

INDIANA USA **COMMERCIAL DRIVER'S LICENSE**

bmv.IN.gov
PETER L. LACY, COMMISSIONER

4d DLN 6550-07-1228 **4b EXP 12/09/2026**

1 VAUGHN
2 DARREN


8 3784 JACKSON ST
GARY, IN 46408



9 CLASS A **9a END 2TX**
12 RES NONE


15 SEX M **16 HGT 5'-10"** **17 WGT 200 lb**
18 EYES BRO **19 HAIR BRO**

3 DOB 12/09/1990 **4a ISS 02/16/2022**

5 DD 02162265500008

655 

 **12/09/90**

DRIVER EVALUATION ROAD TEST FORM

DRIVER NAME	VAUGHN DARREN	DATE:	10/10/24
OBSERVED BY	DEMIS	Time In&Out	
TRUCK #	720	TRAILER #	

PRE TRIP INSPECTION

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	360-degree walk-around performed	Tire check properly with air gauge	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	All lights inspected Truck&Trailer	Mirrors adjusted	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Horn and windshield wipers inspected	Insurance/licensing info inspected	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Emergency equipment inspected	Oil check properly	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	All fluids inspected	Understand weight distribution	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Slide tandems properly	Coupling & Uncoupling properly	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Check for oil,air,coolant leaks	Connects air&electric line to trailer properly	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

BACKING AND PARKING

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Making good angle while reverse parking	Get out and look before backing	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Checks if tandems are slid to the front	Using 4-way flasher	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Uses mirrors	Slowly backing	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Time spent on backing			Start time:	End Time:	

DRIVING

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Uses seatbelt	Verifies passenger is wearing seatbelt	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Starts vehicle properly	Observes Traffic patterns	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Does not allow vehicle to roll while stopped	Drives with both hands on steering wheel	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Steers smoothly	Keeps proper distance	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Brakes on time	Brakes smooth	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Speed appropriate for conditions	Uses mirrors properly every 10 sec	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Uses cellphone while driving	Keeps vehicle in proper lane while turning	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Checks traffic in all directions	Using turn signals on time	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Approaches turn at proper speed	Turns only when traffic is cleared	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Uses engine brake properly	Does not exceed speed limit	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Follows and understand traffic signs	Looking at mirrors while turning	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Determines that pass is safe and legal	Signal used in advance of turn	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Makes wide turn	Checks traffic conditions/ road construction et	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Passes in safe location	Returns to lane safely	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

DRIVER **PASS** / FAIL

NOTES:

3-YEARS-EX

RECOMMENDING FOR RE-TEST

☒ YES ☐ NO

DRIVER EVALUATION ROAD TEST FORM

DRIVER NAME	VAUGHN DARREN	DATE:	10/10/24
OBSERVED BY	DEMIS	Time In&Out:	
TRUCK #	720	TRAILER #	

PRE TRIP INSPECTION

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	360-degree walk-around performed	Tire check properly with air gauge	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	All lights inspected Truck&Trailer	Mirrors adjusted	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Horn and windshield wipers inspected	Insurance/licensing info inspected	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Emergency equipment inspected	Oil check properly	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	All fluids inspected	Understand weight distribution	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Slide tandems properly	Coupling & Uncoupling properly	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Check for oil,air,coolant leaks	Connects air&electric line to trailer properly	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

BACKING AND PARKING

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Making good angle while reverse parking	Get out and look before backing	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Checks if tandems are slid to the front	Using 4-way flasher	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Uses mirrors	Slowly backing	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Time spent on backing			Start time:	End Time:	

DRIVING

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Uses seatbelt	Verifies passenger is wearing seatbelt	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Starts vehicle properly	Observes Traffic patterns	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Does not allow vehicle to roll while stopped	Drives with both hands on steering wheel	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Steers smoothly	Keeps proper distance	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Brakes on time	Brakes smooth	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Speed appropriate for conditions	Uses mirrors properly every 10 sec	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Uses cellphone while driving	Keeps vehicle in proper lane while turning	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Checks traffic in all directions	Using turn signals on time	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Approaches turn at proper speed	Turns only when traffic is cleared	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Uses engine brake properly	Does not exceed speed limit	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Follows and understand traffic signs	Looking at mirrors while turning	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Determines that pass is safe and legal	Signal used in advance of turn	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Makes wide turn	Checks traffic conditions/ road construction et	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Passes in safe location	Returns to lane safely	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

DRIVER **PASS** / FAIL

NOTES:

3-YEARS-EX

RECOMMENDING FOR RE-TEST

☒ YES ☐ NO