

1500 SW Arrowhead Road
Topeka, KS 66604-4027

Andrew J. French, Chairperson
Dwight D. Keen, Commissioner
Annie Kuether, Commissioner



20250320101137
Kansas Corporation
Commission
Phone: 785-271-3100
Fax: 785-271-3354
<http://kcc.ks.gov/>

Laura Kelly, Governor

NOTICE OF PENALTY ASSESSMENT
25-TRAM-336-PEN

March 20, 2025

Francisco Gomez, Owner
Gomez & Sons Transport LLC
2821 N. Belmont Pl.
Garden City, Kansas, 67846

This is a notice of a penalty assessment against Gomez & Sons Transport LLC (“Gomez & Sons Transport”) for violations of Kansas Motor Carrier Safety Statutes, Rules, and Regulations discovered during a compliance review conducted from January 28 through February 1, 2025, by Kansas Corporation Commission Special Investigators. The Special Investigators identified eight (8) violations of the Motor Carrier Safety regulations. The Penalty for the violation is assessed in accordance with the FY 2025 Uniform Penalty Assessment Matrix, approved by the Commission on June 27, 2024. Gomez & Sons Transport has been assessed a \$3,100.00 penalty. For a full description of the penalties and terms and obligations please refer to the Order attached to this notice.

IF YOU ACCEPT THE PENALTY: You have thirty (30) days from the date of service of the Penalty Order to pay the penalty. Please remit payment of \$3,100.00 through your personal account with the Kansas Corporation Commission’s Kansas Trucking Regulatory Assistance Network (“KTRAN”) system located at <https://puc.kcc.ks.gov/ktran/>. If you have not received a letter from the Transportation Division assigning you a PIN, please contact that Division at 785-271-3145. You must have an account through KTRAN to pay the penalty owed.

The attached Order also requires a representative of Gomez & Sons Transport:

- a. To attend a Commission-sponsored safety seminar within thirty (30) days from the date of the Order. A schedule of dates and locations for safety seminars can be found at the Commission’s website http://www.kcc.state.ks.us/trans/safety_meetings.htm.
- b. To submit a written, comprehensive Corrective Action Plan (“CAP”) to Transportation Staff within thirty (30) days of the date of this order, documenting the violations described in this Penalty Order, including specific and detailed information explaining Carrier’s efforts and concrete steps taken to ensure the violations do not occur in the future.
- c. To submit to one follow-up safety compliance review within eighteen (18) months from the date of this Penalty Order. Transportation Staff will contact the motor carrier at a later date to determine an appropriate time for the review.

IF YOU CONTEST THE PENALTY ORDER: You have the right to request a hearing. A request for a hearing must be made in writing, and within four (4) days from the date of service of this Order, setting forth the specific grounds upon which relief is sought. You may request a hearing through the Commission’s electronic filing system found at <https://puc.kcc.ks.gov/e-filing/e-express/>, and you must also mail a copy of the request for hearing to the undersigned at the above address. If you do not have access to the internet, you can mail an original

and seven copies of the request to the Executive Director at 1500 S.W. Arrowhead Road, Topeka, Kansas 66604, and mail a copy to the undersigned Litigation Counsel.¹

IF YOU FAIL TO ACT: Failure to pay the penalty of \$3,100.00 within thirty (30) days from the date of service of the Penalty Order or failure to comply with the terms of the Order, or in the alternative, failure to provide a timely written request for a hearing, will result in the Order becoming final and may result in additional sanctions of suspension and/or revocation of your motor carrier operating authority.

Respectfully,
/s/ Ahsan A. Latif
Ahsan A. Latif
Litigation Counsel
(785) 271-3118
Ahsan.Latif@ks.gov

¹ K.A.R. 82-1-215; K.S.A. 77-542.

**THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS**

Before Commissioners: Andrew J. French, Chairperson
 Dwight D. Keen
 Annie Kuether

In the Matter of the Investigation of **Gomez & Sons Transport LLC of Garden City, Kansas.**)
Regarding the Violation(s) of the Motor Carrier)
Safety Statutes, Rules and Regulations and the) Docket No. 25-TRAM-336-PEN
Commission's Authority to Impose Penalties,)
Sanctions and/or the Revocation of Motor Carrier)
Authority.)

PENALTY ORDER

The above-captioned matter comes before the State Corporation Commission of the State of Kansas ("Commission"). Having examined its files and records, and being duly advised in the premises, the Commission finds and concludes as follows:

1. Pursuant to K.S.A. 66-1,108b, 66-1,111, 66-1,112 and 66-1,114b, the Commission is given full power, authority, and jurisdiction to supervise and control motor carriers, as defined in 49 C.F.R. Part 390.5 as adopted by K.A.R. 82-4-3f, doing business or procuring business in Kansas, and is empowered to do all things necessary and convenient for the exercise of such power, authority, and jurisdiction.

2. Pursuant to K.S.A. 66-129a, 66-1,130, and 66-1,142b, the Commission may suspend operations, revoke or amend certificates, and initiate sanctions or fines against every motor carrier and every person who violates any provision of Kansas law in regard to the regulation of such motor carriers and persons, or who fails to obey any order, decision, or regulation of the Commission.

3. The Commission has the authority, pursuant to K.A.R. 82-1-237, to investigate an entity under the Commission’s jurisdiction and issue an order on the Commission’s own motion when the Commission believes the entity is in violation of the law or any order of the Commission.

4. Gomez & Sons Transport LLC (“Gomez & Sons Transport” or “Carrier”) is a motor carrier as defined in 49 C.F.R. 390.5 and operates under USDOT number 2953684.

5. The Commission finds it has jurisdiction over Gomez & Sons Transport pursuant to K.S.A. 66-1,108b because it is a motor carrier as defined in 49 C.F.R. Part 390.5 as adopted by K.A.R. 82-4-3f.

6. From January 28 through February 1, 2025, a Staff Special Investigator (“SI”) completed a safety compliance investigation of Gomez & Sons Transport. As a result of the compliance investigation, the SI identified eight (8) violations, set forth in four (4) counts, of the Motor Carrier Safety Regulations (“MCSRs”), which carry a penalty set forth in the FY2025 Uniform Penalty Assessment Matrix.¹

7. On February 27, 2025, Transportation Staff submitted its Report and Recommendation (“R&R”), attached hereto as “Attachment A” and hereby incorporated by reference herein, recommending a penalty of \$3,100.00 to be issued to Gomez & Sons Transport based on the frequency, timeline, and severity of the violations discovered.

8. Specifically, pursuant to Staff’s R&R, the Commission finds that Gomez & Sons Transport committed eight (8) violations of the following four (4) counts, discussed more fully in Staff’s R&R:²

¹ Order Designating Guidance Document and Approving Staff’s Use of the Transportation Division’s Uniform Penalty Assessment Table, pp. 10 – 24 (Jun. 27, 2024) (“Penalty Matrix”).

² See Staff’s Report and Recommendation, Transportation Division (Jan. 22, 2025).

- a. Count 1: On October 3, 2024, Gomez & Sons Transport required or permitted its driver, Francisco Gomez Dominguez, to operate a commercial driver's license required commercial motor vehicle (a 2022 Peterbilt, VIN ending in 4674, GVWR 53,200 lbs.) in Kansas on a public road in interstate commerce (Lakin, Kansas to Pueblo, Colorado) when he was involved in a DOT recordable accident. Gomez & Sons transport failed to require its driver to complete a post-accident alcohol testing. As more fully set forth in Staff's R&R, the SI found that Gomez & Sons Transport failed to require two drivers to complete post-accident alcohol testing, which resulted in two (2) violations of 49 C.F.R. 382.303(a), adopted by K.A.R. 82-4-3c. The Commission finds that Staff's recommendation of a penalty of \$650.00 is appropriate and in accordance with the current Penalty Matrix.
- b. Count 2: On November 28, 2024, Gomez & Sons Transport required or permitted its driver, Jonathan Gomez, to operate a commercial driver's license required commercial motor vehicle (a 201 Peterbilt, VIN ending in 3832, GVWR 52,000 lbs., in combination with a 2001 Wilson trailer, VIN ending 9898, GVWR 65,000 lbs.) in Kansas on a public road in intrastate commerce (Dodge City, Kansas to Garden City, Kansas) when he was involved in an accident. Gomez & Sons Transport failed to maintain an accident register that provided all accident information for the last 3 years, resulting in one (1) violation 49 C.F.R. 390.15, adopted by K.A.R. 82-4-3f. The Commission finds that Staff's recommendation of a penalty of \$200.00 is appropriate and in accordance with the current Penalty Matrix.
- c. Count 3: On November 18, 2024, Gomez & Sons Transport required or permitted its driver, Jonathan Gomez, to operate a commercial driver's license required

commercial motor vehicle (a 2001 Peterbilt, VIN ending in 3832, GVWR 52,000 lbs.) in Kansas on a public road in interstate commerce (Colome, South Dakota to Dodge City, Kansas) and failed to require its driver to prepare a record of duty status as required. As more fully set forth in Staff's R&R, the SI found that Gomez & Sons Transport failed to require preparation of a record of duty status for two transports, resulting in two (2) violations of 49 C.F.R. 395.8, adopted by K.A.R. 82-4-3a. The Commission finds that Staff's recommendation of a penalty of \$250.00 is appropriate and in accordance with the current Penalty Matrix.

- d. Count 4: On October 29, 2024, Gomez & Sons Transport required or permitted its driver, Francisco Gomez Dominguez, to operate a commercial driver's license required commercial motor vehicle (a 2022 Peterbilt, VIN ending in 4674, GVWR 53,200 lbs.) in Kansas on a public road in interstate commerce (Garden City, Kansas to Broadus, Montana) at which time Mr. Gomez-Dominguez made a false report of his record of duty status. As more fully set forth in Staff's R&R, the SI found that Gomez & Sons Transport had three transports for which it provided a false report of record of duty status, resulting in three (3) violations of 49 C.F.R. 395.8(e), adopted by K.A.R. 82-4-3a. The Commission finds that Staff's recommendation of a penalty of \$2,000.00 is appropriate and in accordance with the current Penalty Matrix.

9. The Commission hereby adopts Staff's findings as contained in its February 27, 2025, R&R.

10. The Commission finds that Gomez & Sons Transport is required to have a representative responsible for the Carrier's safety compliance attend a Commission-sponsored

safety seminar within thirty (30) days from the date of this Order.³ A schedule of the dates and locations for safety seminars can be found on the Commission's website at http://kcc.ks.gov/trans/safety_meetings.htm.

11. The Commission further finds that Gomez & Sons Transport is required to submit a written, comprehensive Corrective Action Plan ("CAP") that is satisfactory to Transportation Staff within thirty (30) days of the date of this order, documenting the violation(s) described in this Penalty Order, including specific and detailed information explaining Carrier's efforts and concrete steps taken to ensure the violation(s) do not occur in the future.⁴

12. The Commission further finds that Gomez & Sons Transport is required to submit to one follow-up safety compliance review within eighteen (18) months from the date of this Order at a time agreeable to Staff.⁵

13. Failure to comply with the requirements of this Penalty Order shall result in suspension of Gomez & Sons Transport's motor carrier operating authority without further notice.⁶

14. The Commission concludes the penalty of \$3,100.00 for the one violation set forth above, and the additional three requirements set forth in paragraphs 10, 11, and 12 are just and reasonable.

IT IS, THEREFORE, BY THE COMMISSION ORDERED THAT:

A. Gomez & Sons Transport is hereby assessed a \$3,100.00 civil penalty for eight (8) violations, set forth in four (4) counts of Kansas law governing the regulation of motor carriers, the Kansas Administrative regulations, and provisions of the Federal Motor Carrier Safety Regulations, as adopted by the Kansas Administrative Regulations.

³ See Id., p. 4.

⁴ See Id.

⁵ See Id.

⁶ K.S.A. 66-1,105.

B. Gomez & Sons Transport is hereby ordered to have a representative responsible for the Carrier's safety compliance attend a Commission-sponsored safety seminar within thirty (30) days from the date of this Order.

C. Gomez & Sons Transport is hereby ordered to submit a written, comprehensive corrective action plan ("CAP") that is satisfactory to Transportation Staff within thirty (30) days of the date of this order, documenting the violations described in this Penalty Order, including specific and detailed information explaining Carrier's efforts and concrete steps taken to ensure the violations do not occur in the future.

D. Gomez & Sons Transport is ordered to submit to one follow-up safety compliance review within eighteen (18) months from the date of this Order at a time agreeable to Staff.

E. Pursuant to K.S.A. 77-537 and K.S.A. 77-542, any party may request a hearing on the above issue(s) by submitting a written request setting forth the specific grounds upon which relief is sought. The request may be electronically filed with the Commission's electronic filing system at <https://puc.kcc.ks.gov/e-filing/e-express/>, within four (4) days from the date of service of this Order, and a copy of the request mailed to the Litigation Division. If you do not have access to the internet, you can mail an original and seven copies of the request to the Acting Secretary to the Commission at 1500 S.W. Arrowhead Road, Topeka, Kansas 66604, and mail a copy of the request to Litigation Counsel. A hearing will be scheduled only upon written request. Failure to timely request a hearing will result in a waiver of Gomez & Sons Transport's right to a hearing, and this Penalty Order will become a Final Order.

F. If a request for hearing is filed, attorneys for all parties shall enter their appearances in Commission proceedings by giving their names and addresses for the record. For civil penalties exceeding \$500.00, a corporation shall appear before the Commission by its attorney, unless

waived by the Commission for good cause shown and a determination that such waiver is in the public interest.⁷ For civil penalties of \$500.00 or less, a corporation may appear by a duly authorized representative of the corporation.⁸

G. If you do not request a hearing, the payment of the civil penalty of \$3,100.00 is due in thirty (30) days from the date of service of this Order. Payment of \$3,100.00 must be made through your personal account with the Kansas Corporation Commission's Kansas Trucking Regulatory Assistance Network ("KTRAN") system located at <https://puc.kcc.ks.gov/ktran/>. You must have an account through KTRAN to pay the penalty.

H. Failure of Gomez & Sons Transport to perform, pay, or fully comply with the provisions of this Order, including but not limited to Ordering Clauses A through D, above, will result in suspension of Gomez & Sons Transport's motor carrier operating authority without further notice.⁹ Additionally, the Commission may impose further sanctions to include, but not limited to, the issuance and enforcement of revocation of authority and/or cease and desist orders, and any other remedies available to the Commission by law, without further notice.

BY THE COMMISSION IT IS SO ORDERED.

French, Chairperson; Keen, Commissioner; Kuether, Commissioner

Dated: 03/20/2025



Abigail D. Emery
Acting Secretary to the Commission

AAL

⁷ K.S.A. 77-515(c); K.A.R. 82-1-228(d)(2); K.A.R. 82-1-202(a).

⁸ K.S.A. 66-1,142b(e) and amendments thereto.

⁹ K.S.A. 66-1,105.

ATTACHMENT “A”

REPORT AND RECOMMENDATION TRANSPORTATION DIVISION

TO: Andrew J. French, Chairperson
Dwight D. Keen, Commissioner
Annie Kuether, Commissioner

FROM: Jared Smith, Deputy Director of Transportation

DATE: February 27, 2025

SUBJECT: Docket No. 25-TRAM-336-PEN
In the Matter of the Investigation of **Gomez & Sons Trucking LLC of Garden City, Kansas** Regarding the Violation of the Motor Carrier Rules and Regulations and the Commission's Authority to Impose Penalties, Sanctions and/or the Revocation of Motor Carrier Authority

EXECUTIVE SUMMARY:

Gomez & Sons Trucking LLC is a motor carrier (MC) possessing public for-hire operating authority from the Commission, primarily hauling livestock. Gomez & Sons Trucking LLC operates under USDOT 2953684. On January 28, 2025 through February 1, 2025, Commission Staff Special Investigators (SIs) conducted a safety compliance investigation of the operations of Gomez & Sons Trucking LLC. A copy of the safety compliance report is attached hereto as **Exhibit 1** and is hereby incorporated by reference. As a result of this investigation, the SI identified eight (8) violations, set forth as four (4) specific counts, of the Motor Carrier Safety Regulations (MCSRs), which carries a penalty according to the FY2025 Uniform Penalty Assessment Matrix approved by the Commission. Based on the frequency, timeline and severity of the violations discovered by the SIs, staff recommends penalty of \$3,100 be issued to the MC.

DISCUSSION AND ANALYSIS:

On January 28, 2025 through February 1, 2025, Commission Staff SIs conducted a safety compliance investigation of the operations of Gomez & Sons Trucking LLC. The investigation covers a 365-day period and any previous compliance review. Each specific count is detailed below.

