaluation, I do feel that Mr. Joseph sustained a cerebral concussion when he was assaulted on November 15th. At this point in time, Mr. Joseph appears to be making a positive recovery, although neurocognitive data remains well below expected levels. Given his progress with symptoms, I have recommended Mr. Joseph continue to obtain as much physical and cognitive rest

as possible. He should avoid activities that present a risk for head injury or exacerbate symptoms. I suggested that Mr. Joseph return to clinic in 4 to 6 weeks in order to re-evaluate. Mr. Joseph may engage in progressively more physical exertion once symptoms have completely resolved. Thank you for involving UPMC Sports Medicine Concussion Program in the care of this patient. Should there be any further questions, please contact me at 412-432-3681.



Michael W. Collins, PhD

Nathan E. Kegel, PhD
Neuropsychology Fellow

D: 12/03/2010 09:52 AM (EST)
DJN: 1201
SJN: 40687055
179675

T: 12/03/2010 12:05 PM (EST)

Transcription
on 12/2/2010

RECEIVED
2019 SEP 26 AM 9:54
PA PUC
SECRETARY'S BUREAU

Joseph, Herbert LMRN:

Collins, Michael W, PhD, PhD

Progress Notes

Encounter Date: 1/25/2011

Psychologist

Orthopaedics

JOSEPH II, HERBERT L

DOB: 04/23/1959

DOV: 01/25/2011

OFFICE NOTE

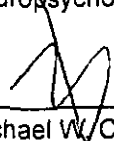
PROCEDURES: This followup evaluation consisted of 1 hour of patient care, including medical record review, clinical interview, neuropsychological testing/interpretation, report composition/review, review, and face-to-face patient feedback and recommendations.

SUBJECTIVE: Herbert Joseph is a 51-year-old, African American male who returns to the clinic. He was last seen in early December 2010 for evaluation from an assault in mid November. At the time of the last evaluation, Mr. Joseph reports that symptoms were improving. He returned to working, which involves driving a limousine. Unfortunately, on in December 22, 2010, Mr. Joseph was involved in a head-on collision while driving his limo. There was no loss of consciousness or amnesia for this event. Airbags reportedly deployed. Mr. Joseph reports that this accident did not result in a significant exacerbation of symptoms, but he has noticed continued cognitive difficulty. He states he sustains occasional mild headaches throughout the day that wax and wane. He also reports continued dizziness, especially when moving his head quickly. He continues to be prescribed Lamictal as a mood stabilizer. This prescription predates the initial head injury.

TEST RESULTS: Mr. Joseph was evaluated again today via impact, a neurocognitive test specifically designed to measure concussion. Results of today's impact test indicate verbal memory composite score in the low-average range with visual memory composite score in the borderline range. Visual motor speed composite score was in the borderline range with reaction time composite score in the low average range. Overall, there was a notable decline in processing speed and reaction time compared to previous evaluation. Symptom score during today's evaluation was a 58. In addition, there were no apparent abnormalities during ocular motor screening, although Mr. Joseph reports experiencing brief dizziness with vertical saccades.

IMPRESSION: Based on today's evaluation, I feel that the motor vehicle accident Mr. Joseph was involved in December has resulted in a decrease in neurocognitive functioning, particularly with regard to processing speed and reaction time. This is apparent when examining the ImPACT data during today's evaluation. As a result, I have referred Mr. Joseph to Physical Medicine and Rehabilitation for possible prescription of a neuro stimulant such as amantadine. I will defer to Dr. Camiolo-Reddy regarding specific medication decisions. In the meantime, I recommended that Mr. Joseph obtain as much physical and cognitive rest as possible. I recommended that he limit driving as much as possible at the present time. Mr. Joseph return to clinic in 2 or 3 weeks following completion of the recommended evaluation by Physical medicine and Rehabilitation. Thank you for involving UPMC Sports Medicine concussion program in the care of this patient. Should there be any further questions, please contact me at 412-432-3681.

