Print			Set This Request Complete
Request / Respo	nse Report	Response Tracking ID: (None)	Request #: 44962145
Spot Edge Trucki Provided By: Title: Address: City / State / Zip: Email: Phone: Fax: Items Requested:	Karolina Kuoksyte (N/A) 7501 LEMONT RD Suite 305 Woodridge, IL 60517 safety@spotedgetrucking.c om 331-707-4070	Questions	about this report?
Requested Subj	ect Information	Denotes a value n	ot equal to the <u>Provided</u> value
Akeem Jabar C SSN: xxx-xx-074 DOB: 11-21-1991		Date Range Requeste	ed: 11-2022 to 11-2023

Provided Subject Information

Akeem Jabar Collins SSN: xxx-xx-0748 DOB: 11-21-1991 Denotes a value not equal to original Requested value

Date Range Provided: 12-2022 to 11-2023

Original Request Information	Provided Information			
Position Held	Position Held	Driver		
Reason For Leaving	Reason For Leaving	Terminated		
Driver Class	Driver Class	Company		
Driver Type	Driver Type	Solo		
Was the driver Terminated?	Was the driver Terminated?	Yes		
Was the driver subject to FMCSRs while employed?		Termination Reason: Driver on duty and in possession of a narcotic/drug/amphetamine on 11/29/2023		
Was the driver's job designated as a safety sensitive function in DOT	Eligible for Rehire?	Review		
regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?	Was the driver subject to FMCSR while employed?	s Yes		
Areas Driven	Was the driver's job designated a			
Equipment Driven	a safety sensitive function in DOT regulated mode subject to Drug			
Trailer Driven	and Alcohol testing per 49 CFR			
Loads Hauled	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	s set to "Submitted".			
12-25-2023 03:49 PM - Zigi Stamenkovic				
Request sent under order #19201946 via Ne	twork 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

Rough	1 SAFE	TY PERFORMANCE HISTORY RECORDS REQUEST
Royal 3inc.		- CONFIDENTIAL -
Company: SPOT EDGE TRUCKING INC (DOT 3497396) Ph Address: 7501 LEMONT RD STE 305 WOODRIDGE, IL 60517 I hereby authorize this company to release all records of employment, dates of any and all alcohol or drug tests, those confirmed results, and completion under direction of SAP/MRO) to each and every company(connection with my application for employment company, I hereby rel from any and all liable type as a result of providing the following infor Akeep CWFs (Dec 8, 2023 18:18 EST) Applicant's Signature Dear Personnel Manager The person named herein has applied to this company for em applicant as a past employer. Will you kindly reply to this ing	Fax: , including assessmer d/or my refusing to a their authorized age lease this company, a mation to the below u <u>Safety Departm</u> Company rep ployment in a safe	tts of my job previous ability, and fitness(including ny alcohol or drug tests and any rehabilitation nts) which may request such information in nd its employees, officers, directors, and agents mentioned person and/or company.
above, all liability of you and your company has been release <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980	d by the applicant.	
Name of Applicant: Akeem Jabar Collins SSN: 594-2	27-0748	Job Applying For: OTR Driver
Did the Applicant work for you as a driver: Yes No If No, please explain:		
		End Date :
Type of tractor operated: Type of trailer	r pulled:	
Other equipment operated: Commodities of	perated:	
Accidents: Yes No If yes, please give the date and brief of	description of each a	ccident:
Traffic Violations: Yes No If yes, please list all including	the date and type of	violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INF	ORMATION	
Alcohol tests with a result of 0.04 or greater?	If yes, please give	date:
Verified positive controlled substances test results? Yes	If yes, please give	date:
Refusals to be tested?	If yes, please give	date:
Rehab completed under direction of SAP/MRO?	If yes, please give	date:
Any problems with bonding? Yes No If yes, please explain	n:	
Why did this employee leave your company?		
Would you re-employee this person? Yes No If no, please	e explain:	
Additional comments: (Any problems with customer relations, superv	ision, or abuse of equ	lipment?
Name/Title (of person providing the above information):		
Company:	_	
Date:		

Royal3 Inc.

