

**Riki Transportation Inc dba BRZ
8225 Leclair Ave
Burbank, IL 60459**

July 5, 2024

RE: Employee Verification Requests for Duthene Bayard from BURTON ENTERPRISES LLC.

To whom it may concern:

As of June 7, 2024 I have made the following attempts to contact BURTON ENTERPRISES LLC in order to verify Duthene Bayard's employment there.

The first attempt was made on June 10, 2024 when I sent a request at ADMIN@burtonent.us which was recommended by safety person when I reached out through phone to their office.

On June 17, 2024 I re-sent request completing the second attempt and on June 24, 2024 I have made a third and final attempt. A formal response from BURTON ENTERPRISES LLC was never received.

Sincerely,

Kristina Milacic

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



Employment Verifications <ev@rtbrz.com>

Employment Verification for Duthene Bayard

Employment Verifications <ev@rtbrz.com>

Mon, Jun 24, 2024 at 11:04 PM

To: ADMIN@burtonent.us

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Duthene Bayard's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

Kind regards,
Sofia

[HR Department](#)
[Riki Transportation Inc dba BRZ](#)

MC#086875
8225 Leclair Ave,
Burbank, IL 60459
Phone Number: 630-566-2119
Email: ev@rtbrz.com



03DQ BRZ_Bayard Duthene-3.pdf
821K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Duthene Bayard

Employment Verifications <ev@rtbrz.com>

Mon, Jun 17, 2024 at 1:41 PM

To: ADMIN@burtonent.us

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Duthene Bayard's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

Kind regards,
Sofia

[HR Department](#)
[Riki Transportation Inc dba BRZ](#)

MC#086875
8225 Leclaire Ave,
Burbank, IL 60459
Phone Number: 630-566-2119
Email: ev@rtbrz.com



03DQ BRZ_Bayard Duthene-3.pdf
821K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Duthene Bayard

Employment Verifications <ev@rtbrz.com>

Mon, Jun 10, 2024 at 11:37 PM

To: ADMIN@burtonent.us

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Duthene Bayard's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

Kind regards,

Sofia

[HR Department](#)

[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclair Ave,

Burbank, IL 60459

Phone Number: 630-566-2119

Email: ev@rtbrz.com



03DQ BRZ_Bayard Duthene-3.pdf

821K



BURTON OH



6.11.24.

Outgoing call

10:51 (53 sec)

From

(630) 566-2119 (me)

(567) 389-0910

Phone number



Create new contact



Add to existing contact

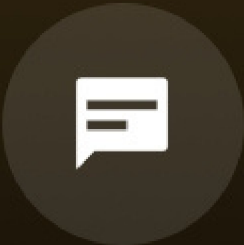


Block and report





BURTON OH



6.17.24.

Outgoing call

12:04 (51 sec)

From

(630) 566-2119 (me)

(567) 389-0910

Phone number



Create new contact



Add to existing contact

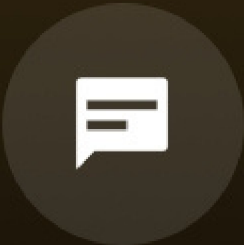


Block and report





BURTON OH



6.24.24.

Outgoing call

13:27 (44 sec)

From

(630) 566-2119 (me)

(567) 389-0910

Phone number



Create new contact



Add to existing contact



Block and report






1


SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: BURTON ENTERPRISES LLC (DOT2564300) **Phone:** (567) 389-0910**Date:** 06/07/24**Address:** 77 MILFORD DRIVE STE 254 HUDSON, OH 44236 **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.


Bayard, Duthene (Jun 7, 2024 14:00 EDT)


Kristina Milacic (Jun 7, 2024 14:01 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgc bUa YX \ YfY b \ Ug Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh b U gUZ/magYbgHij Y d'cgHjcbZ Mti f ZbX b H Y
Udd J MbiH Ug U dUgh Ya d'cnYf K J nci J bX mYd mhc H Jg bei J mYfYgdYV Mjb H Jg Udd J MbiH 5g nci k J fYUX k Uij Yf gUHYX
UVcj YZU JUV J mciZ nci UbX nci f Wda dUbm \ Ug VYYb fY YUgYX VmH Y Udd J Mbt

PLEASE BE ADVISED! Mti a UnfYd nby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant:

Duthene Bayard

SSN: 729228337

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: _____

[Print](#)

TRX EXPRESS INC

Duthene Bayard[Re-Send Request](#)Dates Requested: **05-2022** to **10-2023**Status: **Submitted** ▼[Add/Edit Note](#)Items Requested: **EMP**SSN: **729-22-8337**Date Requested: **06-10-2024**DOB: **07-04-1976**[Log Phone Attempt](#)Request Method: **Network**Attempts: **1**[Actual Provide Method](#): **N/A**Count towards Experience ☐[Summary](#)Next Action Date: **06-11-24** [Edit](#) [Delete](#)

Request #: 47751983

[Report](#)[Activity Log](#)[Supporting Documents](#)[Print](#)

Request / Response Report

Response Tracking ID: (None)

Request #: 47751983

TRX EXPRESS INC

Provided By: **Isidora Prespanoska**
Title: **(N/A)**
Address: **820 BRIAN DRIVE**
City / State / Zip: **Crest Hill, IL 60403**
Email: **safety@trxexpress.com**
safetytrxexpress@gmail.co
m
Phone: **630-364-8339**
Fax:
Items Requested: **EMP**

[Questions about this report?](#)

Requested Subject Information

■ Denotes a value not equal to the Provided value**Duthene Bayard**SSN: **xxx-xx-8337**DOB: **07-04-1976**Date Range Requested: **05-2022** to **10-2023**