Count One (1 of 4)

Authority: K.S.A. 66-1,111 and 66-1,129.

Relevant Statutes: 49 C.F.R 382.303 (a) states: “As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, each employer shall test for alcohol for each of its surviving drivers:

- (1) Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or
- (2) Who receives a citation within 8 hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if the accident involved
 - (i) Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
 - (ii) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.”

Material Facts and Supporting Documents: On October 3, 2024, Gomez & Sons Transport LLC required or permitted its driver, Francisco Gomez Dominguez, to operate a commercial driver’s license (CDL) required commercial motor vehicle (CMV), a 2022 Peterbilt, VIN ending in 4674, GVWR 53,200 lbs., in interstate commerce from Lakin, Kansas to Pueblo, Colorado. This transport is evidenced by State of Colorado Traffic Crash Report #24017863, attached hereto as **Exhibit 2**. On this transport, driver Francisco Gomez Dominguez was cited as a result of a DOT recordable accident. As a result, Gomez & Sons Transport LLC were required to conduct post- accident alcohol and controlled substance testing. The SI’s found that the MC failed to conduct the required post-accident alcohol and controlled substance testing on driver Francisco Gomez Dominguez after an accident on October 3, 2024, and on Jonathan Gomez, after an accident on November 28, 2024.

Violation: Gomez & Sons Transport LLC failed to complete post-accident alcohol testing as required, which is a violation of 49 C.F.R. 382.303(a), adopted by K.A.R. 82-4-3c. (**Exhibit 1, Page 3**). Two (2) violations were discovered. (**Exhibit 1, Page 13**).

Recommendation: Staff recommends a fine of \$650, in accordance with the FY2025 Penalty Matrix.

Count Two (2 of 4)

Authority: K.S.A. 66-1,111 and 66-1,129.

Relevant Statutes: 49 C.F.R 390.15 states: “Motor carriers must maintain an accident register for 3 years after the date of each accident. Information placed in the accident register must contain at least the following:

- (3) A list of accidents as defined at § 390.5 of this chapter containing for each accident:
 - (i) Date of accident.
 - (ii) City or town, or most near, where the accident occurred and the State where the accident occurred.
 - (iii) Driver Name.”
 - (iv) Number of injuries.
 - (v) Number of fatalities.
 - (vi) Whether hazardous materials, other than fuel spilled from the fuel tanks of motor vehicle involved in the accident, were released.

(2) Copies of all accident reports required by State or other governmental entities or insurers.

Material Facts and Supporting Documents: On November 28, 2024, Gomez & Sons Transport LLC required or permitted its driver, Jonathan Gomez, to operate a CDL-required CMV, a 2001 Peterbilt, VIN ending in 3832, GVWR 52,000 lbs. pulling a 2001 Wilson trailer, VIN ending in 9898, GVWR 65,000 lbs., in intrastate commerce from Dodge City, Kansas to Garden City, Kansas. This transport is evidenced by Kansas Motor Vehicle Crash Report No. 24FO10025 attached hereto as **Exhibit 3** and the MC's Accident Register attached hereto as **Exhibit 4**. The MC failed to provide an accident register that included all of the carrier's accident information for the last 3 years. The accident which took place on November 28, 2024, is not listed on the accident register.

Violation: Gomez & Sons Transport LLC, failed to provide an accident register that provided all accident information for the last 3 years, which is a violation of 49 C.F.R. 390.15, adopted by K.A.R. 82-4-3f (**Exhibit 1, Page 4**). One (1) violation was discovered (**Exhibit 1, Page 13**).

Recommendation: Staff recommends a fine of \$200, in accordance with the FY2025 Penalty Matrix.

Count Three (3 of 4)

Authority: K.S.A. 66-1,111 and 66-1,129.

Relevant Statutes: 49 C.F.R 395.8 states: "Except for a private motor carrier of passengers (nonbusiness), as defined in § 390.5 of this subchapter, a motor carrier subject to the requirements of this part must require each driver used by the motor carrier to record the driver's duty status for each 24-hour period using the method prescribed in paragraphs (a)(1)(i) through (iii) of this section, as applicable."

Material Facts and Supporting Documents: On November 18, 2024, Gomez & Sons Transport LLC required or permitted its driver, Jonathan Gomez, to operate a CDL-required CMV, a 2001 Peterbilt, VIN ending in 3832, GVWR 52,000 lbs., in interstate commerce from Colome, South Dakota to Dodge City, Kansas. This transport is evidenced by a bill of lading, Trip No. 67057, attached hereto as **Exhibit 5**. During this transport, Jonathan Gomez was required to prepare a Record of Duty Status as the driver operated beyond the 150-air mile radius from where he loaded and 150 air miles from where he would deliver. The MC failed to require drivers Jonathan Gomez (trip date November 18, 2024) and Francisco Gomez-Dominguez (trip date November 2, 2024) to prepare a record of duty status when required.

Violation: Gomez & Sons Transport LLC failed to require its drivers to prepare a record of duty status when required, which is a violation of 49 C.F.R. 395.8, adopted by K.A.R. 82-4-3a (**Exhibit 1, Pages 4 & 5**). Two (2) violations were discovered (**Exhibit 1, Page 13**).

Recommendation: Staff recommends a penalty of \$250, in accordance with the FY2025 Penalty Matrix.

Count Four (4 of 4)

Authority: K.S.A. 66-1,111.

Relevant Statutes: 49 C.F.R 395.8 (3) states:” No driver or motor carrier may make a false report in connection with a duty status. (2) No driver or motor carrier may disable, deactivate, disengage, jam, or otherwise block or degrade a signal transmission or reception, or reengineer, reprogram, or otherwise tamper with an ELD so that the device does not accurately record and retain required data.(3) No driver or motor carrier may permit or require another person to disable, deactivate, disengage, jam, or otherwise block or degrade a signal transmission or reception, or reengineer, reprogram, or otherwise tamper with an ELD so that the device does not accurately record and retain required data.”

Material Facts and Supporting Documents: On October 29, 2024, Go Trucking required or permitted its driver, Francisco Gomez Dominguez, to operate a CDL-required CMV, a 2022 Peterbilt, VIN ending in 4674, GVWR 53,200 lbs., in interstate commerce from Garden City, Kansas to Broadus, Montana. This transport is evidenced by driver Francisco Gomez’s Record of Duty Status dated October 27 through 28, 2024, attached hereto as **Exhibit 6**. Additionally, attached are the driver’s paper logs dated October 29, 2024, attached hereto as **Exhibit 7** and bill of Lading No. 114065, attached hereto as **Exhibit 8**.

On October 26, 2024, driver, Francisco Gomez noted on his log he ended his day in Garden City, KS. The driver then provided a log dated 10/27 and 10/28 as being “Off Duty”. On October 29, 2024, driver, Francisco Gomez stated he came “On Duty” in Broadus, Montana and headed to Wolf Point, Montana where he loaded livestock. Driver, Francisco Gomez would have been required to log a portion of his trip as it was beyond the 150-air mile radius. Driver, Francisco Gomez-Dominguez would have been required to log from Imperial, NE to Mill Iron, Montana, approximately 494 miles or 7 hours and 48 minutes.

The following drivers made false reports of record of duty status: Francisco Gomez on October 28, 29 and November 6, 2024. In total the SIs found three (3) violations. The false records were a result of the driver failing to log his drive time when the driver noted he was “OFF DUTY” or providing multiple paper logs for each day with different information.

Violation: Gomez & Sons Trucking LLC provided the SIs with false records of duty status, which is a violation of 49 C.F.R. 395.8(e), adopted by K.A.R. 82-4-3a (**Exhibit 1, Page 5**).

Three (3) violations discovered (**Exhibit 1, Page 13**).

Recommendation: Acts of fraud are an intentional violation and therefore Staff recommends an enhanced fine of \$2,000, in accordance with the FY2025 Penalty Matrix.

RECOMMENDATION:

Transportation Staff recommends the Commission find Gomez & Sons Trucking LLC committed eight (8) violations, set forth as four (4) specific counts, of Kansas law that governs MCs, including various provisions of the Federal Motor Carrier Safety Regulations (FMCSRs), as adopted by the Kansas Administrative Regulations (K.A.R.s), and is therefore subject to sanctions or fines imposed by the Commission.

Due to the frequency, timeline and severity of the violations, Staff recommends a civil penalty of \$3,100 for eight (8) violations of the MC Safety Statutes, Rules and Regulations, in accordance with the recommended penalties listed in the applicable Uniform Penalty Assessment Matrix.

Staff further recommends Gomez & Sons Trucking LLC require a representative responsible for the company's safety to attend a Commission-sponsored safety seminar within thirty (30) days from the date of the Order and provide Litigation Counsel with written proof of attendance. A schedule of the dates and locations for safety seminars can be found on the Commission's website at http://kcc.ks.gov/trans/safety_meetings.htm.

Staff further recommends Gomez & Sons Trucking LLC submit a written, comprehensive Corrective Action Plan (CAP) to Transportation Staff within thirty (30) days of the date of this order, documenting the violation(s) described in the Penalty Order, including specific and detailed information explaining the carrier's efforts and concrete steps taken to ensure the violation(s) do not occur in the future.

Finally, Staff recommends that Gomez & Sons Trucking LLC submit to one follow-up safety compliance review within eighteen (18) months from the date of the Penalty Order. Transportation Staff will contact the motor carrier at a later date to determine an appropriate time for the review.

Exhibit 1

UNITED STATES DEPARTMENT OF TRANSPORTATION

	U.S. DOT#: 2953684 MC/MX#: 592	Legal: GOMEZ & SONS TRANSPORT LLC Operating (DBA):	Investigation Date: 02/21/2025
Investigation Type: Onsite Comprehensive Investigation		Location of Investigation: Company principal place of business (PPOB) Extent of Operations: Entire Operation	
Physical Address 2821 N BELMONT PL GARDEN CITY, KS 67846 United States		Mailing Address 2821 N BELMONT PL GARDEN CITY, KS 67846 United States	
Contact Information			
Contact Name: FRANCISCO GOMEZ Email: ELVIA.GOMEZ4@GMAIL.COM Phone: (620)290-4797 Cell: 0- Fax: 0-			
Business and Financial			
Business Type: Limited Liability Corporation Name of Gross Revenue Provider: Melissa Huerta Title of Gross Revenue Provider: Agent Gross Revenue: ██████████ For Year Ending: 12/31/2024 Federal Tax ID: ██████████			
Operation Classification and Type		Cargo	
Type of Operation: Non-HM Interstate Carrier, Non-HM Intrastate Carrier		Livestock	
Operation Classification For-Hire Motor Carrier Property Exempt Commodities			
Equipment		Driver Information	
Owned	Term Leased	Trip Leased	Drivers
Truck Tractors 2			Intrastate Interstate
Trailers 2			< 100 Miles 2
		> = 100 Miles	
Power units used in the U.S.: 2 Percentage of time used in the U.S.: 100%		Average trip leased driver/month: 0 Drivers with CDL: 2 Total Drivers: 2	
Person(s) Interviewed			
Name: FRANCISCO GOMEZ		Title: OWNER	
Name: MELISSA HUERTA		Title: AGENT	

Questions

Questions about this report or the Federal Motor Carrier Safety or Hazardous Materials regulations may be addressed to the Federal Motor Carrier Safety Administration at:	1303 SW FIRST AMERICAN PL STE 200 TOPEKA, KS 66604-4040 Phone: (785) 271-1260 Fax: (877) 547-0378
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This report will be used to assess your safety compliance.

Violations

<div>1. Primary: 382.303(a)</div> <div>Failing to conduct post accident alcohol testing on driver following a recordable crash.</div> <div><div>C</div><div>Critical</div><div>At least 10% of the number checked had violations</div></div>		<div>Violations Discovered</div> <table><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>2</td><td></td><td>2</td></tr></table> <div>Checked</div> <table><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>2</td><td></td><td>2</td></tr></table>			Fed	State	Total	2		2	Fed	State	Total	2		2	<div>BASIC Impacted</div> <div>Controlled Substances/Alcohol</div>		<div>Rating Factor 2:</div> <div>Driver = Part 382</div>
Fed	State	Total																	
2		2																	
Fed	State	Total																	
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<div>Example/Notes:</div> <div>Driver name: Francisco Gomez</div> <div>Accident date: 10/3/24</div> <div>Driver Cited</div> <div>On 10/3/2024, Gomez & Sons Transport LLC driver/owner, Francisco Gomez was involved in a DOT recordable accident and driver Francisco Gomez was cited at the time of the accident. Gomez & Sons Transport LLC failed to complete the required Post-Accident alcohol testing.</div>					<div>Drivers/Vehicles in Violation</div> <table><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>2</td><td></td><td>2</td></tr></table> <div>Checked</div> <table><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>2</td><td></td><td>2</td></tr></table>			Fed	State	Total	2		2	Fed	State	Total	2		2
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<div>2. Primary: 382.303(b)</div> <div>Failing to conduct post accident testing on driver for controlled substances.</div> <div><div>C</div><div>Critical</div><div>At least 10% of the number checked had violations</div></div>		<div>Violations Discovered</div> <table><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>2</td><td></td><td>2</td></tr></table> <div>Checked</div> <table><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>2</td><td></td><td>2</td></tr></table>			Fed	State	Total	2		2	Fed	State	Total	2		2	<div>BASIC Impacted</div> <div>Controlled Substances/Alcohol</div>		<div>Rating Factor 2:</div> <div>Driver = Part 382</div>
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<div>Example/Notes:</div> <div>Driver name: Francisco Gomez</div> <div>Crash date: 10/3/2024</div> <div>Driver Citated</div> <div>On 10/3/2024, Gomez & Sons Transport LLC driver/owner, Francisco Gomez was involved in a DOT recordable accident and driver Francisco Gomez was cited at the time of the accident. Gomez & Sons Transport LLC failed to complete the required Post-Accident controlled substance testing.</div>					<div>Drivers/Vehicles in Violation</div> <table><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>2</td><td></td><td>2</td></tr></table> <div>Checked</div> <table><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>2</td><td></td><td>2</td></tr></table>			Fed	State	Total	2		2	Fed	State	Total	2		2
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<div>3. Primary: 376.11</div> <div>Secondary: 376.12</div> <div>Authorized carrier performed authorized transportation in equipment it does not own without obtaining a written lease.</div>		<div>Violations Discovered</div> <table><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>1</td><td></td><td>1</td></tr></table> <div>Checked</div> <table><tr><th>Fed</th><th>State</th><th>Total</th></tr></table>			Fed	State	Total	1		1	Fed	State	Total						
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Example/Notes: Trip Date: 11/19/24 Vehicle: WILX 2021 VIN # T-221 1 9898 Gomez & Sons Transport LLC failed to provide a written lease agreement that meets all the requirements of 376.12.	Drivers/Vehicles in Violation <table><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>1</td><td></td><td>1</td></tr></table> Checked <table><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>4</td><td></td><td>4</td></tr></table>	Fed	State	Total	1		1	Fed	State	Total	4		4	
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4. Primary: 390.15(b)(1) Failing to keep an accident register in the form and manner prescribed.	Violations Discovered <table><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>1</td><td></td><td>1</td></tr></table> Checked <table><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>1</td><td></td><td>1</td></tr></table>	Fed	State	Total	1		1	Fed	State	Total	1		1	
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1		1												
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Example/Notes: Driver name: Jonathan Gomez Accident/trip date: 11/28/24 Enter brief description: "Register failing to show date of accident, city..." Gomez & Sons Transport LLC provided an accident register that failed to document all the information involving an accident that occurred on 11/28/24.	Drivers/Vehicles in Violation <table><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>1</td><td></td><td>1</td></tr></table> Checked <table><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>1</td><td></td><td>1</td></tr></table>	Fed	State	Total	1		1	Fed	State	Total	1		1	
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5. Primary: 391.21(a) Using a driver who has not completed and furnished an employment application.	Violations Discovered <table><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>1</td><td></td><td>1</td></tr></table> Checked <table><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>2</td><td></td><td>2</td></tr></table>	Fed	State	Total	1		1	Fed	State	Total	2		2	
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Example/Notes: Driver name: Jonathan Gomez Trip date: 11/28/24 Description of violation: Gomez & Sons Transport LLC provided an incomplete application for driver, Jonathan Gomez which failed to document 10 years of employment history.	Drivers/Vehicles in Violation <table><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>1</td><td></td><td>1</td></tr></table> Checked <table><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>2</td><td></td><td>2</td></tr></table>	Fed	State	Total	1		1	Fed	State	Total	2		2	
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6. Primary: 395.8(a)(1)	Violations Discovered													

