

[Print](#)[Set This Request Complete](#)**Request / Response Report**

Response Tracking ID: (None)

Request #: 44962145

Spot Edge Trucking

Provided By: **Karolina Kuoksyte**
Title: (N/A)
Address: **7501 LEMONT RD Suite 305**
City / State / Zip: **Woodridge, IL 60517**
Email: **safety@spotedgetrucking.com**
Phone: **331-707-4070**
Fax:
Items Requested: **EMP**

[Questions about this report?](#)**Requested Subject Information**Denotes a value not equal to the Provided value**Akeem Jabar Collins**SSN: **xxx-xx-0748**DOB: **11-21-1991**Date Range Requested: **11-2022 to 11-2023****Provided Subject Information**Denotes a value not equal to original Requested value**Akeem Jabar Collins**SSN: **xxx-xx-0748**DOB: **11-21-1991**Date Range Provided: **12-2022 to 11-2023****Original Request Information****Provided Information**

Position Held
Reason For Leaving
Driver Class
Driver Type
Was the driver Terminated?
Was the driver subject to FMCSRs while employed?
Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?
Areas Driven
Equipment Driven
Trailer Driven
Loads Hauled

Position Held	Driver
Reason For Leaving	Terminated
Driver Class	Company
Driver Type	Solo
Was the driver Terminated?	Yes
Termination Reason:	Driver on duty and in possession of a narcotic/drug/amphetamine on 11/29/2023
Eligible for Rehire?	Review
Was the driver subject to FMCSRs while employed?	Yes
Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?	Yes
Full Time / Part Time	Full Time
Areas Driven	
Equipment Driven	Tractor-Trailer
Trailer Driven	Van
Loads Hauled	general
Miles per week	
Number of States Driven	
Trailer Length	53'

Activity Log

12-26-2023 10:22 AM - Karolina Kuoksyte (Spot Edge Trucking)

Response added. Request #44962145 status set to "Submitted".

12-25-2023 03:49 PM - Zigi Stamenkovic

Request sent under order #19201946 via **Network** method.

Tenstreet, 120 W. 3rd Street Tulsa, OK 74103.


Drivers: for questions about this report, contact the Tenstreet Consumer Service Department at 877-219-9283, Option 1, then 1 or email:
drivers@tenstreet.com



1

**SAFETY PERFORMANCE HISTORY
RECORDS REQUEST****- CONFIDENTIAL -****Company:** SPOT EDGE TRUCKING INC (DOT 3497396) **Phone:** (331) 707-4070**Date:** 12/08/23**Address:** 7501 LEMONT RD STE 305 WOODRIDGE, IL 60517 **Fax:**

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company(their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.


Akeem Collins (Dec 8, 2023 18:18 EST)
Safety Department (Dec 11, 2023 10:17 EST)

Applicant's Signature

Company representative

Dear Personnel Manager

The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant.

PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Akeem Jabar Collins **SSN:** 594-27-0748**Job Applying For:** OTR Driver

Did the Applicant work for you as a driver: Yes No

If No, please explain: _____

If employed as a driver, please answer the following: Start Date : _____ End Date : _____

☐ Company Driver ☐ Owner/Operator ☐ Other? _____

Type of tractor operated: _____ Type of trailer pulled: _____

Other equipment operated: _____ Commodities operated: _____

Accidents: ☐ Yes ☐ No If yes, please give the date and brief description of each accident: _____Traffic Violations: ☐ Yes ☐ No If yes, please list all including the date and type of violation: _____**INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION**Alcohol tests with a result of 0.04 or greater? ☐ Yes ☐ No If yes, please give date: _____Verified positive controlled substances test results? ☐ Yes ☐ No If yes, please give date: _____Refusals to be tested? ☐ Yes ☐ No If yes, please give date: _____Rehab completed under direction of SAP/MRO? ☐ Yes ☐ No If yes, please give date: _____

Any problems with bonding? Yes No If yes, please explain: _____

Why did this employee leave your company? _____

Would you re-employee this person? ☐ Yes ☐ No If no, please explain: _____

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? _____

Name/Title (of person providing the above information): _____

Company: _____

Date: _____



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: TARA NATIONAL INC (DOT 3165413)

Phone: (463) 205-1444

Date: 12/08/23

Address: 333 N ALABAMA STREET #350 INDIANAPOLIS, IN 46204 Fax:

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company(their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.