Provided Subject Information

■ Denotes a value not equal to original Requested value**Duthene Bayard**SSN: **xxx-xx-8337**DOB: **07-04-1976**Date Range Provided: **05-2022** to **11-2023**

Original Request Information

Provided Information

Position Held	Driver
Reason For Leaving	Voluntary
Driver Class	Company
Driver Type	Solo
Was the driver Terminated?	No
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

Areas Driven	and Alcohol testing per 49 CFR
Equipment Driven	Part 40?
Trailer Driven	Full Time / Part Time full time
Loads Hauled	Areas Driven
	Equipment Driven Tractor-Trailer
	Trailer Driven Reefer Trailer
	Loads Hauled
	Miles per week 2500
	Number of States Driven
	Trailer Length 53'

Activity Log

06-11-2024 02:04 PM - Isidora Prespanoska (TRX EXPRESS INC)

Response added. Request #47751983 status set to "Submitted".

06-10-2024 04:42 PM - Zigi Stamenkovic

Request sent under order #20258741 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




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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: TRX EXPRESS INC (DOT2330774)**Phone:** (815) 205-4060**Date:** 06/07/24**Address:** 820 BRIAN DRIVE CREST HILL, IL 60403**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.


Bayard, Duthene (Jun 7, 2024 14:00 EDT)


Kristina Milacic (Jun 7, 2024 14:01 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU[Yf

H Y dYfgcb' bUa YX\ YfY]b \ Ug Udd' JYX' h' H' g' Wda dUbmZcf Ya d' cna Ybh]b' U' gUZYmAgYbg]hij Y' d'cg]h' cbZ' Mti f' Z]bX]b[' H' Y
Udd']WbhUg' U' dUghYa d' cnyf"K]' nci]bX' mfyd' m' h' g']bei]f mfygdYV]b[' H' g' Udd']Wbh' 5g' nci ' k]' fYUX' k Uij Yf g' UH' X
UVcj YZU']UV]]micZ' nci ' UbX' nci f' Wda dUbm\ Ug VYYb' fY YUgYX Vm' h' Y' Udd']Wbh"

PLEASE BE ADVISED! Mti 'a Unfyd' nby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant:

Duthene Bayard

SSN: 729228337

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: _____

[Print](#)

Vamar Inc

Duthene Bayard[Re-Send Request](#)Dates Requested: **07-2021** to **04-2022**Status: **Submitted** ▼[Add/Edit Note](#)Items Requested: **EMP**SSN: **729-22-8337**Date Requested: **06-11-2024**DOB: **07-04-1976**[Log Phone Attempt](#)Request Method: **Network**Attempts: **1**Actual Provide Method: **Corrected Record**Count towards Experience ☐[Summary](#)Next Action Date: **06-11-24** [Edit](#) [Delete](#)

Request #: 47758886

[Report](#)[Activity Log](#)[Supporting Documents](#)[Print](#)**Corrected Record**

You are viewing a Corrected Record that was edited 06-11-2024.

Request / Response Report

Response Tracking ID: (None)

Request #: 47758886

Vamar Inc

Provided By: **Martha Samia**
Title: (N/A)
Address: **1800 W Hawthorne Ln**
City / State / Zip: **West Chicago, IL 60185**
Email: **vamarsafety@gmail.com**
Phone: **224-241-7777**
Fax:
Items Requested: **EMP**

[Questions about this report?](#)**Requested Subject Information**■ Denotes a value not equal to the Provided value**Duthene Bayard**Date Range Requested: **07-2021** to **04-2022**SSN: **xxx-xx-8337**DOB: **07-04-1976****Provided Subject Information**■ Denotes a value not equal to original Requested value**Duthene Bayard**Date Range Provided: **06-2021** to **09-2021**SSN: **xxx-xx-8337**DOB: **07-04-1976****Original Request Information****Provided Information**

Position Held

Position Held

OTR

Reason For Leaving

Reason For Leaving

accident

Driver Class

Driver Class

Company

Driver Type

Driver Type

Solo

Was the driver Terminated?

Was the driver Terminated?

No

Was the driver subject to FMCSRs while employed?

Eligible for Rehire?

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?

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

Yes

Areas Driven	and Alcohol testing per 49 CFR	
Equipment Driven	Part 40?	
Trailer Driven	Full Time / Part Time	Full Time
Loads Hauled	Areas Driven	OTR
	Equipment Driven	Tractor-Trailer
	Trailer Driven	Van
	Loads Hauled	
	Miles per week	
	Number of States Driven	48
	Trailer Length	

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



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SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -


Company: VAMAR INC (DOT3145664)


Phone: (224) 241-7777

Date: 06/07/24

Address: 1800 W HAWTHORNE LN STE F1 WEST CHICAGO, IL 60185 **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.


Bayard. Duthene (Jun 7, 2024 14:00 EDT)


Kristina Milacic (Jun 7, 2024 14:01 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgc bUa YX YfY b U g Udd JYX hc H g Wda dUbmZcf Ya d'cna Ybh b U g UZ Ymg Ybg H j Y d c g H j c b Z M c i f Z b X b H Y Udd J M b h U g U d U g h Y a d'c n Y f " K J " n c i _ j b X m f Y d m h c H g j b e i j f m f Y g d Y M j b H g Udd J M b h " 5 g n c i k J " f Y U X k U j j Y f g U H Y X U V c j Y Z U " J U V J m i c Z n c i U b X n c i f W d a d U b m h U g V Y Y b f Y Y U g Y X V m h Y Udd J M b t "

PLEASE BE ADVISED! Mti a UnfYd nby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant: Duthene Bayard

SSN: 729228337

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: _____