Failing to require a driver to prepare a record of duty status using the appropriate method.	<table><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>2</td><td></td><td>2</td></tr><tr><td colspan="3">Checked</td></tr><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>60</td><td></td><td>60</td></tr></table>	Fed	State	Total	2		2	Checked			Fed	State	Total	60		60			
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2		2																	
Checked																			
Fed	State	Total																	
60		60																	
Example/Notes: Number Checked: 60 Number Discovered - 2 On 11/18/2024, Gomez & Sons Transport LLC driver Jonathan Gomez hauled a load of livestock from Colome, SD to Dodge City, KS, requiring the driver to log a portion of this trip. Gomez & Sons Transport LLC failed to provide a record of duty status for this driver on this day.	<table><tr><th colspan="3">Drivers/Vehicles in Violation</th></tr><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>2</td><td></td><td>2</td></tr><tr><td colspan="3">Checked</td></tr><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>2</td><td></td><td>2</td></tr></table>	Drivers/Vehicles in Violation			Fed	State	Total	2		2	Checked			Fed	State	Total	2		2
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7. Primary: 395.8(e)(1) Making, or permitting a driver to make, a false report regarding duty status	<table><tr><th colspan="3">Violations Discovered</th></tr><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>3</td><td></td><td>3</td></tr><tr><td colspan="3">Checked</td></tr><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>60</td><td></td><td>60</td></tr></table>	Violations Discovered			Fed	State	Total	3		3	Checked			Fed	State	Total	60		60
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Fed	State	Total																	
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60		60																	
Example/Notes: Driver name: Francisco Gomez Trip Date: 10/29/24 Description of violation: On 10/28/2024, Gomez & Sons Transport LLC driver Francisco Gomez provided a log that showed the driver was "Off duty". The driver then shows he comes "On Duty" on 10/29/24 in Broadus, Montana failing to log his drive time from Garden City, KS to Broadus, Montana.	<table><tr><th colspan="3">Drivers/Vehicles in Violation</th></tr><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>1</td><td></td><td>1</td></tr><tr><td colspan="3">Checked</td></tr><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>2</td><td></td><td>2</td></tr></table>	Drivers/Vehicles in Violation			Fed	State	Total	1		1	Checked			Fed	State	Total	2		2
Drivers/Vehicles in Violation																			
Fed	State	Total																	
1		1																	
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Fed	State	Total																	
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8. Primary: 396.3(b)(1) Failing to keep a maintenance record which identifies the vehicle, including make, serial number, year, and tire size.	<table><tr><th colspan="3">Violations Discovered</th></tr><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>2</td><td></td><td>2</td></tr><tr><td colspan="3">Checked</td></tr><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>4</td><td></td><td>4</td></tr></table>	Violations Discovered			Fed	State	Total	2		2	Checked			Fed	State	Total	4		4
Violations Discovered																			
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Checked																			
Fed	State	Total																	
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Example/Notes: WILX 2021 KS Tag #690849 VIN # [REDACTED] 9898	<table><tr><th colspan="3">Drivers/Vehicles in Violation</th></tr><tr><th>Fed</th><th>State</th><th>Total</th></tr><tr><td>2</td><td></td><td>2</td></tr></table>	Drivers/Vehicles in Violation			Fed	State	Total	2		2									
Drivers/Vehicles in Violation																			
Fed	State	Total																	
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Trip Date: 11/16/24, 11/19/24

Gomez & Sons Transport LLC failed to provide a maintenance record for a 2021 Wilson with VIN # [REDACTED] 9898 that was properly identified.

9. Primary: 396.9(d)(3)

Failing to maintain completed inspection form for 12 months from the date of inspection at the carrier's principal place of business or where vehicle is housed.

Example/Notes:

Date of inspection: 11/19/24
Issuing agency: Report Number: KSHP05120528
Driver name/Vehicle ID: Jonathan Gomez Unit #07

Checked		
Fed	State	Total
4		4
Violations Discovered		
Fed	State	Total
2		2
Checked		
Fed	State	Total
5		5
Drivers/Vehicles in Violation		
Fed	State	Total
2		2
Checked		
Fed	State	Total
5		5

Safety Fitness Rating

Your proposed safety rating is: **UNSATISFACTORY** 2 or more UNSATISFACTORY rating factors. Corrective actions must be taken for any violations (deficiencies) identified in this report. See below for more information.

RATING FACTORS	RATING	ACUTE	CRITICAL
Factor 1: General = Parts 387 and 390	Satisfactory	0	0
Factor 2: Driver = Parts 382, 383 and, 391	Unsatisfactory	0	2
Factor 3: Operational = Parts 392 and 395	Satisfactory	0	0
Factor 4: Vehicle = Parts 393 and 396 OOS Vehicles (CR): 0 Number of Vehicles Inspected (CR): 0 OOS Vehicles (MCMIS): 0 Number of Vehicles Inspected (MCMIS): 0 OOS Rate: 0%	Satisfactory		
Factor 5: Haz. Mat. = Parts 397, 171, 177 and, 180	N/A	N/A	N/A
Factor 6: Accident Factor = Recordable Rate Total Miles Operated: 117,522 Recordable Accidents: 2 Recordable Accidents/Million Miles: 17.02	Unsatisfactory	N/A	N/A

Effective date: You will receive an official notice of proposed safety rating from the Federal Motor Carrier Safety Administration in Washington, D.C. The Unsatisfactory rating will take effect 60 days after the date of the official notice.

PROHIBITION: Under 49 USC 31144(c) and 49 CFR 385.13, a motor carrier that receives a final Unsatisfactory safety rating is prohibited from operating a commercial motor vehicle in interstate and intrastate commerce. If applicable, the motor carrier shall have its operating authority registration revoked under 49 USC 13905(f)(1)(B).

You may request a safety rating upgrade based on corrective action under 49 CFR 385.17 and/or an administrative review under 49 CFR 385.15.

Change to safety rating based on corrective action: You may request a change to a safety rating under 49 CFR 385.17 at any time by providing evidence that you have taken actions to correct the deficiencies that resulted in the safety rating. You must make this request in writing to the Field Administrator for the FMCSA Service Center in which you maintain your principal place of business. A pending request for a change in safety rating under 49 CFR 385.17 will not delay the effective date of the rating.

Administrative Review: You may appeal your proposed safety rating in a petition filed under 49 CFR 385.15 if you believe FMCSA made an error in assigning your safety rating. You must submit your appeal within 90 days of the date of the proposed safety rating or within 90 days after denial of a request for a change in rating under section 385.17(i).

You should submit your appeal within 15 days of the date of the official safety rating notice to allow FMCSA to issue a written decision before the prohibitions in 49 CFR 385.13 take effect. A petition under section 385.15 will not delay the effective date of the rating unless the Chief Safety Officer grants a stay.

You must submit your appeal in writing to: Chief Safety Officer, Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590-0001.

DataQs: If you dispute the violations recorded in the Violations section of this investigation report, and the violations were not used in the calculation of your safety rating, you may submit a Request for Data Review (RDR) through DataQs. The DataQs system is the method to remove violations that did not affect your safety rating. DataQs is an online system that allows a motor carrier or driver to request and track a review of Federal and State issued data that it believes to be incomplete or incorrect. To submit an RDR, go to <https://dataqs.fmcsa.dot.gov>.

Process Breakdown and Remedies

BASIC: Crash Indicator

Process Breakdown: Monitoring and Tracking

Gomez & Sons Transport LLC will ensure to monitor unsafe driving habits to ensure drivers operate safely and reduce the number of crashes.

Specific Recommended Remedies

To implement Safety Improvement Practices, the following list are recommended practices related to Monitoring and Tracking:

1. Maintain roadside inspection reports, moving violation records, crash reports, and "How am I driving?" complaints to help evaluate the performance of all staff (drivers and managers) involved in the effectiveness of company safety management policies and procedures.
2. Review and retain each driver's Motor Vehicle Record (MVR) at least annually to ensure compliance with company policies, Federal regulations, and State and local laws and ordinances related to safe driving. File the MVR in each driver's driver qualification file after review.
3. Maintain and record crash accident details and evaluate the company's crash experience over time to identify potential patterns/trends.

BASIC: Controlled Substances/Alcohol

Process Breakdown: Roles and Responsibilities

Gomez & Sons Transport LLC will conduct post-accident testing when required following a DOT recordable accident.

Specific Recommended Remedies

To implement Safety Improvement Practices, the following list are recommended practices related to Roles and Responsibilities:

1. Ensure that managers are responsible for ascertaining that employees receive training concerning controlled substances and alcohol in accordance with State or Federal regulations and company policy.
2. Regardless of carrier membership in a consortium, ensure that the carrier defines and documents the role and responsibilities of the designated employer representative (DER) in monitoring test procedures and checking results.

Recommendations

1. **Acute and Critical Violations**

Acute and/or Critical violations were recorded on this investigation report. These violations will impact your safety record.

NOTICE: A pattern and/or repeated violations of the same or related acute or critical regulations (violations of the same Part in Title 49, Code of Federal Regulations) will cause the maximum penalties allowed by law to be assessed under Section 222 of the Motor Carrier Safety Improvement Act of 1999 (MCSIA). A pattern of violations means two or more violations of acute and/or critical regulations in three or more Parts of Title 49, Code of Federal Regulations discovered during any eligible investigation. Repeated violations means violation(s) of an acute regulation of the same Part of Title 49, Code of Federal Regulations discovered in an investigation after one or more closed enforcement actions within a six-year period and/or violation(s) of a critical regulation in the same Part of Title 49, Code of Federal Regulations discovered in an investigation after two or more closed enforcement actions within a six-year period.

2. **Carrier Crashes**

The Division Administrator/State Director will continue to consider preventability when a motor carrier contests a proposed safety fitness rating. The motor carrier may deem that the recordable accident rate is not a fair means of evaluating its accident factor (Factor 6) on the CR report. If so, the motor carrier must submit the compelling evidence within seven calendar days if the proposed rating is Unsatisfactory and 10 calendar days if the proposed rating is Conditional to:

Division Administrator/State Director
Federal Motor Carrier Safety Administration
1303 SW FIRST AMERICAN PL STE 200
TOPEKA, KS 66604-4040

Compelling evidence must be limited to official police accident reports and official insurance accident investigation reports.

3. **Additional Information**

Please visit the CSA outreach site for additional guidance: <https://csa.fmcsa.dot.gov>.

4. **Obtain copies of the regulations, forms, interpretations, manuals.**

Copies of the regulations, forms, interpretations, and manuals are available from a variety of sources. Check the FMCSA website for a current list of suppliers. www.fmcsa.dot.gov/safety-security/eta/index.htm

5. **Employers are responsible for the compliance of 49 CFR Part 40.**

Employers are responsible for their officers', employees', agents', consortia, and/or contractors' compliance with the requirements of 49 CFR Parts 40 and 382.

6. **Do not schedule trips requiring drivers to speed.**

Do not schedule or require drivers to make trips requiring them to exceed posted speed limits in order to complete the run within the hours of service limits.

7. **A copy of your profile can be obtained by accessing the Portal.**

A copy of your carrier profile can be obtained at no cost from the FMCSA Portal (<https://portal.fmcsa.dot.gov/login>).

8. **Conduct periodic internal reviews. (non-HM)**

Conduct periodic internal reviews of your driver qualification, hours of service control, maintenance, accident analysis/reporting, training, and other safety systems to ensure continued compliance with the FMCSR.

9. **Review maintenance and inspection records for all lease vehicles.**

Periodically review the maintenance and inspection records for all lease vehicles as required by Part 396 of the FMCSR. Keep a record to document these reviews and notify the vehicle owner of any violations detected.

10. **Ensure that all drivers' logs are accurate.**

Ensure that all drivers' records of duty status (logs) are accurate. Check them against "supporting documents" to verify accuracy. Prohibit falsification of logs by any driver. Review the rules on supporting documents. Take appropriate action against drivers who falsify logs.

11. **Driver drug tests required.**

Ensure that all drivers subject to pre-employment, random, reasonable cause, post accident, return to duty, and/or follow-up controlled substance testing are tested as required by 49 CFR Parts 40 and 382 of the FMCSR.

12. **10-year driver employment history required.**

Ensure that drivers provide a 10-year employment history on their employment application.

13. UNSAT & CONDITIONAL

Understand Why Compliance Saves Time and Money: Compliance with FMCSRs will not only save lives, but also saves your business time and money. Tracking how much your business spends on non-compliance activities can help you understand the many benefits of compliance to your business and why safety is good business. Apply Adequate Resources: Apply adequate resources to properly implement safety management practices. Consider reallocating responsibilities, additional staffing, contracting, or investing in technology to aid in this responsibility. Document and Follow Through on Action Plans: Document and follow through on action plans to ensure the actions you are taking are creating improvement in safety management and compliance.

NOTICE: A pattern and/or repeated violations of the same or related acute or critical regulations (violations of the same Part in Title 49, Code of Federal Regulations) will cause the maximum penalties allowed by law to be assessed under Section 222 of the Motor Carrier Safety Improvement Act of 1999 (MCSIA). A pattern of violations means two or more violations of acute and/or critical regulations in three or more Parts of Title 49, Code of Federal Regulations discovered during any eligible investigation. Repeated violations means violation(s) of an acute regulation of the same Part of Title 49, Code of Federal Regulations discovered in an investigation after one or more closed enforcement actions within a six year period and/or violation(s) of a critical regulation in the same Part of Title 49, Code of Federal Regulations discovered in an investigation after two or more closed enforcement actions within a six year period.

Notice: 49 C.F.R. Part 391.23 requires prospective employers to , at a minimum, investigate a driver's employment information, crash record, and alcohol and controlled substance history from all employers the driver worked for within the previous three years.

The Pre-Employment Screening program (PSP) is a screening tool that assists motor carriers in investigating crash history and roadside safety performance of prospective drivers. The PSP is a screening tool that assists motor carriers to purchase 5 years of crash data and 3 years of roadside inspection data from the Federal Motor Carrier Safety Administration's (FMCSA) Motor Carrier Management Information System (MCMIS). Records are available 24 hours a day via Web request. Motor carriers should visit the following website for more information: <http://www.psp.fmcsa.dot.gov/Pages/default.aspx> All motor carriers and truck drivers are needed to fight against terrorism and hijacking. You could be a target. Protect yourself, your trucks, your cargo, and your facilities. Motor carriers should visit the following website for more information:

FMCSA Carrier Safety Measurement System (SMS) is based on ongoing analysis and feedback from enforcement personnel, the motor carrier industry, and other stakeholders. SMS effectively identifies and prioritize high risk and other unsafe motor carriers for enforcement interventions and is designed to reduce commercial motor vehicle crashes and hazardous materials incidents. Motor carrier's currently have the ability to preview their companies SMS information.. The data preview may be found at <http://csa.fmcsa.dot.gov/>.

For all Investigations resulting in a Penalty Order:

PLEASE NOTE: The violations discovered during this compliance review may affect the civil penalty proposed in any subsequent Penalty Order. In addition, your history of prior violations of the Federal Motor Carrier Safety Regulations, Federal Hazardous Material Regulations or the Federal Motor Carrier Commercial Regulations may also affect the civil penalty proposed in any subsequent Penalty Order. Your signature for receipt of this report acknowledges your understanding that the violations discovered by the KCC during this review may be used to calculate any civil penalty proposed as a result of this review. Your signature is not an admission of the violations identified.

For all Investigations resulting in a proposed conditional or unsatisfactory rating:

385.15

If you believe the proposed rating is in error and there are factual and procedural issues in dispute, Part 385.15 (copy provided) outlines procedures for petitioning the Federal Motor Carrier Safety Administration for an administrative review of these findings. Your petition should be addressed to:

US Department of Transportation
Sue Lawless - Chief Safety Officer
Federal Motor Carrier Safety Administration

385.17

In addition, a request for a revised rating based on corrective actions may be made at any time. Part 385.17 (copy provided) outlines the procedures for such a request. The request must be made in writing, must describe the corrective action taken and must include other documentation that may be relied upon as a basis for the requested change. Address your written request to:

US Department of Transportation
Matthew Marrin - Midwestern Field Administrator Federal Motor Carrier Safety Administration
600 Holiday Plaza Dr, Suite 240
Matteson, IL 60443

Ensure that a CC copy of the letter is mailed to:

US Department of Transportation
Kansas Division
Michael Christopher - Division Administrator
Federal Motor Carrier Safety Administration
1303 SW First American Place, STE 200
Topeka, KS 66604

This letter should be submitted as soon as possible. Information on your compliance status, roadside inspections, regulatory changes, accident counter measures and hazardous material counter measures is available on the Internet at the Federal Motor Carrier Safety Administration's web site at <http://www.fmcsa.dot.gov/> and <http://www.safer.fmcsa.dot.gov/>.