ale	2 SAFETY PERFO	ORMANCE HISTORY
$\overline{0}$ 1		DS REQUEST
Royal Zinc.		
	- CON	FIDENTIAL -
Company: TARA NATIONAL INC (DOT 3165413)	Phone: (463) 205-1444	Date: 12/08/23
Address: 333 N ALABAMA STREET #350 INDIANAPOLIS, IN 4620		in the first and film and including
I hereby authorize this company to release all records of employed dates of any and all alcohol or drug tests, those confirmed results, completion under direction of SAP/MRO) to each and every compar connection with my application for employment company, I hereby from any and all liable type as a result of providing the following in	and/or my refusing to any alcohol or dru ny(their authorized agents) which may r release this company, and its employees	g tests and any rehabilitation equest such information in s, officers, directors, and agents
Akeen Culris (Dec 8, 2023 18:18 EST)	Safety Department (Dec 11, 2023 10:17 E	ST)
Applicant's Signature	Company representative	
Dear Personnel Manager	company representative	
applicant as a past employer. Will you kindly reply to this i above, all liability of you and your company has been relea <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 69	ised by the applicant. 980 or e-mail: safety@royal3inc.com	•
Name of Applicant: Akeem Jabar Collins SSN: 59	4-27-0748 Job Applyin	ng 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	e: 1/24/2022 End Date : 1	12/6/2022
Company Driver Owner/Operator Other?		
Company Driver Owner/Operator Other? Type of tractor operated: Twulk_ Type of tractor	ailer pulled: dry van	
Other equipment operated: Commoditie		
Accidents: Yes No If yes, please give the date and bri	ef description of each accident:	
Traffic Violations: Yes No If yes, please list all include	ling the date and type of violation:	
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES I		
Alcohol tests with a result of 0.04 or greater?		
Verified positive controlled substances test results?		
Refusals to be tested?	No If yes, please give date:	
Rehab completed under direction of SAP/MRO?		
Any problems with bonding? Yes No If yes, please exp		
Why did this employee leave your company?		
Would you re-employee this person? Yes No If no, pl	ease explain:	×
Additional comments: (Any problems with customer relations, sup	pervision, or abuse of equipment?	
Name/Title (of person providing the above information): Sa Company: Tana Mahona L inc	sety dypartment	
Date: 1/6/24		
Royal3 Inc.		

Royal 3 inc.	2	SAFETY PERFORMANCE RECORDS REQUES	
Sugue Sinc.		- CONFIDENTIAL	
Company: TARA NATIONAL INC (DOT 3165413) Address: 333 n Alabama Street #350 Indianapolis, in 46204	Phone: (463) 4 Fax:	205-1444 Da	<i>te:</i> 12/08/23
I hereby authorize this company to release all records of employmed dates of any and all alcohol or drug tests, those confirmed results, completion under direction of SAP/MRO) to each and every compar connection with my application for employment company, I hereby from any and all liable type as a result of providing the following int Akeep CMPS (Dec 8, 2023 18:18 EST)	and/or my refuny (their author release this co formation to th	ising to any alcohol or drug tests and any re rized agents) which may request such inform mpany, and its employees, officers, director:	habilitation nation in s, and agents
Applicant's Signature	Con	npany representative	
Dear Personnel Manager The person named herein has applied to this company for e applicant as a past employer. Will you kindly reply to this in above, all liability of you and your company has been releas <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 69	nquiry respec sed by the ap	ting this applicant. As you will read wa	
Name of Applicant: Akeem Jabar Collins SSN: 594	4-27-0748	Job Applying For: OTR Dri	ver
Did the Applicant work for you as a driver: Yes No If No, please explain:			
		End Date :	
Type of tractor operated: Type of tra	ailer pulled:		
Other equipment operated: Commodities	s operated:		
Accidents: Yes No If yes, please give the date and brid	ef description c	of each accident:	_
Traffic Violations: Yes No If yes, please list all includi	ing the date ar	d type of violation:	_
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES IN	NFORMATIO	N	_
Alcohol tests with a result of 0.04 or greater?	o If yes, pl	ease give date:	
Verified positive controlled substances test results?	o If yes, pl	ease give date:	
Refusals to be tested?	o If yes, pl	ease give date:	
Rehab completed under direction of SAP/MRO?	o If yes, pl	ease give date:	
Any problems with bonding? Yes No If yes, please exp	lain:		_
Why did this employee leave your company?			_
Would you re-employee this person? Yes No If no, ple	ease explain:		_
Additional comments: (Any problems with customer relations, supe	ervision, or abu	ise of equipment?	_
Name/Title (of person providing the above information):			_
Date:			

Royal3 Inc.