Nathan E. Kegel, PhD
Neuropsychology Fellow



Michael W. Collins, PhD
Assistant Director
UPMC Sports Medicine Concussion Program

D: 01/25/2011 09:44 AM (EST)
DJN: 2700912
SJN: 42177818
572812

T: 01/25/2011 02:16 PM (EST)

Transcription
on 1/25/2011

RECEIVED
2019 SEP 26 AM 9:54
PA PUC
SECRETARY'S BUREAU

Joseph, Herbert L

MRN: _____

Collins, Michael W, PhD, PhD

Progress Notes

Encounter Date: 5/11/2011

Psychologist

Orthopaedics

JOSEPH II, HERBERT L

DOB: 04/23/1959

DOV: 05/11/2011

OFFICE NOTE

PROCEDURES: This followup evaluation consisted of 1 hour of patient care including medical record review, clinical interview, report composition/review, interpretation of neurocognitive testing, and face-to-face patient feedback and recommendations.


SUBJECTIVE: Herbert returns to clinic and is doing significantly better. He reports he continues to get a headache; however, although it is worse in the a.m., he gets rid of it within 1 hour. He reports this is significantly helped with coffee. He does report some mild dizziness and lightheadedness when he stands quickly; however, this is much improved. He denies any problems with nausea. Sleep is back to normal. No photosensitivity or phonophobia noted. There is still some fogginess noted and some mild slowing in his cognition. Current medications include Lamictal, amantadine, and Topamax. He is seeing Dr. Shen. He has been driving, and he feels like he is much more comfortable doing this. Herbert does feel like he is significantly improving.

TEST RESULTS: Herbert was again evaluated via IMPACT. Today's IMPACT scores are as follows: Verbal memory composite 10th percentile, visual memory composite 9th percentile, visual motor speed composite 29th percentile, and reaction time composite 3rd percentile. Total symptom score is a 55. On vestibular screening, he had some provocation of dizziness with saccadic eye movements.

IMPRESSION/PLAN: Based upon today's evaluation, I do feel that Herbert continues to recover from a cerebral concussion. He is reporting a decrease in the frequency and severity of his symptoms. At this point in time, he needs to continue to see Dr. Shen for medication management. Herbert is apparently a heavy coffee drinker and has abstained from this for a number of weeks. However, he does feel that this is aiding his headaches. It could be that he has experienced caffeine withdrawal. I have encouraged him to return to his normal habits as far as coffee drinking. We would like to see him back in clinic in approximately 1 month's time to track and delineate his progress and make any further recommendations at that time.

Thank you for involving the UPMC Concussion Clinic in the care of this patient. Dr. Collins was involved throughout this patient's care. If there are any questions or concerns, please contact me at 412-432-3681.

Dictated by Jonathan French, PsyD, for Michael Collins, PhD.



Michael W. Collins, PhD

Joseph, Herbert L.MRN:

Collins, Michael W, PhD, PhD

Progress Notes

Encounter Date: 10/11/2011

Psychologist

Orthopaedics

JOSEPH, HERBERT L

DOB: 04/23/1959

DOV: 10/11/2011

OFFICE NOTE

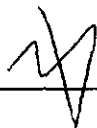
PROCEDURES: This followup evaluation consisted of 1 hour of patient care, including medical record, review, clinical interview, administration and interpretation of neurocognitive testing, report composition/review, and face-to-face patient feedback and recommendations.

SUBJECTIVE: Herbert returns to the clinic and is reportedly doing rather well. He reports that since his last visit to this clinic he is reporting a decrease in the overall frequency and severity of his symptoms. He is currently on Topamax as well as Lamictal. He has followed up with Dr. () for these medications and goes back to see him on November 1st. He feels like these medications are working right now. He is getting a headache 2/7 days a week, and they are minimal in severity. He does report dizziness when stands up quickly. He has no problems sleeping. He is reporting some minor cognitive difficulties including attention, concentration, and remembering. He does report some sensitivity to light; however, he feels like this is due to Lasix surgery. He is working without any difficulties, and he is exercising without problems. No current therapies right now; however, he is going to do physical therapy for recent surgery on his left wrist.

TEST RESULTS: Herbert was again evaluated via ImPACT. Today's ImPACT scores are all in the average to borderline range. Verbal memory composite 76th percentile, visual memory composite 2nd percentile, visual motor speed composite 37th percentile, and reaction time composite 29th percentile. Total symptom score was a 14. Convergence and accommodation were both below 10 cm. Gaze stability and saccadic eye movements were only mildly provocative for dizziness.