For all Investigations that did not result in a Cooperative Safety Plan:

1) The KCC requires that you prepare a corrective action plan, addressing the measures taken to correct all the violations identified within this report. Submit this letter within 30 days outlining the carrier's updated changes to their policies and procedures regarding all listed violations. Explain in detail how, as a carrier representative, you will rectify these deficiencies and prevent their reoccurrence going forward. Include any supporting documentation and evidence as indicated in the recommendations above, (example: vehicle inspections performed, proof of drug and alcohol testing in place, etc.) necessary to prove that corrective action has been taken. Submit the letter along with copies of your supporting evidence to:

Email: jared.L.Smith@ks.gov
FAX: 785-271-3124

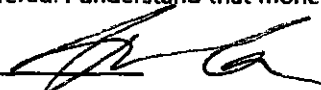
or mail:

Kansas Corporation Commission
Attn: Jared Smith
1500 SW Arrowhead Rd
Topeka, KS 66604-4027

2) The KCC requires a representative from Go Trucking Inc. to attend a Commission-sponsored safety seminar within thirty (30) days from the date of the penalty order. Schedule of the dates for safety seminars can be found on the Commission's website at <https://www.kcc.ks.gov/transportation/calendar-of-events>.

FAILURE TO SUBMIT THE CORRECTIVE ACTION PLAN (CAP) AND ATTEND A SAFETY SEMINAR WITHIN 30 DAYS WILL RESULT IN THE SUSPENSION OF GOMEZ & SONS TRANSPORT LLC'S OPERATING AUTHORITY AND/OR THE IMPOUNDMENT OF GOMEZ & SONS TRANSPORT LLC'S VEHICLES.

I understand that these requirements/violations and/or recommendations have been discussed with me and my questions have been answered. I understand that monetary penalties will be assessed as a result of violations found in this compliance review.

Signed: 

Date: 10-21-25


Table 1: Violations Discovered During Review/Inspection

Violation	Date	Identifying Information	Description
390.15(b)(1) - Failing to keep an accident register in the form and manner			
1	11/28/2024	JONATHAN GOMEZ.	
391.21(a) - Incomplete or no employment application			
1	11/28/2024	Driver: JONATHAN GOMEZ.	
396.3(b)(1) - Failing to keep a maintenance record identifying the vehicle			
1	11/19/2024	Equipment: JONATHAN GOMEZ.	
396.9(d)(3) - Failing to keep roadside inspection form 12 mo. at PPOB			
1	11/19/2024	Equipment: JONATHAN GOMEZ.	
376.11 - Failure to obtain written lease granting use of the equipment			
1	11/19/2024	Unit #T-221	
395.8(a)(1) - Failing to require a driver to prepare a RODS using the appropriate method			
1	11/18/2024	JONATHAN GOMEZ.	
2	11/02/2024	FRANCISCO GOMEZ-DOMINGUEZ	
395.8(e)(1) - False reports of records of duty status			
1	10/28/2024	FRANCISCO GOMEZ-DOMINGUEZ	
2	10/29/2024	FRANCISCO GOMEZ-DOMINGUEZ	
3	11/06/2024	FRANCISCO GOMEZ-DOMINGUEZ	
382.303(b) - Failing to conduct post accident testing on driver for controlled substances			
1	10/03/2024	Driver: FRANCISCO GOMEZ-DOMINGUEZ	
2	11/28/2024	Driver: JONATHAN GOMEZ.	
382.303(a) - Failing to conduct post accident testing on driver for alcohol.			
1	10/03/2024	Driver: FRANCISCO GOMEZ-DOMINGUEZ	
2	11/28/2024	Driver: JONATHAN GOMEZ.	

Exhibit 2

STATE OF COLORADO TRAFFIC CRASH REPORT

☐ AMENDED/SUPPL. ☒ COUNTER REPORT ☐ PRIVATE PROPERTY ☐ PUBLIC LAND

Case # 24017863		Agency ORI CO0510100				Agency Name Pueblo Police Department			
Date of Report (MM/DD/YYYY) 10/17/2024		Date of Crash (MM/DD/YYYY) 10/03/2024		Time of Crash (24 Hour) 19:52		Officer Name K Johannsen		Officer Number 11297	
Date Arrived 10/03/2024		Date Roadway Cleared 10/03/2024		Date Last Responder Left 10/03/2024		Signature K Johannsen		Detail 211	
Time Arrived 19:52		Time Roadway Cleared 20:42		Time Last Responder Left 20:42		Agency Code		Investigated at Scene <input checked="" type="checkbox"/> District Number 02	
Number Killed 0		Number Injured 0		Total Vehicles 2		Total Non-Motorists 0		Juvenile(s) Involved <input type="checkbox"/> Secondary Crash <input type="checkbox"/> Construction Zone Related <input type="checkbox"/> School Zone <input type="checkbox"/>	
Latitude °N		Longitude °W		County Pueblo		City PUEBLO			
On Road/Street: 600 BLK W US HWY 50				Intersection Offset Distance Unit 0 2		01. Miles 02. Feet 03. At the Intersection			
Reference Intersecting Road/Street: N ELIZABETH ST				Intersection Offset Distance 50		Offset Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/>			
HWY NUMBER 50		MILEPOINT		Milepoint Offset Distance Unit		01. Miles 02. Feet 03. At the Milepoint			
<input type="checkbox"/> INTERSTATE HWY <input checked="" type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD <input type="checkbox"/> OTHER RDWY				Milepoint Offset Distance		Offset Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>			
LOCATION 0 1		01. On Roadway 04. Ran Off 'T' Intersection 06. On Private Property 02. Ran Off Left Side 05. Vehicle Crossed Center 07. Center Median/Island 03. Ran Off Right Side Median Into Opposing Lanes				Number of Lanes Blocked 0 3		LANE POSITION W 0 1	
HARMFUL EVENT SEQUENCE		1st 0 8 2nd 3rd 4th Most Harmful Event 0 8							
NON-COLLISION CRASH 01. Overturning/Rollover 44. Immersion, Full or Partial 45. Fell from Motor Vehicle 02. Other Non-Collision COLLISION WITH NON-MOTORIST 03. School Age To/From School 05. Pedestrian 15. Bicycle/Motorized Bicycle COLLISION WITH MOTOR VEHICLE IN TRANSPORT 06. Front to Front 07. Front to Rear 08. Front to Side 09. Rear to Side 10. Rear to Rear 11. Side to Side-Same Direction 12. Side to Side-Opposite Direction COLLISION WITH OTHER VEHICLE 13. Parked Motor Vehicle COLLISION WITH ANIMAL 17. Domestic Animal 18. Wild Animal COLLISION WITH OBJECT 19. Light Pole/Utility Pole 20. Traffic Signal Pole 47. Electrical/Utility Box 21. Sign 41. Guardrail Face 42. Guardrail End 23. Cable Rail 24. Concrete Highway Barrier 48. Overhead Structure (Bridge) 49. Overhead Structure (Not Bridge) 50. Bridge Structure (Not Overhead) 26. Vehicle Debris or Cargo 27. Culvert or Headwall 28. Embankment 43. Ditch 46. Ground 29. Curb 30. Delineator/Milepost 31. Fence 32. Tree 33. Large Rocks or Boulder 34. Railroad Crossing Equipment 35. Barricade 36. Wall or Building 37. Crash Cushion/Traffic Barrel 38. Mailbox 39. Other Fixed Object (Describe in Narrative) 40. Other Non-Fixed Object (Describe in Narrative)									
ROAD CONTOUR - CURVES 0 1		01. Straight 03. Curve Right 02. Curve Left 04. Unknown		ROAD CONTOUR - GRADE 0 1		01. Level 04. Downhill 02. Uphill 05. Sag/Bottom 03. Hill Crest 06. Unknown			
APPROACH/OVERTAKING TURN 0 3		01. Approach Turn 03. Not Applicable 02. Overtaking Turn		LIGHTING CONDITION 0 3		01. Daylight 03. Dark-lighted 02. Dawn or Dusk 04. Dark-Unlighted			
ROAD DESCRIPTION 0 4		01. At Intersection 05. Crossover-Related 10. Ramp-related 14. Mid-Block Crosswalk 02. Driveway Access Related 06. Roundabout 11. Alley Related 15. Express/Managed/HOV Lane 03. Intersection Related 08. Parking Lot 12. Share-Use Path or Trail 16. Railroad Crossing Related 04. Non-Intersection 09. Ramp 13. Auxiliary Lane							
ROAD CONDITION 0 1		01. Dry 08. Dry W/Visible Icy Road Treatment 02. Wet 09. Wet W/Visible Icy Road Treatment 03. Muddy 10. Snowy W/Visible Icy Road Treatment 04. Snowy 11. Icy W/Visible Icy Road Treatment 05. Icy 12. Slushy W/Visible Icy Road Treatment 06. Slushy 13. Sand/Gravel 07. Foreign Material 14. Roto-Milled		WEATHER CONDITION 1st 0 0 2nd		00. Clear 04. Dust 08. Snow 01. Rain 05. Wind 09. Blowing Snow 02. Sleet or Hail 06. Cloudy 03. Fog 07. Freezing Rain or Freezing Drizzle			
TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY									
EMERGENCY MEDICAL SERVICES (Record all time using 24 Hr. time)					TRAFFIC CONTROL DEVICE FUNCTIONING				
Time Notified		Time Arrived @ Scene		Time Arrived @ Hospital		<input type="checkbox"/> 01. No Controls 04. Functioning Properly <input type="checkbox"/> 02. Not Functioning 06. Not Visible <input type="checkbox"/> 03. Functioning Improperly 05. Unknown			
If times are unknown provide name of responding services:									
Approved By Chris Timme				I.D. Number 2478		Date 10/18/2024			

MOTORIZED TRAFFIC UNIT/OCCUPANT

Traffic Unit #	01	Case #	24017863	Agency ORI	CO0510100	Agency Name	Pueblo Police Department
Hit & Run	<input type="checkbox"/>	(Driver) Last Name	GOMEZ-DOMINGUEZ	First Name	FRANCISCO	MI	Phone
Parked	<input type="checkbox"/>	(Driver) Street Address		City	GARDEN CITY	State	ZIP
Non-Contact Vehicle	<input type="checkbox"/>					KS	67846
Driver License Number		Unlicensed Driver	<input type="checkbox"/>	CDL	C	State	KS
				Sex	M	Email	
Primary Violation	CHANGE LANES WHEN UNSAFE	DUI	<input type="checkbox"/>	Violation Code	1007	Citation Number	E145621
						Common Code	223
Same Name	<input checked="" type="checkbox"/>	Vehicle Owner Last Name	GOMEZ-DOMINGUEZ	First Name	FRANCISCO	MI	
Same Addr.	<input checked="" type="checkbox"/>	Vehicle Owner Street Address		City	GARDEN CITY	State	KS
						ZIP	67846
Insurance Company	Progressive	<input type="checkbox"/> None		Expiration Date	05/25/2025	Policy Number	981659042
		<input type="checkbox"/> No Proof					
License Plate No.		State or Country	KS	Number of Trailers:			
Vehicle Identification Number	4674	Year	2022	Trailer 1: VIN#			
Make	PETERBILT	Model	CONVENTIONAL 389	License Plate:		Disabling Damage	<input type="checkbox"/>
Body Type	Truck Tractor	Color	Silver	Trailer 2: VIN#			
				License Plate:		Disabling Damage	<input type="checkbox"/>
Towed	00	00. Not towed		Trailer 3: VIN#			
		01. Towed Due to Disabling Damage		License Plate:		Disabling Damage	<input type="checkbox"/>
		02. Towed, But Not Due to Disabling Damage		Trailer 4: VIN#			
				License Plate:		Disabling Damage	<input type="checkbox"/>
By:				Trailer 5: VIN#			
To:				License Plate:		Disabling Damage	<input type="checkbox"/>

00	VEHICLE DEFECT/CONDITION (OFFICER OPINION ONLY)	TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY	
00. No Vehicle Defects	08. Mechanical Failure	CRASH AVOIDANCE MANEUVER	FIRE/HAZARDOUS MATERIALS INVOLVEMENT
01. Defective Head Light(s)	09. Obstructed Window(s)	00. No Avoidance Maneuver	00. No Fire/Haz-Mat Cargo
02. Defective Brake/Tail Light(s)	10. Improper Load	07. Braking	01. No Fire/Haz-Mat Cargo Not Involved
03. Defective Signaling Device	16. Cargo/Equipment Loss or Spill	08. Steering	02. No Fire/Haz-Mat Incident
04. Brakes Defective/Out of Adjustment	17. Cargo/Equipment Shift	09. Steering and Braking	03. Vehicle Fire/Haz-Mat Cargo
05. Defective Tires	14. Parking Violation	10. Accelerating	04. Vehicle Fire/Haz-Mat Cargo Not Involved
06. Sudden Tire Failure	15. Other Defect(s) (Describe in Narrative)	11. Steering and Accelerating	05. Vehicle Fire/Haz-Mat Incident
07. Improper Tires for Conditions		06. Other Avoidance Maneuver (Describe in Narrative)	

DRIVER/OCCUPANT DETAILS												
A	B	C	D	E	F1	F2	F3	AGE	DRIVER NAME AND ADDRESS ARE ABOVE			
0	1						A	50				
G1	G2	H	I	J	K	L	M	N	SEX	AA Expired Date		
		00	08		00		07		M	BB Expired Time		
EMS Trip #									Taken To			
(Passenger) Name/Address									AA Expired Date			
									BB Expired Time			
EMS Trip #									Taken To			
(Passenger) Name/Address									AA Expired Date			
									BB Expired Time			
EMS Trip #									Taken To			
(Passenger) Name/Address									AA Expired Date			
									BB Expired Time			
EMS Trip #									Taken To			
(Passenger) Name/Address									AA Expired Date			
									BB Expired Time			