Akeem Jabar Collins (Dec 8, 2023 18:18 EST)
Safety Department (Dec 11, 2023 10:17 EST)

Applicant's Signature

Company representative

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PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Akeem Jabar Collins SSN: 594-27-0748

Job Applying For: OTR Driver

Did the Applicant work for you as a driver: ☒ Yes ☐ No

If No, please explain: _____

If employed as a driver, please answer the following: Start Date : 1/24/2022 End Date : 12/6/2022☐ Company Driver ☒ Owner/Operator ☐ Other? _____Type of tractor operated: semi truck Type of trailer pulled: dry van

Other equipment operated: _____ Commodities operated: _____

Accidents: ☐ Yes ☐ No If yes, please give the date and brief description of each accident: _____Traffic Violations: ☐ Yes ☐ No If yes, please list all including the date and type of violation: _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION

Alcohol tests with a result of 0.04 or greater? ☐ Yes ☒ No If yes, please give date: _____Verified positive controlled substances test results? ☐ Yes ☒ No If yes, please give date: _____Refusals to be tested? ☐ Yes ☒ No If yes, please give date: _____Rehab completed under direction of SAP/MRO? ☐ Yes ☒ No If yes, please give date: _____

Any problems with bonding? Yes No If yes, please explain: _____

Why did this employee leave your company? _____

Would you re-employee this person? ☐ Yes ☐ No If no, please explain: _____

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? _____

Name/Title (of person providing the above information): safety departmentCompany: Tara National IncDate: 1/6/24




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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: TARA NATIONAL INC (DOT 3165413)**Phone:** (463) 205-1444**Date:** 12/08/23**Address:** 333 N ALABAMA STREET #350 INDIANAPOLIS, IN 46204**Fax:**

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company(their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.


Akeem Collins (Dec 8, 2023 18:18 EST)
Safety Department (Dec 11, 2023 10:17 EST)

Applicant's Signature

Company representative

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PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Akeem Jabar Collins **SSN:** 594-27-0748**Job Applying For:** OTR Driver

Did the Applicant work for you as a driver: Yes No

If No, please explain: _____

If employed as a driver, please answer the following: Start Date : _____ End Date : _____

☐ Company Driver ☐ Owner/Operator ☐ Other? _____

Type of tractor operated: _____ Type of trailer pulled: _____

Other equipment operated: _____ Commodities operated: _____

Accidents: ☐ Yes ☐ No If yes, please give the date and brief description of each accident: _____Traffic Violations: ☐ Yes ☐ No If yes, please list all including the date and type of violation: _____**INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION**Alcohol tests with a result of 0.04 or greater? ☐ Yes ☐ No If yes, please give date: _____Verified positive controlled substances test results? ☐ Yes ☐ No If yes, please give date: _____Refusals to be tested? ☐ Yes ☐ No If yes, please give date: _____Rehab completed under direction of SAP/MRO? ☐ Yes ☐ No If yes, please give date: _____

Any problems with bonding? Yes No If yes, please explain: _____

Why did this employee leave your company? _____

Would you re-employee this person? ☐ Yes ☐ No If no, please explain: _____

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? _____

Name/Title (of person providing the above information): _____

Company: _____

Date: _____

Zigi Freight Inc. dba Royal 3, Inc.
6850 W. 63rd St.
Chicago, IL 60638

January 8, 2024

RE: Employee Verification Requests for Akeem Jabar Collins from HAELEYS TRUCKING INC.

To whom it may concern:

As of December 8, 2023 I have made the following attempts to contact HAELEYS TRUCKING INC in order to verify Akeem Jabar Collins's employment there.

The first attempt was made on December 25, 2023 when I sent a request at 954-971-1928 which was recommended by safety person when I reached out through phone to their office.

On December 27, 2024 I re-sent request completing the second attempt and on January 3, 2024 I have made a third and final attempt. A formal response from HAELEYS TRUCKING INC was never received.

Sincerely,

Kristina Milacic

A handwritten signature in blue ink, appearing to read 'Kristina', is positioned above a solid blue horizontal line.