IMPRESSIONS/PLAN: Based upon today's evaluation, I do feel that Herbert continues to make a rather positive recovery from cerebral concussion. He still reports minor symptoms including headache and dizziness; however, these are much improved. I do feel like the medication has been helpful for him. At this point, we are going to continue all therapies as prescribed. We will consider vestibular therapy if his subjective dizziness does not totally remit. I will follow up with him in 2 months to track and delineate his progress and make any further recommendations at that time. Thank you for involving UPMC Concussion Clinic in the care of this patient. Dr. Collins was involved throughout this patient's care. If there are any questions or concerns, please contact me at 412-432-3681.

Jonathan French, PsyD
Neuropsychology Fellow



Michael W. Collins, PhD
Director
UPMC Sports Medicine

D: 10/11/2011 11:48 AM (EST)
DJN: 3538455
SJN: 50112483
745467

T: 10/12/2011 01:10 PM (EST)

Transcription
on 10/11/2011

Joseph, Herbert L

MRN:

Collins, Michael W, PhD, PhD

Progress Notes

Encounter Date: 12/13/2011

Psychologist

Orthopaedics

JOSEPH, HERBERT L

DOB: 04/23/1959

DOV: 12/13/2011

TELEPHONE NOTE

PRESENTING PROBLEM: Herbert present for a followup evaluation with 1 unit of patient care, including medical record review, clinical interview, administration and interpretation of neurocognitive testing, report composition/review, face-to-face feedback and recommendations.

SUBJECTIVE: Herbert returns to clinic and is reportedly doing rather well. He reports a decrease in headaches and he is no longer having any. He denies any current dizziness. His sleep is intact. He is reporting some minor sensitivity to light and noise, but feels that this is much improved. Cognitively, he feels like he is doing rather well, and that he is close if not back to normal. Current medications are prescribed by Dr. Bazaz and he is on Cypress for mood stability. He sees Dr. Chen one more time, however, has come off the Topamax and Lamictal. He continues to work as a taxi driver and is doing rather well. He reports he is essentially back to normal with only some minor difficulties. He is working out without provocation of symptoms.

TEST RESULTS: Herbert was again evaluated via ImpACT. Today's ImpACT scores are all in the average to high average range. Verbal memory composite 82nd percentile, visual memory composite and visual motor speed composite are within the 33rd percentile, and reaction time composite 47th percentile. Total symptom score is 8. Vestibular screening was entirely normal.

IMPRESSIONS: Based upon today's evaluation, I do feel that Herbert is doing rather well in his recovery from cerebral concussion. He is reporting to be essentially symptom free. He is reporting some subtle symptoms, however, he is unsure if these are related to concussion. His test scores today are all average to high average, and no findings on vestibular evaluation. I do think that Herbert is doing rather well. We will continue to manage the injury as is. At this point in time, I do not need to follow up with him in the future unless he has a return of symptoms, or any other lingering sequelae.

Thank you for involving UPMC Concussion Clinic in the care this patient. Dr. Collins was involved. This patient's care. If any questions or concerns, please contact me at 412-432-3681.

Jonathan French, PsyD
Neuropsychology Fellow



Michael W. Collins, PhD
Director
UPMC Sports Medicine Concussion Program

D: 12/13/2011 08:33 AM (EST)
DJN: 3724656
SJN: 51934005
792174

T: 12/13/2011 09:36 PM (EST)

Telephone on
12/13/2011

FAKED TO 412-515-1664

Social Security Administration Supplemental Security Income

Notice of Award

008-04 2359

IMMEDIATE ATTENTION
GAS OPE

SOCIAL SECURITY
921 PENN AVE
PITTSBURGH PA 15222

Date: August 19, 2019
Claim Number:



0002463 00002463 3 MB 0.428 SI6LNA T16 P1



SSI M06 08/12 201 19S1339D37132

HERBERT L JOSEPH II
432 PARKWOOD RD
PITTSBURGH PA 15210-2518

We have carefully reviewed the facts of your case and have approved the claim for Supplemental Security Income (SSI) benefits that you filed on April 19, 2019. As of April 2019 you met all the rules to be eligible for SSI based on being disabled.

The rest of this letter explains your current monthly payment, your back payments, how we figured your payment amount, information about Medicaid, your reporting responsibilities, and your appeal rights.