TRAFFIC UNIT/GENERAL VEHICLE AND CMV

Traffic Unit #	01	Case #	24017863		Agency ORI	CO0510100		Agency Name	Pueblo Police Department	
GENERAL VEHICLE FIELDS										
01		VEHICLE TYPE		03. Non-School Bus (9 occupants or more including driver) in commerce	15. Farm Equipment	OTHER VEHICLE		CARRIER TYPE 01. Interstate 02. Intrastate 03. Government Vehicle 04. Not in Commerce (If #04 is chosen, complete only the underlined fields below.)		
CMV SECTIONS REQUIRED 01. Medium/Heavy Trucks GVWR/ GCWR between 10,001 and 16,000 27. Medium/Heavy Trucks GVWR/ GCWR 16,001 or over 02. School Bus (all school buses)		04. Transit Bus		20. Working Vehicle/Equipment						
		VEHICLES UNDER THE GVWR/ GCWR THRESHOLD 05. Passenger Car/Passenger Van 07. Pickup Truck/Utility Van 09. SUV 11. Motor Home 12. Motorcycle 28. Autocycle		17. Light Rail		GROSS VEHICLE WEIGHT RATING/GROSS COMBINATION WEIGHT RATING Enter number of pounds.		TOTAL NUMBER OF AXLES Enter the total number of axles including truck and trailer.		
21. Heavy Train										
SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT 00. No Special Function 01. Vehicle Transporting Students To/From School 02. Bus - Transit 03. Bus - Charter 04. Bus - Shuttle 05. Bus - Other 06. Construction Equipment 07. Farm Equipment 08. Farm Vehicle		23. Off Highway Vehicle/ATV		24. Snowmobile		VEHICLE CONFIGURATION 08		CARGO BODY TYPE 03		
		25. Low Speed Vehicle		18. Other Vehicle Type (Describe in Narrative)						
00. No Special Function 01. Vehicle Transporting Students To/From School 02. Bus - Transit 03. Bus - Charter 04. Bus - Shuttle 05. Bus - Other 06. Construction Equipment 07. Farm Equipment 08. Farm Vehicle		22. Vehicle Used for Electronic Ride-hailing (Uber, Lyft etc.)		23. Other (Describe in Narrative)		SEQUENCE OF CRASH EVENTS 1 2 3 4		HAZARDOUS MATERIALS - PLACARDS Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing		
		16. Unknown (Hit and Run Only)								
DIRECTION OF TRAVEL - PRIOR TO IMPACT (PRIOR TO TURNING MOVEMENT) 01. North 02. Northeast 03. East 04. Southeast 05. South 06. Southwest 07. West 08. Northwest		09. Ambulance		10. Police		HAZARDOUS MATERIALS - RELEASE Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes		HAZARDOUS MATERIALS - CODE Enter the four digit number from the placard. If no number on the placard enter the four digit identification number from the shipping paper(s).		
		11. Fire Truck		12. Non-Transport Emergency Services Vehicle						
VEHICLE MOVEMENT - PRIOR TO IMPACT 01. Going Straight 02. Slowing 03. Stopped in Traffic 04. Making Right Turn 05. Making Left Turn		13. Safety Service		14. Towling - Incident Response		HAZARDOUS MATERIALS - CLASS Enter the one digit number taken from the bottom of the placard.		LIQUID HAZARDOUS MATERIALS Enter the amount of bulk liquid cargo at time of crash.		
		15. Other Incident Response		16. Highway/Maintenance						
ROADWAY SPEED LIMIT MPH ESTIMATED VEHICLE SPEED MPH DRIVER'S STATED SPEED MPH		17. Truck Acting as Crash Attenuator		18. Public Utility		01. 0 to 1,000 gallons 02. 1,001 to 2,000 gallons 03. 2,001 to 3,000 gallons 04. 3,001 to 4,000 gallons 05. 4,001 to 5,000 gallons		06. 5,001 to 6,000 gallons 07. 6,001 to 7,000 gallons 08. 7,001 to 8,000 gallons 09. 8,001 gallons and over		
		Emergency Lights Activated <input type="checkbox"/>		19. Military						
DRIVER ACTIONS (OFFICER OPINION ONLY) 07. Improper Turn 08. Turned from Wrong Lane or Position 10. Lane Violation 11. Improper Passing on Left 12. Improper Passing on Right 13. Followed Too Closely 14. Improper Backing 15. Signaling Violation 16. Reckless Driving		12. Swerve/Avoidance		13. Weaving		HAZARDOUS MATERIALS - PLACARDS Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing		HAZARDOUS MATERIALS - RELEASE Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes		
		14. Out of Control		15. Traveled Wrong Way						
DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTORS (OFFICER OPINION ONLY) 00. No Apparent Contributing Factor 02. Asleep or Fatigued 03. Medical 04. Driver Inexperience 05. Aggressive Driving 06. Driver Unfamiliar With Area 07. Driver Emotionally Upset 08. Evading Law Enforcement Officer		17. Careless Driving (if used, next field can not be coded "00")		18. Speeding		HAZARDOUS MATERIALS - PLACARDS Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing		HAZARDOUS MATERIALS - RELEASE Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes		
		19. Too Fast for Conditions		20. Racing						
AUTONOMOUS VEHICLE CAPABILITY 00. No Automation 01. Driver Assistance 02. Partial Automation		21. Over-Correcting/Over-Steering		22. Lacking Required Chains		HAZARDOUS MATERIALS - PLACARDS Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing		HAZARDOUS MATERIALS - RELEASE Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes		
		23. Other Contributing Action (Describe in Narrative)		24. Distracted/Other Interior						
CMV FIELDS Carrier Name Address Dot #		25. Distracted/Other Exterior		26. Sun Glare		HAZARDOUS MATERIALS - PLACARDS Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing		HAZARDOUS MATERIALS - RELEASE Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes		
		27. Not Observed		28. Illness						
Over Height <input type="checkbox"/> Over Weight <input type="checkbox"/> Over Length <input type="checkbox"/> Over Width <input type="checkbox"/> Permitted <input type="checkbox"/>		03. Conditional Automation		04. High Automation		HAZARDOUS MATERIALS - PLACARDS Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing		HAZARDOUS MATERIALS - RELEASE Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes		
		05. Full Automation		06. Unknown						
Driver Ceded Control of Vehicle <input type="checkbox"/>		09. Physical Disability		11. Distracted/Other Occupant		HAZARDOUS MATERIALS - PLACARDS Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing		HAZARDOUS MATERIALS - RELEASE Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes		
		16. Age/Driver Ability		17. Looked/Did Not See						
Over Height <input type="checkbox"/> Over Weight <input type="checkbox"/> Over Length <input type="checkbox"/> Over Width <input type="checkbox"/> Permitted <input type="checkbox"/>		18. Talking on Phone/Holding		19. Talking on Phone/Hands Free		HAZARDOUS MATERIALS - PLACARDS Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing		HAZARDOUS MATERIALS - RELEASE Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes		
		20. Manipulating Electronic Device		21. Distracted Eating/Drinking						
Over Height <input type="checkbox"/> Over Weight <input type="checkbox"/> Over Length <input type="checkbox"/> Over Width <input type="checkbox"/> Permitted <input type="checkbox"/>		22. Distracted/Smoking		23. Distracted/Manipulating Vehicle Control		HAZARDOUS MATERIALS - PLACARDS Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing		HAZARDOUS MATERIALS - RELEASE Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes		
		24. Distracted/Other Interior		25. Distracted/Other Exterior						
Over Height <input type="checkbox"/> Over Weight <input type="checkbox"/> Over Length <input type="checkbox"/> Over Width <input type="checkbox"/> Permitted <input type="checkbox"/>		26. Sun Glare		27. Not Observed		HAZARDOUS MATERIALS - PLACARDS Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing		HAZARDOUS MATERIALS - RELEASE Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes		
		28. Illness		29. Other Factor (Describe in Narrative)						
Over Height <input type="checkbox"/> Over Weight <input type="checkbox"/> Over Length <input type="checkbox"/> Over Width <input type="checkbox"/> Permitted <input type="checkbox"/>		30. Other Factor (Describe in Narrative)		31. Other Factor (Describe in Narrative)		HAZARDOUS MATERIALS - PLACARDS Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing		HAZARDOUS MATERIALS - RELEASE Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes		
		32. Other Factor (Describe in Narrative)		33. Other Factor (Describe in Narrative)						

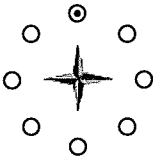
MOTORIZED TRAFFIC UNIT/OCCUPANT

Traffic Unit # <input type="text" value="02"/>		Case # 24017863		Agency ORI CO0510100		Agency Name Pueblo Police Department																																									
Hit & Run <input type="checkbox"/>		(Driver) Last Name MCGEE		First Name MICHAEL		MI Phone																																									
Parked <input type="checkbox"/>																																															
Non-Contact Vehicle <input type="checkbox"/>		(Driver) Street Address		City PUEBLO WEST		State ZIP DOB																																									
				CO 81007																																											
Driver License Number		Unlicensed Driver <input type="checkbox"/>		CDL R	State CO	Sex M	Email																																								
Primary Violation		DUI <input type="checkbox"/>		Violation Code		Citation Number Common Code																																									
Same Name <input checked="" type="checkbox"/>		Vehicle Owner Last Name MCGEE		First Name MICHAEL		MI																																									
Same Addr. <input checked="" type="checkbox"/>		Vehicle Owner Street Address		City PUEBLO WEST		State ZIP																																									
				CO 81007																																											
Insurance Company Allstate		<input type="checkbox"/> None <input type="checkbox"/> No Proof		Expiration Date 01/01/2025		Policy Number 817599278																																									
License Plate No.		State or Country CO		Number of Trailers:																																											
Vehicle Identification Number 39228		Year 2018		Trailer 1: VIN#																																											
Make GMC		Model SIERRA K1500		License Plate: Disabling Damage <input type="checkbox"/>																																											
Body Type Pickup		Color Black		Trailer 2: VIN#																																											
Towed <input type="checkbox"/>		00. Not towed 01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage		License Plate: Disabling Damage <input type="checkbox"/>																																											
By: Zims towing		Undercarriage		Trailer 3: VIN#																																											
To: 2010 ALMA AVE		1. Slight 2. Moderate 3. Severe		License Plate: Disabling Damage <input type="checkbox"/>																																											
00		VEHICLE DEFECT/CONDITION (OFFICER OPINION ONLY)		TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY																																											
00. No Vehicle Defects		08. Mechanical Failure		CRASH AVOIDANCE MANEUVER <input type="checkbox"/>																																											
01. Defective Head Light(s)		09. Obstructed Window(s)		FIRE/HAZARDOUS MATERIALS INVOLVEMENT <input type="checkbox"/>																																											
02. Defective Brake/Tail Light(s)		10. Improper Load		00. No Avoidance Maneuver																																											
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DRIVER/OCCUPANT DETAILS																																															
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	A	B	C	D	E	F1	F2	F3	AGE																																						
	01	00	00	00	00	B	01	A	44																																						
G1	G2	H	I	J	K	L	M	N	SEX																																						
01	A	00	08		00		07		M																																						
DRIVER NAME AND ADDRESS ARE ABOVE																																															
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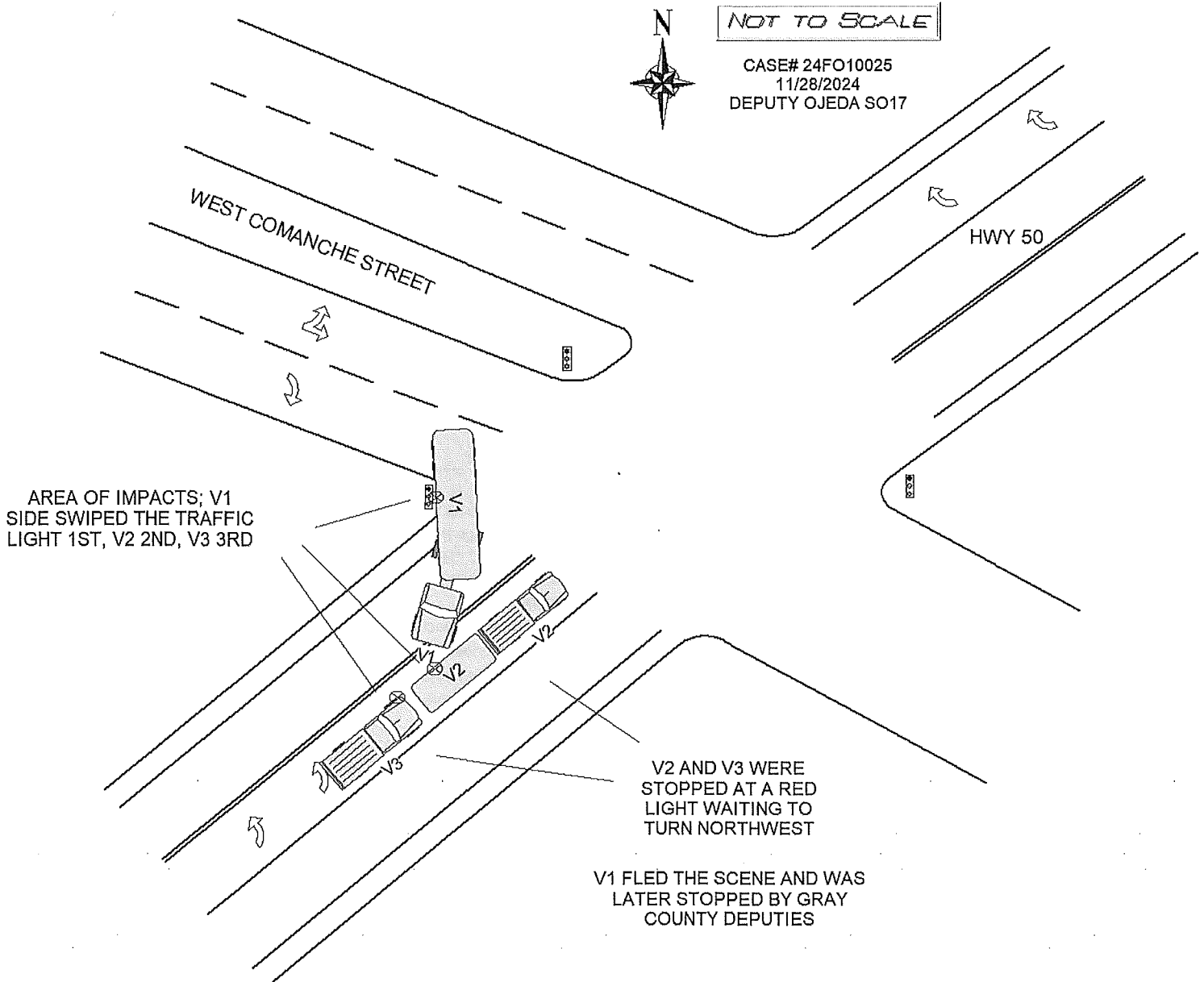
Traffic Unit # 02		Case # 24017863		Agency ORI C00510100		Agency Name Pueblo Police Department	
GENERAL VEHICLE FIELDS							
VEHICLE TYPE 07		03. Non-School Bus (9 occupants or more including driver) in commerce 04. Transit Bus VEHICLES UNDER THE GVWR/GCWR THRESHOLD 05. Passenger Car/Passenger Van 07. Pickup Truck/Utility Van 09. SUV 11. Motor Home 12. Motorcycle 28. Autocycle		15. Farm Equipment 20. Working Vehicle/Equipment OTHER VEHICLE 17. Light Rail 21. Heavy Train 23. Off Highway Vehicle/ATV 24. Snowmobile 25. Low Speed Vehicle 18. Other Vehicle Type (Describe in Narrative) 16. Unknown (Hit and Run Only)		CARRIER TYPE 01 Interstate 02 Intrastate 03 Government Vehicle 04 Not in Commerce (If #04 is chosen, complete only the underlined fields below.)	
CMV SECTIONS REQUIRED 01. Medium/Heavy Trucks GVWR/GCWR between 10,001 and 16,000 27. Medium/Heavy Trucks GVWR/GCWR 16,001 or over 02. School Bus (all school buses)				GROSS VEHICLE WEIGHT RATING/GROSS COMBINATION WEIGHT RATING <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> Enter number of pounds. </div>			
SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT 00 No Special Function 01. Vehicle Transporting Students To/From School 02. Bus - Transit 03. Bus - Charter 04. Bus - Shuttle 05. Bus - Other 06. Construction Equipment 07. Farm Equipment 08. Farm Vehicle				VEHICLE CONFIGURATION 09. Ambulance 10. Police 11. Fire Truck 12. Non-Transport Emergency Services Vehicle 13. Safety Service Patrols - Incident Response 14. Towing - Incident Response 15. Other Incident Response 16. Highway/Maintenance 17. Truck Acting as Crash Attenuator 18. Public Utility 19. Military 20. Rental Truck 21. Taxi 22. Vehicle Used for Electronic Ride-hailing (Uber, Lyft etc.) 23. Other (Describe in Narrative) Emergency Lights Activated 0			
DIRECTION OF TRAVEL - PRIOR TO IMPACT (PRIOR TO TURNING MOVEMENT) 07 North 02 Northeast 03 East 04 Southeast 05 South 06 Southwest 08 Northwest				VEHICLE MOVEMENT - PRIOR TO IMPACT 04 01. Going Straight 02. Slowing 03. Stopped in Traffic 04. Making Right Turn 05. Making Left Turn 06. Making U-Turn 07. Passing 08. Backing 09. Entering/Leaving Parked Position 10. Parked 11. Changing Lanes 12. Swerve/Avoidance 13. Weaving 14. Out of Control 15. Traveled Wrong Way 17. Entering Traffic Way/Merge 18. Negotiating a Curve 16. Other (Describe in Narrative)			
ROADWAY SPEED LIMIT <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> MPH </div>		ESTIMATED VEHICLE SPEED <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> MPH </div>		DRIVER'S STATED SPEED <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> MPH </div>		SEQUENCE OF CRASH EVENTS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">1st</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">2nd</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">3rd</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">4th</div> </div>	
DRIVER ACTIONS (OFFICER OPINION ONLY) 00 No Contributing Action 02. Impeded Traffic 03. Failed to Yield ROW 04. Disregard Stop Sign 05. Failed to Stop at Signal 06. Disregarded Other Device/Sign/Markings				07. Improper Turn 08. Turned from Wrong Lane or Position 10. Lane Violation 11. Improper Passing on Left 12. Improper Passing on Right 13. Followed Too Closely 14. Improper Backing 15. Signaling Violation 16. Reckless Driving 17. Careless Driving (if used, next field can not be coded "00") 18. Speeding 19. Too Fast for Conditions 20. Racing 21. Over-Correcting/Over-Steering 22. Lacking Required Chains 23. Other Contributing Action (Describe in Narrative)			
DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTORS (OFFICER OPINION ONLY) 00 No Apparent Contributing Factor 02. Asleep or Fatigued 03. Medical 04. Driver Inexperience 05. Aggressive Driving 06. Driver Unfamiliar With Area 07. Driver Emotionally Upset 08. Evading Law Enforcement Officer				09. Physical Disability 11. Distracted/Other Occupant 16. Age/Driver Ability 17. Looked/Did Not See 18. Talking on Phone/Holding 19. Talking on Phone/Hands Free 20. Manipulating Electronic Device 21. Distracted Eating/Drinking 22. Distracted/Smoking 23. Distracted/Manipulating Vehicle Control 24. Distracted/Other Interior 25. Distracted/Other Exterior 26. Sun Glare 27. Not Observed 15. Other Factor (Describe in Narrative) 28. Illness			
AUTONOMOUS VEHICLE CAPABILITY 00 No Automation 01. Driver Assistance 02. Partial Automation 03. Conditional Automation 04. High Automation 05. Full Automation 06. Unknown Driver Ceded Control of Vehicle 0				HAZARDOUS MATERIALS - PLACARDS Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing			
HAZARDOUS MATERIALS - RELEASE Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes				HAZARDOUS MATERIALS - CODE Enter the four digit number from the placard. If no number on the placard enter the four digit identification number from the shipping paper(s). <div style="border: 1px solid black; width: 100px; height: 40px; display: flex; align-items: center; justify-content: center;"> </div>			
HAZARDOUS MATERIALS - CLASS Enter the one digit number taken from the bottom of the placard. <div style="border: 1px solid black; width: 100px; height: 40px; display: flex; align-items: center; justify-content: center;"> </div>				LIQUID HAZARDOUS MATERIALS Enter the amount of bulk liquid cargo at time of crash. <div style="display: flex; justify-content: space-between;"> <div> 01. 0 to 1,000 gallons 02. 1,001 to 2,000 gallons 03. 2,001 to 3,000 gallons 04. 3,001 to 4,000 gallons 05. 4,001 to 5,000 gallons </div> <div> 06. 5,001 to 6,000 gallons 07. 6,001 to 7,000 gallons 08. 7,001 to 8,000 gallons 09. 8,001 gallons and over </div> </div>			
CMV FIELDS							
Carrier Name				Dot #			
Address							
Over Height	Over Weight	Over Length	Over Width	Permitted			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Exhibit 3

