

Human Performance Factual Report Attachment

New York State Driver's Abstract

Schoharie, NY

HWY19MH001

(4 pages)

PRINT DATE: 10/09/2018					8	CDL ABSTRACT				TOTAL FEE PAID: \$0.00					\$0.00	
TIME: 12:42:34					OPE	RATOR	: TP	OFFICE: SOM								
****	*****	***	****	****	****	****IDENTI	FICATI	ON I	NEODN	ИДТТО				****	*****	
	er Gen					IDENTI	ICAII	OR I	IN OK	.IV 1.1/	514					
First	Name	•			M	Middle Name				Last Name					Suffix	
SCOT	Г				Т			LISINICCHIA								
SSN				Birth	Date	te Height			Sex					Eye	Color	
							5-10		-		м		BRN		١	
Drive	r Mail	ing	Add	ress												
Stree	t							Cit	ty				State		ZIP	
									LAKE GEORGE				NY		12845	
****	*****	***	***	****	****	******	****	****	****	****	*****	****	****	***	*****	
Drive	Driver License Details															
State	Driver	License Issue Date			ate	Expiration Date	CDL Class		Non-CDL Class				on-CDL atus		19-A Status	
NY				05/	2018	05 2026	A	A	A LICENS			SED LICENSED		DISQUALIFIED		
Withdrawal TSA Hazmat Action Pending			at De	Determination							Hazmat Expiration Date					
NO			NOT APPLICABLE													
Licens	se Endo	rsei	nen	ts												
TANK,	DOUBLE	/TRI	PLE													
Licens	se Rest	ricti	ons	- All Ex	pire	On 05/ 11/ 2	026						,-			
CORRE	ECTIVE	LENS	ES													
Medic	al Cert	ific	atio	n												
E		Exp				Performani ation Issue	mance E		Skills Performand Evaluation Expire Date		re Exem		emption		Med Waiver Exemption Expire Date	
09/	09/12/2017 09/12/2019															
Medic	al Cert	ifica	tion	Status	Code	<u> </u>										

ABS-8 (3/17)

CERTIFIED

TOTAL FEE PAID: \$0.00 PRINT DATE: 10/09/2018 CDL ABSTRACT OPERATOR: TP OFFICE: SOM TIME: 12:42:34 **Driver General Information** Suffix **Last Name** First Name Middle Name SCOTT Т LISINICCHIA Eye Color SSN **Birth Date** Height Sex М BRN 5-10

Driver Mailing Address

Street	City	State	ZIP	
	LAKE GEORGE	NY .	12845	

Self-Certification

NON-EXCEPTED INTERSTATE

Medical Certification Restrictions

WEARING CORRECTIVE LENSES

Medical Examiner Detail

First Name	Middle Name	Last Name	Federal Registry Number			
SUSAN		GOE				
State Medical Number	Specialty	State	Phone			
	ADVANCED PRACTICE NURSE	NY	(518) 744-6560			

Convictions #	Accidents #	Withdrawals #	Permits #	License Restrictions		
0	1	1	0	1		

Accidents

Ac	cident Date:	11/30/2015	Severity:	PERSONAL IN	PERSONAL INJURY ACCIDENT				
St	ate:	NY	CMV:	UNKNOWN	Hazmat:	UNKNOWN	Locator Reference:	35990699	

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TIME: 12:42:34			OPERATOR: TP				OFFICE: SOM						
******	****	******	****	**IDENTI	FICATIO	N INFOR	MATIC	ON*	******	****	****	******	
Driver Gener				<u>-</u>									
First Name			Middle Name				Last Name					Suffix	
SCOTT			T LIS				LISIN	LISINICCHIA					
SSN		Birth Da	te Height			Sex			Eye		Color		
					5-10			М			BRI	1	
Driver Mailir	ıg Ad	dress		•									
Street					City			s				ZIP	
					LAKE GEORGE				NY		12845		
*****	****	******	****	******	*****	*****	****	***	*****	****	***	*****	
Withdrawals	(Sus	pensions	/Rev	ocation	s/Disqu	alificatio	ons)						
Effective Date:	Effective Date: 09/06/2018		El		Eligible (Eligible Date:				teinstate ate:	e	09/07/2018	
Action:	SUSPE	ENDED			ACD Code: W			W00					
ACD Description:	FAILU	RE TO ANSWE	R A CI	ITATION, PA	AY FINES, P	PENALTIES A	AND/OF	R COS	TS RELATED) TO ORI	GINA	L VIOLATION	
State:	NY				Withdrawal ID:				L	inkage:			
Reason Reference:	D56 151				Due Process Status:			NOT DEFINED					
Basis: CONVICTION		ICTION	Extent:		Extent:	ALL				Locator Reference:		Z1G60807GKG	
Activity													
Class Change	11	1/04/1991		New Class	1	A		-	Old Class		1		

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