Your Current Monthly Payment

Your current monthly payment is \$771.00 for September 2019. This amount will continue unless there is a change in the information we use to determine your SSI eligibility and payment amount.

Your Back Payments

From	Through	Monthly Payment Amount	Total
May 2019	August 2019	\$771.00	\$3,084.00

We explain how we figured the monthly payment amount on the worksheets at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment.

When You Will Receive Your Payments

You will receive your monthly payment of \$771.00 around September 1, 2019, and on the first of each month after that.

See Next Page

08/19/2019

You are not in one of the following living situations for which we make payments for the State: living independently with an essential person, living in someone else's home with an essential person, living in a licensed boarding home, or living in a licensed residence and receiving personal care for May 2019 on. As a result, you are not due any State money for those months.

- Based on the information we have, your State living arrangement is:
 - Category Z for May 2019 on for Pennsylvania

Please see the enclosed "Fact Sheet on SSI Living Arrangement Categories For the State of Pennsylvania" for a description of this State living arrangement category and others.

- To get SSI, your countable resources must not be more than the allowable limit of \$2,000.00 for 2019 on. Your resources that we count are \$2,000.00 or less for April 2019 on. The enclosed fact sheet called "Resources - What You Need To Know" explains how we count your resources.
- We use income to figure your eligibility and payments. By law, we use different rules to count your income based on what kind of income you have and when you receive it.
- You had no income for April 2019 on.

Information About Medicaid

An agency of your State will advise you about the Medicaid program. If you have any questions about your eligibility for Medicaid or need immediate medical assistance, you should get in touch with the County Assistance Office.

Basic Rules For Determining SSI Payment

The SSI amount you get may not be the same each month. It depends on the following:

- **The Federal benefit rate:** The Federal benefit rate is the most SSI money the law allows us to pay. In 2019 the monthly Federal benefit rate is \$771.00.
- **Your living arrangements:** where you live, with whom you live, and how your living expenses are paid.
- **The State where you live:** Some States give us money to add to SSI payments. The amount of money we pay you from the State where you live depends on its rules.
- **Your resources:** cash, bank accounts, life insurance, savings bonds, automobiles, and other property you own. You can have resources up to \$2,000.00.

HOW WE FIGURED YOUR PAYMENT FOR September 2019 ON

Your Payment Amount

The most SSI money the law allows us to pay	\$771.00
We didn't subtract (-) any income from SSI money	<u>- 0.00</u>
Total Monthly SSI Payment for September 2019 on	\$771.00



NOTICE OF
MEDICAID ELIGIBILITY
FOR SSI RECIPIENT

HERBERT JOSEPH
432 PARKWOOD RD
PITTSBURGH PA 15210-2518

CASE IDENTIFICATION				
CO. 02	RECORD NUMBER 1833157	CAT. J	CTR 818 9	DIST. 5
RECIPIENT NUMBER 178577845		CASELOAD NUMBER 5722	WORKER ID. 21476	

Dear HERBERT JOSEPH

You are eligible for Medicaid, also called Medical Assistance from the Pennsylvania Department of Public Welfare because you have been found eligible to receive Supplemental Security Income (SSI) by the Social Security Administration. You will receive a Medicaid Access Card in the mail if you do not already have one. As long as you are eligible for SSI, you will be eligible to receive Medicaid.

- Show this card each time you are requesting medical services which are to be paid for by the Department of Public Welfare.
- If you are unable to locate persons in your area who provide medical services under the Medicaid Program, contact the County Assistance Office at the address or telephone number listed. If you have any questions about the medical services available to you under the Medicaid program, contact your medical provider.
- If you have any questions about the use of the Access Card or Medicaid, contact the County Assistance Office at the address or telephone number listed.
- If you have any medical insurance, contact the County Assistance Office at the address or telephone number listed and give them your insurance information.
- You are eligible for Medicaid effective 05/01/2019. If you have any medical bills beginning with this date which have been paid or are unpaid, contact the County Assistance Office at the address or telephone number listed.

A WIERDAK

08/13/2019

Worker

Date

412-565-2232

Telephone Number

RETENTION PERIOD: 120 Days from Date of Origin

J. N. LIND
432 PARRUCK RD
PGH. PA 15214



SECRETARY: PA PUBLIC UTILITY COMM
400 NORTH STREET
HARRISBURG, PA 17120