Kansas Motor Vehicle Crash Report KDOT Form 850A page 1 Rev. 2019				Investigating Department FORD COUNTY SHERIFF'S OFFICE				Reviewed by				Local Case No. 24FO10025		Page of 1 / 8		<input type="checkbox"/> Amended Report													
Investigating Officer Name A. OJEDA				Badge Number 17		County FO		City Name								<input checked="" type="checkbox"/> DUI													
Milepost		Block No		Dir Pfx		On Road Name U50		Road Type HWY		Dir Sfx		SpdLmt 65		Date of Crash (mm/dd/yyyy) 11/28/2024		Time Occur. 02:37		Day TH		<input checked="" type="checkbox"/> Hit & Run									
From Dist 10		Ft/Mi F		From Dir S		<input checked="" type="radio"/> FROM <input type="radio"/> AT		Dir Pfx		Reference or At Road Name W. COMANCHE		Road Type ST		Dir Sfx		SpdLmt 30		Date Notified (mm/dd/yyyy) 11/28/2024		Time Notif. 02:37		Day TH		PO Crash Severity Fatal Injury PDO >= \$1,000 PDO < \$1,000					
Narrative: Describe each traffic unit's pre-crash movement and direction of travel V1 WAS TURNING SOUTH ONTO HWY 50. V2 AND V3 WERE STOPPED AWAITING TO TURN NORTHWEST. V1 SIDE SWIPED THE TRAFFIC LIGHT, STRUCK V2'S REAR DRIVER SIDE TRAILER TIRE, AND STRUCK V3'S FRONT LEFT CORNER. MINOR DAMAGE TO V1 AND V3. V2'S BOX TRAILER HAD 2 FLAT TIRES AND REAR BROKEN AXLE.														Date Arrived (mm/dd/yyyy) 11/28/2024		Time Arriv. 02:48		Day TH		Latitude (AOI)		00 ON WORK ZONE TYPE AT 00							
														Longitude (AOI)		00 None Apply		01 Construction Zone - (KDOT)		02 Maintenance Zone -		03 Utility Zone -		99 Unknown					
														Photos by OJEDA/SGT MARKEL				- LOCATION IN WORK ZONE (AOI)		01 Before first warning sign		02 Advance warning area		03 Transition area		04 Activity area		05 Termination area 99 Unknown	
KDOT? Object 1 Damaged & Nature of Damage (show in diagram) <input type="checkbox"/> TRAFFIC LIGHT				Owner Street Address 806 N 2ND AVE				Personal Phone																					
Owner Last Name CITY OF DODGE CITY				First Name				Middle Name				City DODGE CITY				State KS				Zip 67801				Work Phone (620) 225-8100					
KDOT? Object 2 Damaged & Nature of Damage (show in diagram) <input type="checkbox"/>				Owner Street Address				Personal Phone																					
Owner Last Name				First Name				Middle Name				City				State				Zip				Work Phone					
ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE																													
04 LIGHT CONDITIONS				13 CRASH LOCATION (of 1st Harmful Event)				08 CRASH CLASS (mark 1 box per side)				03				- WORK ZONE CATEGORY													
01 Daylight 04 Dark: street lights on 02 Dawn 05 Dark: no street lights 03 Dusk 99 Unknown				ON ROADWAY: (within travel lanes) 11 Non-intersection 12 Intersection + 13 Intersection-related + 14 Access to Parking lot/Drwyw 15 Interchange Area + 16 On Crossover 17 Toll Plaza OFF ROADWAY: 20 Shoulder 21 Roadside (not shoulder) 22 Median 23 Rest area 88 Other: 99 Unknown				1st Harmful Event Most Harmful Event 00 Other non-collision 01 Overturned/Rollover COLLISION WITH: 02 Pedestrian 03 Motor vehicle in-transport* 04 Legally Parked Vehicle 05 Railway train 06 Pedal cyclist 07 Animal Type: 08 Fixed object** 09 Other object: 99 Unknown								01 Lane closure 02 Lane shift / crossover 03 Work on shoulder / median 04 Intermittent or moving vehicle 88 Other: 99 Unknown													
00 ADVERSE WEATHER CONDITIONS				01 +INTERSECTION TYPE				06 **FIXED OBJECT TYPE (mark 1 box per side if applicable)								*COLLISION WITH VEHICLE 04 (mark 1 box per side if applicable)													
00 No adverse conditions 01 Rain, mist, drizzle 02 Sleet, hail 03 Snow 04 Fog 05 Smoke 06 Strong wind 07 Blowing dust, sand, etc. 08 Freezing rain, mist, drizzle 14 Rain & fog 16 Rain & wind 88 Other: 24 Sleet & fog 36 Snow & wind 99 Unknown				01 Four-way intersection 02 Five-way or more 03 T - intersection 04 Y - intersection 05 L - intersection 06 Roundabout (See Manual for Definitions) 07 Traffic Circle 08 Part of an interchange 99 Unknown				01 Bridge structure 02 Bridge rail 03 Crash cush./Impact attenuator 04 Divider, median barrier 05 Overhead sign support 06 Utility devices: pole, meter, etc 07 Other post or pole 08 Building 09 Guardrail 10 Sign post 11 Culvert 12 Curb 13 Fence/Gate 14 Hydrant 15 Barricade 16 Mailbox 17 Ditch 18 Embankment 19 Wall 20 Tree 21 RRXING fixtures 88 Other: 99 Unknown								1st Harmful Event Most Harmful Event 01 Head on 02 Rear end 03 Angle - side impact 04 Sideswipe: opposite direction 05 Sideswipe: Same direction 06 Backed into 88 Other: 99 Unknown													
02 ON SURFACE TYPE AT 01				ROAD SPECIAL FEATURES (up to 3)												TRAFFIC CONTROLS (On / At Road) O/A													
01 Concrete 02 Blacktop (Asphalt) 03 Gravel 88 Other: 04 Dirt 05 Brick 99 Unknown				00 None 1 00 2 3 01 Bridge 02 Bridge Overhead 03 Railroad Bridge 04 RRXING 05 Interchange 06 Ramp 99 Unknown												Type Present OK/NF 1 O 1 02 1 OK 2 A 2 02 2 OK 3 3 3 3 4 4 4 4 5 5 5 5													
01 ON SURFACE CONDITIONS AT 01																00 None 01 Officer, flagger 02 Traffic signal 03 Stop sign 04 Flasher 05 Yield sign 06 RR gates / signal 07 RR crossing signs 08 No passing zone 09 Center/Edge lines 10 Warning signs 11 School zone signs 12 Parking lines 88 Other: 99 Unknown													
01 Dry 88 Other: 02 Wet 03 Snow 99 Unknown 04 Ice 05 Mud/dirt/sand 06 Debris (oil, etc.) 07 Standing/ moving water 08 Slush																													

Crash Diagram 850A page 2		SPECIAL EVENT		SPECIAL DATA		Local Case No. 24FO10025	Page of 2 / 8
02 ON	ROADWAY NUMBER OF LANES	02 AT	01 ON	ROAD CHARACTER AT	01 ON	00 ON	SPECIAL JURISDICTION
01 One			01 Straight & Level		00 Normal Jurisdiction (Not Special)		<p>A basic diagram is required for all state reportable crashes showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.</p> <p>Indicate North Direction</p> 
02 Two			02 Straight on grade/slope		01 National Park Service		
03 Three			03 Straight on hillcrest		02 Military		
04 Four to Six			04 Curved & level		03 Indian Reservation		
05 Seven or more			05 Curved on grade/slope		04 College / University Campus		
88 Other: _____			06 Curved on hillcrest		05 Other Federal property		
99 Unknown			88 Other: _____		88 Other: _____		
			99 Unknown		99 Unknown		

Draw scene as observed or recreate per statements and evidence available



Occupants & Vehicles KDOT Form 850B page 1 - Rev. 2019				DRIVER & PASSENGER INFORMATION (record pedestrians on supplemental form 854)				Investigating Officer / Badge No. A. OJEDA 17		Local Case No. 24FO10025		Page of 3 / 8							
TU# VIOLATIONS CHARGED				CITATION#				TU# VIOLATIONS CHARGED				More violations in narrative <input type="checkbox"/> CITATION#							
OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS CRASH (FACTOR TYPE, TU#, CC CODE)																			
D1		02		D1		01													
Unit # Seat Type	DRIVER Last Name DRIVER First Name		Middle Name Date of Birth		DRIVER ADDRESS (Number, Street, Suffix, etc.) City State Zip				Personal Phone Number Work Phone Number		Gender Age	SE Used Eject/Trap	Inj Severity Eject Path	Transpt Unit Extrication?					
TU 01	GOMEZ		JAVIER		[REDACTED] MN [REDACTED] KS 67851				Personal		M	S	N						
ST 01	JONATHAN		[REDACTED]		HOLCOMB				Work		25	N		<input type="checkbox"/>					
TU 02	HERVERT		HARLEY		[REDACTED] MN [REDACTED] NB 68883				Personal (402) 890-5536		M	S	N						
ST 01	JOSEPH		[REDACTED]		WOOD RIVER				Work		25	N		<input type="checkbox"/>					
TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)						TRAFFIC UNIT# 02 (02, 04, N2, X4, etc)													
DL State KS		Driver's License Number [REDACTED]		DL Class A		Driving for Employer? <input checked="" type="checkbox"/>		CDL? <input checked="" type="checkbox"/>		DL State NB		Driver's License Number [REDACTED]		DL Class C		Driving for Employer? <input type="checkbox"/>		CDL? <input type="checkbox"/>	
01 DR LICENSE COMPLY		RESTRICT COMPLY		COMMERCIAL ENDORSEMENTS		01 DR LICENSE COMPLY		RESTRICT COMPLY		COMMERCIAL ENDORSEMENTS									
00 Not licensed		Restrictions? <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		00 Not licensed		Restrictions? <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>									
01 Valid License		Driver's Lic Restrictions Y N		Z - None		01 Valid License		Driver's Lic Restrictions Y N		Z - None									
02 Suspended		1 <input type="checkbox"/>		T - Double/Triple Trailer		02 Suspended		1 <input type="checkbox"/>		T - Double/Triple Trailer									
03 Revoked		2 <input type="checkbox"/>		P - Passenger Vehicle		03 Revoked		2 <input type="checkbox"/>		P - Passenger Vehicle									
04 Expired		3 <input type="checkbox"/>		N - Tank Vehicle		04 Expired		3 <input type="checkbox"/>		N - Tank Vehicle									
05 Cancl'd or Denied		4 <input type="checkbox"/>		H - Placarded Haz. Material		05 Cancl'd or Denied		4 <input type="checkbox"/>		H - Placarded Haz. Material									
06 Disqualified				X - Combination Tank/HazMat		06 Disqualified				X - Combination Tank/HazMat									
07 Restricted				S - School Bus		07 Restricted				S - School Bus									
99 Unknown				U - Unknown		99 Unknown				U - Unknown									
SUBSTANCE USE (mark all that apply)				SUBSTANCE USE (mark all that apply)															
<input checked="" type="checkbox"/> AP - Alcohol ingested				<input checked="" type="checkbox"/> DC - Illegal drugs contributed															
<input checked="" type="checkbox"/> AC - Alcohol contributed				<input type="checkbox"/> MP - Medication ingested															
<input checked="" type="checkbox"/> DP - Illegal drugs ingested				<input type="checkbox"/> MC - Medication contributed															
METHOD OF DETERMINATION (mark all that apply)				METHOD OF DETERMINATION (mark all that apply)															
<input type="checkbox"/> 00 No evidence of impairment				<input checked="" type="checkbox"/> 00 No evidence of impairment															
<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)				<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)															
<input checked="" type="checkbox"/> 02 Preliminary Breath Test PBT				<input type="checkbox"/> 02 Preliminary Breath Test PBT															
<input checked="" type="checkbox"/> 03 Behavioral				<input type="checkbox"/> 03 Behavioral															
Tests: HGN, walk-and-turn, one leg stand, etc.				Tests: HGN, walk-and-turn, one leg stand, etc.															
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)				<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)															
<input checked="" type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)				<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)															
<input type="checkbox"/> 06 Other (e.g. saliva test)				<input type="checkbox"/> 06 Other (e.g. saliva test)															
IMPAIRMENT TEST (mark all that apply)				IMPAIRMENT TEST (mark all that apply)															
<input type="checkbox"/> NG - No Test given				<input checked="" type="checkbox"/> NG - No Test given															
<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)				<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)															
<input checked="" type="checkbox"/> PT - Prelim Positive Test (PBT)				<input type="checkbox"/> PT - Prelim Positive Test (PBT)															
<input type="checkbox"/> TG - Evidentiary Test given				<input type="checkbox"/> TG - Evidentiary Test given															
<input checked="" type="checkbox"/> RP - Results pending				<input type="checkbox"/> RP - Results pending															
<input type="checkbox"/> Evidentiary Breath				<input type="checkbox"/> Evidentiary Breath															
<input type="checkbox"/> Eye Fluid				<input type="checkbox"/> Eye Fluid															
<input checked="" type="checkbox"/> Blood (BAC)				<input type="checkbox"/> Blood (BAC)															
<input type="checkbox"/> Other				<input type="checkbox"/> Other															
Drug screen result				Drug screen result															
Unit # Seat Type	PASSENGER Last Name PASSENGER First Name		Middle Name Date of Birth		PASSENGER ADDRESS (Number, Street, Sfx, etc.) City State Zip				Personal Phone Number Work Phone Number		Gender Age	SE Used Eject/Trap	Inj Severity Eject Path	Transpt Unit Extrication?					
TU			MN		[REDACTED] MN [REDACTED]				Personal										
ST			DOB		[REDACTED]				Work					<input type="checkbox"/>					
TU			MN		[REDACTED] MN [REDACTED]				Personal										
ST			DOB		[REDACTED]				Work					<input type="checkbox"/>					
TU			MN		[REDACTED] MN [REDACTED]				Personal										
ST			DOB		[REDACTED]				Work					<input type="checkbox"/>					
TU			MN		[REDACTED] MN [REDACTED]				Personal										
ST			DOB		[REDACTED]				Work					<input type="checkbox"/>					
Transport Unit		EMS Time Notified		Injured taken by:		Transport Unit		EMS Time Notified		Injured taken by:									
EMS Arrived		EMS Time@Hosp		Injured taken to:		EMS Arrived		EMS Time@Hosp		Injured taken to:									

