



**Motor Carrier Attachment**  
**New York DMV Report**  
**Schoharie, NY October 6, 2018**  
**HWY19MH001**  
(4 pages)

PRINT DATE: 10/09/2018

CDL ABSTRACT

TOTAL FEE PAID: \$0.00

TIME: 12:42:34

OPERATOR: [REDACTED]

OFFICE: [REDACTED]

\*\*\*\*\*IDENTIFICATION INFORMATION\*\*\*\*\*

Driver General Information

First Name	Middle Name	Last Name	Suffix	
[REDACTED]	[REDACTED]	[REDACTED]		
SSN	Birth Date	Height	Sex	Eye Color
[REDACTED]	[REDACTED]	5-10	M	BRN

Driver Mailing Address

Street	City	State	ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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Driver License Details

State	Driver License	Issue Date	Expiration Date	CDL Class	Non-CDL Class	CDL Status	Non-CDL Status	19-A Status
NY	[REDACTED]	05/25/2018	[REDACTED] 2026	A	A	LICENSED	LICENSED	DISQUALIFIED

Withdrawal Action Pending	TSA Hazmat Determination	Hazmat Expiration Date
NO	NOT APPLICABLE	

License Endorsements

TANK,DOUBLE/TRIPLE

License Restrictions - All Expire On [REDACTED] 2026

CORRECTIVE LENSES

Medical Certification

Issue Date	Expiration Date	Skills Performance Evaluation Issue Date	Skills Performance Evaluation Expire Date	Med Waiver Exemption Issue Date	Med Waiver Exemption Expire Date
09/06/2017	09/06/2019				

Medical Certification Status Code

CERTIFIED

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**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	[REDACTED]
State Medical Number	Specialty	State	Phone
[REDACTED]	ADVANCED PRACTICE NURSE	NY	[REDACTED]

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

**Accidents**

<b>Accident Date:</b>	11/30/2015	<b>Severity:</b>	PERSONAL INJURY ACCIDENT		
<b>State:</b>	NY	<b>CMV:</b>	UNKNOWN	<b>Hazmat:</b>	UNKNOWN
<b>Locator Reference:</b>					35990699

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**Withdrawals (Suspensions/Revocations/Disqualifications)**

<b>Effective Date:</b>	09/06/2018	<b>Eligible Date:</b>	09/07/2018	<b>Reinstate Date:</b>	09/07/2018
<b>Action:</b>	SUSPENDED	<b>ACD Code:</b>	W00		
<b>ACD Description:</b>	FAILURE TO ANSWER A CITATION, PAY FINES, PENALTIES AND/OR COSTS RELATED TO ORIGINAL VIOLATION				
<b>State:</b>	NY	<b>Withdrawal ID:</b>		<b>Linkage:</b>	
<b>Reason Reference:</b>	D56 151	<b>Due Process Status:</b>	NOT DEFINED		
<b>Basis:</b>	CONVICTION	<b>Extent:</b>	ALL	<b>Locator Reference:</b>	[REDACTED]

**Activity**

<b>Class Change</b>	11/04/1991	<b>New Class</b>	A	<b>Old Class</b>	1
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\*\*\*\*\* END OF ABSTRACT \*\*\*\*\*