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

ha

FAX

From

Sofija Mitic

То

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

ofija Mitic	Fax: 16305662119	To:		Fax: (954) 971-1928	Page: 2 of 2	01/03/2024 1:52
				3 SAFE	TY PERFORMANC	
T	$\overline{\mathbf{A}}$			-	RECORDS REQ	UEST
	TANA A		NA CC/		C	
	Roya		rev.		- CONFIDENT	IAL -
	0					
	AELEYS TRUCKING I			one: (954) 979-161	7	<i>Date:</i> 12/08/2
	3 ROYAL PALM BOULEVA				ts of my job previous ability,	and fitness(includi
dates of any a	and all alcohol or drug test	s, those confirm	ed results, and	l/or my refusing to an	y alcohol or drug tests and a	ny rehabilitation
connection will	th my application for empl	oyment company	y, I hereby rek	ease this company, ar	ts) which may request such i nd its employees, officers, dir	ectors, and agents
from any and	all liable type as a result o	f providing the f	ollowing inform	nation to the below m	nentioned person and/or com	ipany.
Akeen Culls (Des	c 8, 2023 18:18 EST)			Safety Departme	ent {Dec 11, 2023 10:17 EST}	
Applicant's Sig				Company repr		
Applicant's Sig	Juatare			company repr	contative	
				t		
PLEASE BE A	ADVISED!	by FAX +1 6	30 485 6980	or e-mail: safety@	royal3inc.com.	
Name of Appli	<i>icant:</i> Akeem Jab	ar Collins	<i>ssn:</i> 594-2	7-0748	Job Applying For: OTR	Drivor
Name or Appli			55N. 554-2	1-0140	Job Applying For, OTK	DIVCI
Did the Applic	ant work for you as a driv	er: Yes	No			
	explain:					
If employed a	s a driver, please answer I	he following:	Start Date : _		_ End Date :	
Company D	Priver Owner/Operato	r Other?				-
Type of trac	tor operated:		Type of trailer	pulled:		
Other equipm	ent operated:	C	ommodities op	erated:		
Accidents:	Yes No If yes, p	lease give the da	ate and brief d	escription of each ac	cident:	
				•		
Traffic Violatic	ons: Yes No	If yes, please lis	t all including	the date and type of	violation:	
INQUIRY FO	R ALCOHOL AND CONT	ROLLED SUBS	TANCES INFO	ORMATION		
Alcohol tests v	with a result of 0.04 or gre	ater?	/es No	If yes, please give	date:	
Verified positiv	ve controlled substances to	est results? 🔲 ۱	/es 🗌 No	If yes, please give	date:	
Refusals to be	e tested?	<u> </u>	/es 🗌 No	If yes, please give	date:	
Rehab comple	ted under direction of SAF	/MRO?	/es 🗌 No	If yes, please give	date:	
Any problems	with bonding? Yes	No If yes,	please explain	;		
		144				
Why did this e	employee leave your comp	any?				
		Voc No	If no, please	explain:		
Would you re-	employee this person?					
	I J I Decesso		ations, supervi	sion, or abuse of equi	ipment?	
Additional con	nments: (Any problems w	ith customer rela				
Additional con Name/Title (of	nments: (Any problems w	ith customer relation):			ipment?	

FAX

From

Sofija Mitic

То

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

ofija Mitic	Fax: 16305662119	To:	Fax: (954) 971-1928	Page: 2 of 2 12/27/2023 3:31 P
	. Alexandress of		3 SAFE	TY PERFORMANCE HISTORY
5	3		0	RECORDS REQUEST
	(DALA)	1/ Sim	e/	
	Roya		/*	- CONFIDENTIAL -
	<u> </u>			
	AELEYS TRUCKING I 3 ROYAL PALM BOULEVA		()	7 Date: 12/08/2
I hereby author dates of any and completion und connection wit	orize this company to rele nd all alcohol or drug test der direction of SAP/MRO th my application for emp	ase all records of em is, those confirmed r) to each and every loyment company, I	ployment, including assessment esults, and/or my refusing to ar company(their authorized agen hereby release this company, ar	ts of my job previous ability, and fitness(includir ny alcohol or drug tests and any rehabilitation ts) which may request such information in id its employees, officers, directors, and agents nentioned person and/or company.
	·	promaing are reno	R	
Akeen Cuins (Dec	: 8, 2023 18:18 EST)		Safety Departme	ent {Dec 11, 2023 10:17 EST}
Applicant's Sig	nature		Company repr	esentative
			t	
PLEASE BE A	DVISED!	by FAX +1 630 4	185 6980 or e-mail: safety@	royal3inc.com.
Name of Appli	<i>cant:</i> Akeem Jab	ar Collins s	w: 594-27-0748	Job Applying For: OTR Driver
marre or rippin				
	ant work for you as a driv explain:			
If employed as	s a driver, please answer	the following: Sta	rt Date :	End Date :
Company D	river Owner/Operato	r Other?		
Type of trac	tor operated:	Тур	e of trailer pulled:	
Other equipme	ent operated:	Comr	nodities operated:	
Accidents:	Yes 🔄 No If yes, p	lease give the date	and brief description of each ac	cident:
Traffic Violatio	ns: Yes No	If yes, please list all	including the date and type of	violation:
	R ALCOHOL AND CON			
-				dato
	vith a result of 0.04 or gro	lase south	No If yes, please give	date:
Refusals to be		Yes	yuuuuu	date:
	ted under direction of SA			
,	ted under direction of SA	• harvest	Summer 7 7 5 w	date:
	with the second second second			
Any problems	with bonding? Yes	No If yes, plea	ase explain:	
	-			
Why did this e	-	pany?		
Why did this en	mployee leave your comp employee this person?	pany?]Yes 🗌 No If	no, please explain:	
Why did this en Would you re-o Additional com	mployee leave your comp employee this person?	any?]Yes NoIf rith customer relation	no, please explain: ns, supervision, or abuse of equ	ipment?
Why did this end Would you re-or Additional com Name/Title (of	mployee leave your comp employee this person?	Yes No If ith customer relation	no, please explain: ns, supervision, or abuse of equ	ipment?