FAX

From

Sofija Mitic

To

Phone (630) 485-7370 * 402
Fax 16305662119

Phone
Fax (954) 971-1928

DATE 01/03/2024

Pages including cover sheet: 2

NOTE

Hello, I am sending you this email to confirm Akeem Jabar Collins's employment with your company. Please find the attached form, and send it back to me at your earliest convenience.
Thank you!




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SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Company: HAELEYS TRUCKING INC (DOT 826380)**Phone:** (954) 979-1617**Date:** 12/08/23**Address:** 7563 ROYAL PALM BOULEVARD POMPANO, FL 330633209 **Fax:**

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company(their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.


Akeem Collins (Dec 8, 2023 18:18 EST)


Safety Department (Dec 11, 2023 10:17 EST)

Applicant's Signature

Company representative

PLEASE BE ADVISED!

t
by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Akeem Jabar Collins **SSN:** 594-27-0748**Job Applying For:** OTR Driver

Did the Applicant work for you as a driver: Yes No

If No, please explain: _____

If employed as a driver, please answer the following: Start Date : _____ End Date : _____

☐ Company Driver ☐ Owner/Operator ☐ Other? _____

Type of tractor operated: _____ Type of trailer pulled: _____

Other equipment operated: _____ Commodities operated: _____

Accidents: ☐ Yes ☐ No If yes, please give the date and brief description of each accident: _____Traffic Violations: ☐ Yes ☐ No If yes, please list all including the date and type of violation: _____**INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION**Alcohol tests with a result of 0.04 or greater? ☐ Yes ☐ No If yes, please give date: _____Verified positive controlled substances test results? ☐ Yes ☐ No If yes, please give date: _____Refusals to be tested? ☐ Yes ☐ No If yes, please give date: _____Rehab completed under direction of SAP/MRO? ☐ Yes ☐ No If yes, please give date: _____

Any problems with bonding? Yes No If yes, please explain: _____

Why did this employee leave your company? _____

Would you re-employee this person? ☐ Yes ☐ No If no, please explain: _____

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? _____

Name/Title (of person providing the above information): _____

Company: _____

Date: _____

FAX

From

Sofija Mitic

To**Phone** (630) 485-7370 * 402**Fax** 16305662119**Phone****Fax** (954) 971-1928**DATE** 12/27/2023**Pages including cover sheet:** 2**NOTE**

Hello, I am sending you this email to confirm Akeem Jabar Collins's employment with your company. Please find the attached form, and send it back to me at your earliest convenience.

Thank you!




3

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

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Safety Department (Dec 11, 2023 10:17 EST)

Applicant's Signature

Company representative

PLEASE BE ADVISED!

t
by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Akeem Jabar Collins **SSN:** 594-27-0748**Job Applying For:** OTR Driver

Did the Applicant work for you as a driver: Yes No

If No, please explain: _____

If employed as a driver, please answer the following: Start Date : _____ End Date : _____

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Company: _____

Date: _____

FAX

To

From

Sofija Mitic

Phone
Fax number (954) 971-1928

Phone (630) 485-7370 * 402
Fax number 16305662119

DATE 12/25/2023

Pages including cover sheet: 2

NOTE

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3


SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

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Safety Department (Dec 11, 2023 10:17 EST)

Applicant's Signature

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PLEASE BE ADVISED!

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by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

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Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? _____

Name/Title (of person providing the above information): _____

Company: _____

Date: _____



(954) 979-1617



1.3.24.

Outgoing call

11:51 (52 sec)

From

(630) 566-2119 (me)

(954) 979-1617

Phone number



Create new contact



Add to existing contact



Block and report





(954) 979-1617



12.19.23.

Outgoing call

13:20 (49 sec)

From

(630) 566-2119 (me)

(954) 979-1617

Phone number



Create new contact



Add to existing contact



Block and report





(954) 979-1617



12.12.23.

Outgoing call

12:28 (49 sec)

From

(630) 566-2119 (me)

(954) 979-1617

Phone number



Create new contact



Add to existing contact



Block and report






3

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

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Any problems with bonding? Yes No If yes, please explain: _____

Why did this employee leave your company? _____

Would you re-employee this person? ☐ Yes ☐ No If no, please explain: _____

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? _____

Name/Title (of person providing the above information): _____

Company: _____

Date: _____