Occupants & Vehicles 850B page 2				VEHICLE# 01 (01, 03, N3, X3, etc)		SPECIAL DATA		VEHICLE# 02 (02, 04, N2, X4, etc)		SPECIAL DATA		Local Case No. 24FO10025		Page of 4 / 8																	
OWNER Last Name ("Same" if Driver) GOMEZ AND SONS				OWNER First Name TRANSPORT LLC		Middle Name		OWNER Last Name ("Same" if Driver) LANDSCAPES UNLIMITED				OWNER First Name LLC		Middle Name																	
OWNER ADDRESS (Number, Street) [REDACTED]				New address? <input type="checkbox"/>		Personal Phone		OWNER ADDRESS (Number, Street) [REDACTED]				New address? <input type="checkbox"/>		Personal Phone																	
CITY GARDEN CITY				ST KS		ZIP 67846		Work Phone (620) 272-9486		CITY LINCOLN				ST NB		ZIP 68512		Work Phone (402) 416-7083													
COLOR WHI		YEAR 2001		MAKE PTRB		MODEL TT		BODY STYLE DS		ST KS		COLOR WHI		YEAR 2021		MAKE CHEV		MODEL SLV		BODY STYLE 4D		ST IA									
LICENSE PLATE # [REDACTED]		County FI		Exp YR 9999		Removed by: SOUTHWEST TOWING		MC CCs N				LICENSE PLATE # [REDACTED]		County IA		Exp YR 2025		Removed by:		MC CCs N											
VEHICLE IDENTIFICATION NUMBER [REDACTED] 8332				Dir of Travel S		# Occupants 1		VEHICLE IDENTIFICATION NUMBER [REDACTED] 8517				Dir of Travel N		# Occupants 1																	
Insurance Company				Policy Number				Insurance Company ZURICH AMERICAN				Policy Number BAP3503816																			
SPECIAL CONDITIONS FOR TRAFFIC UNITS				1 5 2 3 4 5		Odometer		Fire? <input type="checkbox"/>		SPECIAL CONDITIONS FOR TRAFFIC UNITS				1 1 2 3 4 5		Odometer		Fire? <input type="checkbox"/>													
1 Hit & Run				2 Non-Contact		3 Stolen		7 Towed away due to damage		1 Hit & Run				2 Non-Contact		3 Stolen		7 Towed away due to damage													
4 Legally Parked				5 Pursued by LE		6 Driverless				4 Legally Parked				5 Pursued by LE		6 Driverless															
12 VEHICLE BODY TYPE				LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)												05 VEHICLE BODY TYPE				LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)											
01 Automobile				10 Single heavy truck >10,000 lbs												01 Automobile				10 Single heavy truck >10,000 lbs											
02 Motorcycle				11 Truck & trailer(s)												02 Motorcycle				11 Truck & trailer(s)											
03 Motor scooter or Moped				12 Tractor-trailer(s)												03 Motor scooter or Moped				12 Tractor-trailer(s)											
04 Van				13 Cross country bus												04 Van				13 Cross country bus											
05 Pickup truck <10,001 lbs				14 School bus												05 Pickup truck <10,001 lbs				14 School bus											
06 Sport utility veh - SUV				15 Transit (city) bus												06 Sport utility veh - SUV				15 Transit (city) bus											
07 Camper or RV				16 Other bus												07 Camper or RV				16 Other bus											
08 Farm machinery				25 Train												08 Farm machinery				25 Train											
09 All-terrain vehicle - ATV				88 Other: _____												09 All-terrain vehicle - ATV				88 Other: _____											
99 Unknown																99 Unknown															
01 VEHICLE USE				01 VEHICLE DAMAGE												01 VEHICLE USE				00 VEHICLE DAMAGE											
01 No special use				06 Police												01 No special use				06 Police											
02 Taxi / Limo				07 Ambulance												02 Taxi / Limo				07 Ambulance											
03 School bus				08 Fire												03 School bus				08 Fire											
04 Other bus				09 Mail/Parcel												04 Other bus				09 Mail/Parcel											
05 Military				99 Unknown												05 Military				99 Unknown											
06 Police				00 None												06 Police				00 None											
07 Ambulance				04 Destroyed												07 Ambulance				04 Destroyed											
08 Fire				01 Damage (minor)												08 Fire				01 Damage (minor)											
09 Mail/Parcel				88 Other: _____												09 Mail/Parcel				88 Other: _____											
99 Unknown				02 Functional												99 Unknown				02 Functional											
				03 Disabling																03 Disabling											
				99 Unknown																99 Unknown											
DAMAGE LOCATION AREA				03 VEH. MANU. BEFORE UNSTAB. SIT.												DAMAGE LOCATION AREA				11 VEH. MANU. BEFORE UNSTAB. SIT.											
First Impact 11 Major Impact 11				01 Straight/ following road												First Impact 99 Major Impact 99				01 Straight/ following road											
12C 13 6C 6A 6B				11 Stopped awaiting turn												12C 13 6C 6A 6B				11 Stopped awaiting turn											
12B 12A 11 10 9B 9A 8 7				12 Stopped in traf												12B 12A 11 10 9B 9A 8 7				12 Stopped in traf											
12C 13 6C 6A 6B				13 Illegally parked												12C 13 6C 6A 6B				13 Illegally parked											
12B 12A 11 10 9B 9A 8 7				14 Disabled in roadway												12B 12A 11 10 9B 9A 8 7				14 Disabled in roadway											
12C 13 6C 6A 6B				15 Slowing or stopping												12C 13 6C 6A 6B				15 Slowing or stopping											
12B 12A 11 10 9B 9A 8 7				16 Negotiating a curve												12B 12A 11 10 9B 9A 8 7				16 Negotiating a curve											
12C 13 6C 6A 6B				06 Changing lanes												12C 13 6C 6A 6B				06 Changing lanes											
12B 12A 11 10 9B 9A 8 7				07 Avoidance man.												12B 12A 11 10 9B 9A 8 7				07 Avoidance man.											
12C 13 6C 6A 6B				08 Merging												12C 13 6C 6A 6B				08 Merging											
12B 12A 11 10 9B 9A 8 7				88 Other: _____												12B 12A 11 10 9B 9A 8 7				88 Other: _____											
12C 13 6C 6A 6B				09 Parking												12C 13 6C 6A 6B				09 Parking											
12B 12A 11 10 9B 9A 8 7				10 Backing												12B 12A 11 10 9B 9A 8 7				10 Backing											
12C 13 6C 6A 6B				99 Unknown												12C 13 6C 6A 6B				99 Unknown											
12B 12A 11 10 9B 9A 8 7																12B 12A 11 10 9B 9A 8 7															
12C 13 6C 6A 6B																12C 13 6C 6A 6B															
12B 12A 11 10 9B 9A 8 7																12B 12A 11 10 9B 9A 8 7															
12C 13 6C 6A 6B																12C 13 6C 6A 6B															
12B 12A 11 10 9B 9A 8 7																12B 12A 11 10 9B 9A 8 7															
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Occupants & Vehicles KDOT Form 850B page 1 - Rev. 2019			DRIVER & PASSENGER INFORMATION (record pedestrians on supplemental form 854)			Investigating Officer / Badge No. A. OJEDA 17		Local Case No. 24FO10025		Page of 5 / 8							
TU# VIOLATIONS CHARGED			CITATION#			TU# VIOLATIONS CHARGED			More violations in narrative <input type="checkbox"/> CITATION#								
OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS CRASH (FACTOR TYPE, TU#, CC CODE)																	
D1		02															
Unit # Seat Type	DRIVER Last Name DRIVER First Name	Middle Name Date of Birth	DRIVER ADDRESS (Number, Street, Suffix, etc.) City State Zip			Personal Phone Number Work Phone Number	Gender Age	SE Used Eject/Trap	Inj Severity Eject Path	Transpt Unit Extrication?							
TU 03	WIEBKE	C	[REDACTED]			Personal (402) 416-7034	M	S	N								
ST 01	BRIAN	[REDACTED]	LINCOLN NB 68505			Work	37	N		<input type="checkbox"/>							
TU		MN	New address? <input type="checkbox"/> Personal														
ST		DOB	Work							<input type="checkbox"/>							
TRAFFIC UNIT# 03 (01, 03, N3, X3, etc)						TRAFFIC UNIT# (02, 04, N2, X4, etc)											
DL State NB	Driver's License Number [REDACTED]		DL Class C	Driving for Employer? <input type="checkbox"/>	CDL? <input type="checkbox"/>	DL State	Driver's License Number		DL Class	Driving for Employer? <input type="checkbox"/>	CDL? <input type="checkbox"/>						
01	DR LICENSE COMPLY		RESTRICT COMPLY			COMMERCIAL ENDORSEMENTS			DR LICENSE COMPLY			RESTRICT COMPLY			COMMERCIAL ENDORSEMENTS		
00 Not licensed		Restrictions? <input type="checkbox"/> N		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		Z - None		00 Not licensed		Restrictions? <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		Z - None			
01 Valid License		Driver's Lic Restrictions Y N		Y N		T - Double/Triple Trailer		01 Valid License		Driver's Lic Restrictions Y N		Y N		T - Double/Triple Trailer			
02 Suspended		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		P - Passenger Vehicle		02 Suspended		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		N - Tank Vehicle		02 Suspended		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>			
03 Revoked		2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		H - Placarded Haz. Material		03 Revoked		2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		X - Combination Tank/HazMat		03 Revoked		2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>			
04 Expired		3 <input type="checkbox"/> 4 <input type="checkbox"/>		S - School Bus		04 Expired		3 <input type="checkbox"/> 4 <input type="checkbox"/>		U - Unknown		04 Expired		3 <input type="checkbox"/> 4 <input type="checkbox"/>			
05 Cancld or Denied		4 <input type="checkbox"/>		U - Unknown		05 Cancld or Denied		4 <input type="checkbox"/>				05 Cancld or Denied		4 <input type="checkbox"/>			
06 Disqualified						06 Disqualified						06 Disqualified					
07 Restricted						07 Restricted						07 Restricted					
99 Unknown						99 Unknown						99 Unknown					
SUBSTANCE USE (mark all that apply)						SUBSTANCE USE (mark all that apply)											
<input type="checkbox"/> AP - Alcohol ingested						<input type="checkbox"/> DC - Illegal drugs contributed											
<input type="checkbox"/> AC - Alcohol contributed						<input type="checkbox"/> MP - Medication ingested											
<input type="checkbox"/> DP - Illegal drugs ingested						<input type="checkbox"/> MC - Medication contributed											
METHOD OF DETERMINATION (mark all that apply)						METHOD OF DETERMINATION (mark all that apply)											
ALCOHOL						ALCOHOL											
<input checked="" type="checkbox"/> 00 No evidence of impairment						<input type="checkbox"/> 00 No evidence of impairment											
<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)						<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)											
<input type="checkbox"/> 02 Preliminary Breath Test PBT						<input type="checkbox"/> 02 Preliminary Breath Test PBT											
<input type="checkbox"/> 03 Behavioral						<input type="checkbox"/> 03 Behavioral											
Tests: HGN, walk-and-turn, one leg stand, etc.						Tests: HGN, walk-and-turn, one leg stand, etc.											
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)						<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)											
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)						<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)											
<input type="checkbox"/> 06 Other (e.g. saliva test)						<input type="checkbox"/> 06 Other (e.g. saliva test)											
DRUGS						DRUGS											
<input checked="" type="checkbox"/> NG - No Test given						<input type="checkbox"/> NG - No Test given											
<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)						<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)											
<input type="checkbox"/> PT - Prelim Positive Test (PBT)						<input type="checkbox"/> PT - Prelim Positive Test (PBT)											
<input type="checkbox"/> TG - Evidentiary Test given						<input type="checkbox"/> TG - Evidentiary Test given											
<input type="checkbox"/> RP - Results pending						<input type="checkbox"/> RP - Results pending											
Evidentiary Breath 0. _____						Evidentiary Breath 0. _____											
Eye Fluid 0. _____						Eye Fluid 0. _____											
Blood (BAC) 0. _____						Blood (BAC) 0. _____											
Other 0. _____						Other 0. _____											
Drug screen result <input type="checkbox"/>						Drug screen result <input type="checkbox"/>											
Unit # Seat Type	PASSENGER Last Name PASSENGER First Name	Middle Name Date of Birth	PASSENGER ADDRESS (Number, Street, Sfx, etc.) City State Zip			Personal Phone Number Work Phone Number	Gender Age	SE Used Eject/Trap	Inj Severity Eject Path	Transpt Unit Extrication?							
TU		MN	New address? <input type="checkbox"/> Personal														
ST		DOB	Work							<input type="checkbox"/>							
TU		MN	New address? <input type="checkbox"/> Personal														
ST		DOB	Work							<input type="checkbox"/>							
TU		MN	New address? <input type="checkbox"/> Personal														
ST		DOB	Work							<input type="checkbox"/>							
TU		MN	New address? <input type="checkbox"/> Personal														
ST		DOB	Work							<input type="checkbox"/>							
Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:												
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:												

Occupants & Vehicles				VEHICLE# 03	SPECIAL DATA	VEHICLE#	SPECIAL DATA	Local Case No.	Page of		
850B page 2				(01, 03, N3, X3, etc)		(02, 04, N2, X4, etc)		24FO10025	6 / 8		
OWNER Last Name ("Same" if Driver)		OWNER First Name		Middle Name		OWNER Last Name ("Same" if Driver)		OWNER First Name		Middle Name	
LANDSCAPES UNLIMITED		LLC									
OWNER ADDRESS (Number, Street)				New address? <input type="checkbox"/>		OWNER ADDRESS (Number, Street)				New address? <input type="checkbox"/>	
CITY				ST		CITY				ST	
LINCOLN				NB							
ZIP				Work Phone		ZIP				Work Phone	
68512				(402) 416-7083							
COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST	COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
WHI	2019	CHEV	SLV	4D	IA						
LICENSE PLATE #		County	Exp YR	Removed by:		LICENSE PLATE #		County	Exp YR	Removed by:	
		IA	2025								
VEHICLE IDENTIFICATION NUMBER				Dir of Travel		VEHICLE IDENTIFICATION NUMBER				Dir of Travel	
3404				N							
# Occupants				1		# Occupants					
Insurance Company				Policy Number		Insurance Company				Policy Number	
ZURICH AMERICAN				BAP3503816							
SPECIAL CONDITIONS FOR TRAFFIC UNITS				Odometer		SPECIAL CONDITIONS FOR TRAFFIC UNITS				Odometer	
1 1 2 3 4 5						1 2 3 4 5					
1 Hit & Run				2 Non-Contact		1 Hit & Run				2 Non-Contact	
3 Stolen				7 Towed away due to damage		3 Stolen				7 Towed away due to damage	
4 Legally Parked				5 Pursued by LE		4 Legally Parked				5 Pursued by LE	
6 Driverless						6 Driverless					
05 VEHICLE BODY TYPE				LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)		VEHICLE BODY TYPE				LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)	
01 Automobile				10 Single heavy truck >10,000 lbs		01 Automobile				10 Single heavy truck >10,000 lbs	
02 Motorcycle				11 Truck & trailer(s)		02 Motorcycle				11 Truck & trailer(s)	
03 Motor scooter or Moped				12 Tractor-trailer(s)		03 Motor scooter or Moped				12 Tractor-trailer(s)	
04 Van				13 Cross country bus		04 Van				13 Cross country bus	
05 Pickup truck <10,001 lbs				14 School bus		05 Pickup truck <10,001 lbs				14 School bus	
06 Sport utility veh - SUV				15 Transit (city) bus		06 Sport utility veh - SUV				15 Transit (city) bus	
07 Camper or RV				16 Other bus		07 Camper or RV				16 Other bus	
08 Farm machinery				25 Train		08 Farm machinery				25 Train	
09 All-terrain vehicle - ATV				88 Other:		09 All-terrain vehicle - ATV				88 Other:	
99 Unknown				99 Unknown		99 Unknown				99 Unknown	
Calculated speed at impact				Bus Seat Capacity		Calculated speed at impact				Bus Seat Capacity	
Power Source F						Power Source					
01 VEHICLE USE				01 VEHICLE DAMAGE		VEHICLE USE				VEHICLE DAMAGE	
01 No special use				06 Police		01 No special use				06 Police	
02 Taxi / Limo				07 Ambulance		02 Taxi / Limo				07 Ambulance	
03 School bus				08 Fire		03 School bus				08 Fire	
04 Other bus				09 Mail/Parcel		04 Other bus				09 Mail/Parcel	
05 Military				99 Unknown		05 Military				99 Unknown	
00 None				04 Destroyed		00 None				04 Destroyed	
01 Damage (minor)				88 Other:		01 Damage (minor)				88 Other:	
02 Functional						02 Functional					
03 Disabling				99 Unknown		03 Disabling				99 Unknown	
DAMAGE LOCATION AREA				11 VEH. MANU. BEFORE UNSTAB. SIT.		DAMAGE LOCATION AREA				VEH. MANU. BEFORE UNSTAB. SIT.	
First Impact 11 Major Impact 11						First Impact Major Impact					
1 2 3A 3B 4 5				01 Straight/ following road		1 2 3A 3B 4 5				01 Straight/ following road	
12B 12C 13 6C 6A				11 Stopped awaiting turn		12B 12C 13 6C 6A				11 Stopped awaiting turn	
12A 12 13 6C 6A				12 Stopped in traf		12A 12 13 6C 6A				12 Stopped in traf	
9B 9A 8 7				13 Illegally parked		9B 9A 8 7				13 Illegally parked	
14 Undercarriage				15 Windshield		14 Undercarriage				15 Windshield	
16 Other windows				99 Unknown		16 Other windows				99 Unknown	
17 Entire vehicle damaged						17 Entire vehicle damaged					
88 Other:						88 Other:					
Trailer: Present / Damaged				10 Backing		Trailer: Present / Damaged				10 Backing	
99 Unknown				99 Unknown		99 Unknown				99 Unknown	
VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)				VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)		VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)				VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)	
1 22 2 3 4				The exact sequence is unknown		1 2 3 4				The exact sequence is unknown	
NON-COLLISION				COLLISION WITH		NON-COLLISION				COLLISION WITH	
01 Ran off road right				10 Downhill runaway		01 Ran off road right				10 Downhill runaway	
02 Ran off road left				11 Trailer swing		02 Ran off road left				11 Trailer swing	
03 Crossed centerline				12 Separation of units		03 Crossed centerline				12 Separation of units	
04 Overturn/Rollover				13 Jackknife		04 Overturn/Rollover				13 Jackknife	
05 Crossed median				14 Fire		05 Crossed median				14 Fire	
06 Fell/Jumped from veh				15 Explosion		06 Fell/Jumped from veh				15 Explosion	
07 Thrown or falling object				16 Immersion in water		07 Thrown or falling object				16 Immersion in water	
08 Cargo loss or shift				88 Other event:		08 Cargo loss or shift				88 Other event:	
09 Equipment failure (tire, brakes, etc.)				98 Unknown non-coll.		09 Equipment failure (tire, brakes, etc.)				98 Unknown non-coll.	
21 Pedestrian				22 Motor veh in-transport		21 Pedestrian				22 Motor veh in-transport	
23 Legally Parked Vehicle				24 Train		23 Legally Parked Vehicle				24 Train	
25 Pedal cycle (bike, etc)				26 Animal		25 Pedal cycle (bike, etc)				26 Animal	
27 Fixed Object				28 Other moveable object		27 Fixed Object				28 Other moveable object	
99 Unknown object				99 Unknown object		99 Unknown object				99 Unknown object	