Fax: 16305662119

To:

FAX

То

From

Sofija Mitic

Phone		Phone	(630) 485-7370 * 402
Fax number	(954) 971-1928	Fax number	16305662119

DATE 12/25/2023

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.

ofija Mitic	Fax: 16305662119	To:	Fax: (954) 971	-1928 Page: 2 of 2	12/25/2023 4:21 P
	. An Anna Maria		3 SA	FETY PERFORMANC	E HISTORY
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	(DAIA)	1/ Sin	C/	Ľ	
	Roya		V.*	- CONFIDENTI	AL -
	<u> </u>				
	AELEYS TRUCKING I 3 ROYAL PALM BOULEVA		(***) ***	1617	Date: 12/08/2
I hereby author dates of any a completion un connection with	orize this company to rele and all alcohol or drug test der direction of SAP/MRO th my application for emp	ase all records of en is, those confirmed i) to each and every loyment company, I	nployment, including assess results, and/or my refusing t company(their authorized a hereby release this compan	ments of my job previous ability, a to any alcohol or drug tests and ar agents) which may request such ir y, and its employees, officers, dire w mentioned person and/or com	ny rehabilitation Iformation in Ectors, and agents
	·	providing the role			Janys
Akeen Cuil s (Dec	: 8, 2023 18:18 EST)		Safety Dej	partment {Dec 11, 2023 10:17 ES }	
Applicant's Sig	inature		Company	representative	
				ŧ	
<u>PLEASE BE A</u>	DVISED!	by FAX +1 630	485 6980 or e-mail: safe	ty@royal3inc.com.	
Name of Appli	<i>icant:</i> Akeem Jab	ar Collins s	5N: 594-27-0748	Job Applying For: OTR	Driver
nune er rippn				505 rppiying rom C TTC	011101
	ant work for you as a driv explain:)		
If employed a	s a driver, please answer	the following: Sta	art Date :	End Date :	
Company D	priver Owner/Operato	r Other?			
Type of trac	tor operated:	Тур	e of trailer pulled:		
Other equipme	ent operated:	Com	modities operated:		
Accidents:	Yes 🔄 No If yes, p	lease give the date	and brief description of each	n accident:	
Traffic Violatio	ons: Yes No	If yes, please list al	II including the date and type	e of violation:	
	R ALCOHOL AND CONT				
-	with a result of 0.04 or gro	······		jive date:	
	-	lane new?	No If yes, please g		
Refusals to be		Yes		give date:	
Rehab comple	ted under direction of SAI			pive date:	
,	with bonding? Yes				
Any problems	marbonang: res				
	-				
	-	any?			
Why did this e	-				
Why did this e Would you re-	employee leave your comp employee this person?	Yes No If	no, please explain:		
Why did this e Would you re- Additional com	employee leave your comp employee this person?	Yes No If	no, please explain:	equipment?	
Why did this e Would you re- Additional com Name/Title (of	employee leave your comp employee this person?	Yes No If	no, please explain:		







Royal Zinc.	3	SAFETY PERFORMANCE HISTORY RECORDS REQUEST
		- CONFIDENTIAL -
<i>Company:</i> HAELEYS TRUCKING INC (DOT 826380) <i>Address:</i> 7563 ROYAL PALM BOULEVARD POMPANO, FL 33063320 I hereby authorize this company to release all records of employme		, ,
Attest of any and all alcohol or drug tests, those confirmed results, completion under direction of SAP/MRO) to each and every compar connection with my application for employment company, I hereby from any and all liable type as a result of providing the following in Attest (Was (Oec 8, 2023 18:18 EST)	and/or my ref ny(their author release this or formation to t	fusing to any alcohol or drug tests and any rehabilitation orized agents) which may request such information in company, and its employees, officers, directors, and agents
Applicant's Signature		ompany 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. <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.		
Name of Applicant: Akeem Jabar Collins SSN: 594	4-27-0748	Job Applying For: OTR Driver
Did the Applicant work for you as a driver: Yes No If No, please explain:		
		End Date :
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?		
Verified positive controlled substances test results? Yes No If yes, please give date:		
Refusals to be tested?		
Rehab completed under direction of SAP/MRO? Yes No If yes, please give date: Any problems with bonding? Yes No If yes, please explain:		
Any problems with bonding? Yes No If yes, please exp		
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:		

Royal3 Inc.