**HEAVY VEHICLE &
HAZMAT Supplement**

KDOT Form 852 - Rev. 2019

**INFORMATION ON HEAVY VEHICLES /
BUSES / HAZARDOUS MATERIALS**

Investigating Officer / Badge No.

A. OJEDA

17

Local Case No.

24FO10025

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MOTOR CARRIER INFORMATION

01

GOMEZ AND SONS TRANSPORT

2821 N BELMONT PL

GARDEN CITY

TU #

Carrier Name

Carrier Street Address (P.O. Box only if no street address)

City

KS

67846

(620) 290-4797

USA

State

Zip

Phone

Carrier Country

CARRIER IDENTIFICATION NUMBER(S)

2953684

USDOT#

MC/MX#

☐

NONE

1

CARRIER TYPE

0 - Intrastate

1 - Interstate

2 - Not in Commerce - Other Truck or Bus

3 - Not in Commerce - Government Veh

4 - Other / Not Specified

01

**AT THE TIME OF CRASH, THIS
VEHICLE WAS:**01 Operating on a trafficway open
to the public (In-Transport)

02 Parked on or off the trafficway

88 Other: _____

99 Unknown

03

GVWR/GCWR

01 10,000 lbs or less

02 10,001-26,000 lbs

03 More than 26,000 lbs

99 Unknown

ACTUAL
WEIGHT

35000

lbs

01

**SOURCE OF CARRIER
NAME**

01 Side of vehicle

02 Shipping papers or
manifest

03 Driver

04 Logbook

PERMITS (Issuer and Permit Number)

1. _____

2. _____

3. _____

VEHICLE INFORMATION**HAZMAT / ROADWAY INFORMATION****TRAILER DIMENSIONS**

WIDTH (in) LENGTH (ft)

**TRAILER(s)
DAMAGED?**☐ None☒ Trailer 1☐ Trailer 2☐ Trailer 3**OVERSIZED
LOAD**☐ Height☐ Weight☐ Width**HAZARDOUS MATERIALS INVOLVEMENT**Did the vehicle have a Hazardous Materials Placard? ☐**If Yes, Include The Following Information From The Placard:**

HazMat 4-digit # from the diamond center box: _____

HazMat Class # from the bottom of diamond: _____

Was HazMat released (spilled) from THIS vehicle's cargo? ☐

HazMat Weight (lbs)

TRUCK AND TRAILER TOTALSVehicle Length
(include trailer(s))

72

ft

No. of
Trailers

1

No. of
Axles

3

TRAILER 1 - IDENTIFICATION NUMBER

9898

TRAILER 2 - IDENTIFICATION NUMBER

TRAILER 3 - IDENTIFICATION NUMBER

00 ON-ROAD LANE TYPE

00 Two-way traffic - Undivided roadway

01 One-way traffic - Undivided roadway

02 Two-way traffic - Median strip w/o barrier

03 Two-way traffic - Median strip w/ barrier

04 Two-way traffic - Undivided with a
continuous left turn lane

99 Unknown

**00 VEHICLE ACCESS CONTROL
TO ROADWAYS**00 No access control (Unlimited access -
Roads with no interchanges)01 Partial access control (mix of
interchanges and "at-grade" intersections)02 Full access control (entry/exit only by
interchange ramps)

99 Unknown

SEE BACK OF THIS FORM FOR EXAMPLES OF VEHICLE CONFIGURATIONS AND CARGO TYPES

06

VEHICLE CONFIGURATION

00 Bus 9-15 passengers, including driver

01 Bus more than 15 passengers

02 Single-unit truck (2-axes)

03 Single-unit truck (3 or more axes)

04 Single-unit truck with trailer(s)

05 Truck Tractor only (bobtail)

06 Truck Tractor and semi-trailer

07 Truck Tractor and two trailers

08 Truck Tractor and three trailers

09 Heavy truck > 10,000 lbs cannot classify

10 Vehicles less than 10,000 lbs carrying
hazardous materials

88 Other: _____

99 Unknown

88

CARGO BODY TYPE

00 Not applicable/No cargo body

01 Van or Enclosed box

02 Hopper (e.g. Grain, Chips, Gravel)

03 Cargo tank (liquid, powder, etc)

04 Flatbed

05 Dump

06 Concrete mixer

07 Vehicle transporter

08 Garbage or refuse

09 Bus 9-15 people, including driver

10 Bus more than 15 people

11 Pole

12 Vehicle towing another motor vehicle

13 Intermodal chassis

14 Logging

88 Other: _____

CATTLE HAULER

99 Unknown

00

CARGO TYPE

00 None

01 Drive away or Tow away

02 Explosives

03 Animals: farm or other

04 Farm products

05 Gases

06 General freight (packages)

07 Heavy machinery, objects

08 Household goods

09 Liquids (bulk)

10 Logs, poles, lumber

11 Metal (coils, sheets, etc)

12 Mobile / Modular home

13 Motor vehicles

14 Refrigerated foods

15 Solids (bulk)

16 Rock, sand, gravel, salt

17 Other food products

18 Plastic products

19 People

20 Garbage / refuse

21 Pavement mixture:
concrete, asphalt, etc.

88 Other: _____

99 Unknown

SPECIAL DATA

01

CAB TYPE

01 Cab behind engine

99 Unknown

02 Cab over engine

Exhibit 4

Accident Register

Accident Register Start Date:	MM/DD/YYYY											
Accident Register End Date:	MM/DD/YYYY											
Accident Date MM/DD/YYYY	Accident Hour (Military Time)	Accident Street Address	Accident City	Accident State	FMCSA Crash Report Number	No. of Deaths	No. of Non-Fatal Injuries	Towaways (Y/N)	HM (Y/N)	Driver's First Name	Driver's Last Name	Copy of State or Insurance Report (Y/N)
10/3/2024 1952		600 BLK W US HWY 50 AT N ELIZABETH	PUEBLO	CO	CO2024001963 CASE # 24017863	0	0 Yes	No		FRANCISCO	GOMEZ-DOMINGUEZ	Yes

Exhibit 5

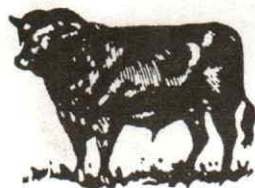
**BILL OF
LADING**
67057

Martinez Cattle Transportation

Adalberto Martinez

400 N. 16 Mile Road • Garden City, KS 67846

Cell (620) 272-4179



PLAIN

Date 11-18-24

Received From Dougherty Cattle Co.

At _____ City Colome State SD

Consigned to National Beef Plant

Destination _____ City Dodge city State Kansas

SUBJECT TO CONDITIONS OF UNIFORM BILL OF LADING

Number of Heads	Description	Mileage One Way	Weight	Rate	Charge
<u>35</u>	<u>Fat cattle</u>		<u>55080</u>		

Not Responsible for Livestock Crippled or Killed in Trucks

Total Charges

Signature of Shipper

Truck

Trailer

Received Above Property in Good Order:

Driver

Unloaded

Consignee

Jonathan Gerner

07

T-ZZ1

VB

Exhibit 6



10-27-28, 24

(Month)

(Day)

(Year)

DRIVER'S DAILY LOG

(24 HOURS)

Original - File at home terminal

Duplicate - Driver retains in his/her possession for eight days

RECAP

Complete at
end of workday.

Total Miles Driving Today

Total Mileage Today

74. B.23Truck/Tractor and Trailer Numbers or
License Plate(s) / State (show each unit)

Name of Carrier or Carriers

Main Office Address

Home Terminal Address

I certify these entries are true and correct:

Driver's Full Signature

Co-Driver's Name

On-duty hours
today. (Total
lines 3 & 4)70 Hr./8 Day
DriversA.
Total hours on
duty last 7 days,
including today.B.
Total hours
available
tomorrow.
70 hr. minus A.*C.
Total hours on
duty last 8 days,
including today.60 Hr./7 Day
DriversA.
Total hours on
duty last 6 days,
including today.B.
Total hours
available
tomorrow.
60 hr. minus A.*C.
Total hours on
duty last 7 days,
including today.*If you took
34 consecutive
hours off duty,
you have 60/70
hours available
again.

1. OFF DUTY

2. SLEEPER
BERTH

3. DRIVING

4. ON DUTY
(NOT DRIVING)

MID-NIGHT 1 2 3 4 5 6 7 8 9 10 11 NOON 1 2 3 4 5 6 7 8 9 10 11 TOTAL HOURS

MID-NIGHT 1 2 3 4 5 6 7 8 9 10 11 NOON 1 2 3 4 5 6 7 8 9 10 11

REMARKS

10.27-28.24. OFF duty

SHIPPING
DOCUMENTS:B/L or Manifest No.
or

Shipper & Commodity

Enter name of place you reported and where released from work and when and where each change of duty occurred.

From:

To:

USE TIME STANDARD AT HOME TERMINAL

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613-MP (Rev. 9/20) 8524



Exhibit 7



10 / 25 / 74
(Month) (Day) (Year)

DRIVER'S DAILY LOG

(24 HOURS)

Original - File at home terminal
Duplicate - Driver retains in his/her possession for eight days

RECAP
Complete at
end of workday.

210 210 -
Total Miles Driving Today Total Mileage Today

2821 Name of Carrier or Carriers
Belmont pl.
Main Office Address
Garden City MS
Home Terminal Address

I certify these entries are true and correct:

Driver's Full Signature

Co-Driver's Name

74 B-23
Truck/Tractor and Trailer Numbers or
License Plate(s) / State (show each unit)

MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
-----------	---	---	---	---	---	---	---	---	---	----	----	------	---	---	---	---	---	---	---	---	---	----	----	-------------

1. OFF DUTY

2. SLEEPER
BERTH

3. DRIVING

4. ON DUTY
(NOT DRIVING)

MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11
-----------	---	---	---	---	---	---	---	---	---	----	----	------	---	---	---	---	---	---	---	---	---	----	----

REMARKS

SHIPPING
DOCUMENTS:

B/L or Manifest No.
or

Shipper & Commodity

From:

Enter name of place you reported and where released from work and when and where each change of duty occurred.

To:

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On-duty hours
today. (Total
lines 3 & 4)

70 Hr./8 Day
Drivers

A.
Total hours on
duty last 7 days,
including today.

B.
Total hours
available
tomorrow.
70 hr. minus A.*

C.
Total hours on
duty last 8 days,
including today.

60 Hr./7 Day
Drivers

A.
Total hours on
duty last 6 days,
including today.

B.
Total hours
available
tomorrow.
60 hr. minus A.*

C.
Total hours on
duty last 7 days,
including today.

*If you took
34 consecutive
hours off duty,
you have 60/70
hours available
again.



DRIVER'S DAILY LOG
(ONE CALENDAR DAY - 24 HOURS)

10.29.24
(MONTH) (DAY) (YEAR)

- 252 -
(TOTAL MILEAGE TODAY)

TRACTOR
NO. 74

TRAILER
NO. B.23

I CERTIFY THESE ENTRIES ARE TRUE AND CORRECT

(DRIVER'S SIGNATURE IN FULL) Fco Gomez

(NAME OF CO-DRIVER) Garden City KS

(HOME TERMINAL ADDRESS)

GOMEZ & SONS TRANSPORT

(NAME OF CARRIER OR CARRIERS)

2821 Belmont Pl. Garden City, KS 67846

(MAIN OFFICE ADDRESS)

	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
1: OFF DUTY																									8
2: SLEEPER BERTH																									15 1/4
3: DRIVING																									4
4: ON DUTY (NOT DRIVING)																									3 1/2
	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	24

REMARKS
TRIP #

drifted out
at 2:30
B. Gomez
drifted out
at 1:00
M. Gomez

DRIVER'S VEHICLE CONDITION REPORT

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS, I SUBMIT THE FOLLOWING;

DATE: 10.29.24 TRACTOR NO.: 74 TRAILER NO.: B.23

COMB
APPROPRIATE
BOX

☒ I detect no defect or deficiency in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown.

☐ I detect the following defects or deficiencies in this motor vehicle that would be likely to affect the safety of its operation or result in its mechanical breakdown:

Indicate whether defects are on TRACTOR or TRAILER - Use sufficient detail to locate for mechanic:

☐ Above defects corrected

☐ Above defects need not be corrected for safe operation of vehicle

DRIVER'S SIGNATURE

Fco Gomez

MECHANIC'S
SIGNATURE

DRIVER'S
SIGNATURE

Exhibit 8

Bill Blackmore Livestock Transportation, Inc.

2063 Rd. 33
Guymon, Oklahoma 73942



580-349-2254

580-651-9336

MILEAGE

Trip Start _____

Load _____

Unload _____

Trip End _____

N^o 114065Date 10-30 2028Received from Thomas Flynn -At Wolf point City MT StateConsigned to Potter Feed yard City De Hart State TX

Destination _____

SUBJECT TO CONDITIONS OF UNIFORM BILL OF LADING

Number of Articles	DESCRIPTION	Mileage One Way	Weight	Rate	Charge
94	HFRS	1007	42,760		

OK. ____ KS. ____ TX. ____ NM. ____ COLO. ____ NEBR. ____

Signature of Shipper	Truck No. <u>78-8-23</u>	Trailer No.	Weights Above Certified By
Driver <u>Flynn</u>	Unloaded		Consignee

Received Above Property in Good Order
Panhandle Printing Form 13207.indd

CERTIFICATE OF SERVICE

25-TRAM-336-PEN

I, the undersigned, certify that a true copy of the attached Order has been served to the following by means of first class mail and electronic service on 03/20/2025.

Francisco Gomez, OWNER
Gomez & Sons Transport LLC
2821N Belmont Pl
Garden City, KS 67846
elvia.gomez4@gmail.com

AHSAN LATIF, LITIGATION COUNSEL
KANSAS CORPORATION COMMISSION
1500 SW ARROWHEAD RD
TOPEKA, KS 66604
ahsan.latif@ks.gov

/S/ KCC Docket Room
KCC Docket Room