

Public Burden Statement

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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Pacheco **First Name:** Manuel in accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

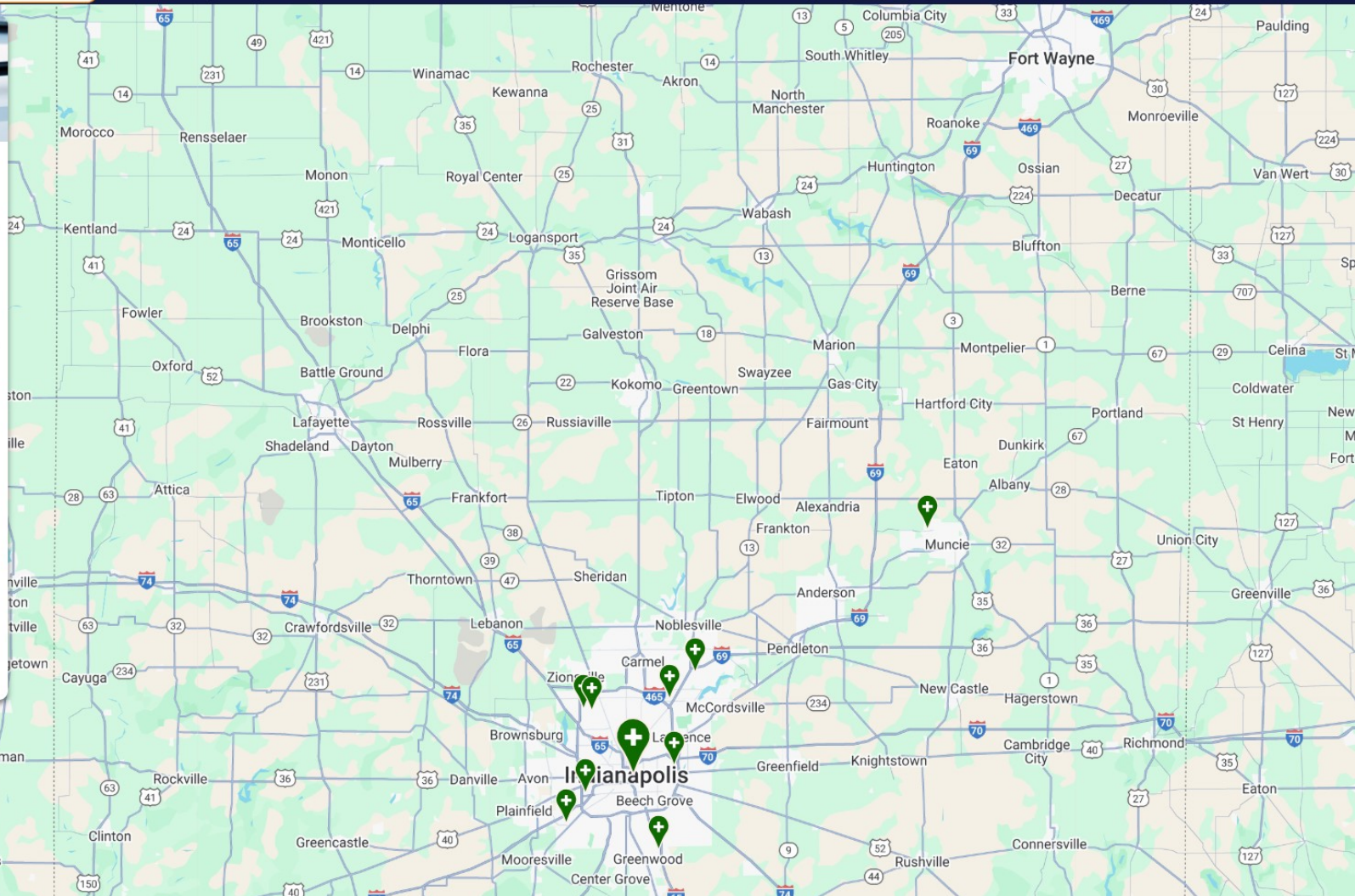

- ☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.




Medical Examiner's Certificate Expiration Date03/26/2025**Medical Examiner's Signature**Mark Kehres MD**Medical Examiner's Telephone Number**574-537-1709**Date Certificate Signed**03/26/2025**Medical Examiner's Name (please print or type)**Mark Kehres M.D.☒ MD☐ Physician Assistant☐ Advanced Practice Nurse☐ DO☐ Chiropractor☐ Other Practitioner (specify) _____**Medical Examiner's State License, Certificate, or Registration Number**01063673A**Issuing State**IN**National Registry Number**7974465119**Driver's Signature**Manuel Pacheco**Driver's License Number**P22526992**Issuing State/Province**KY**Driver's Address****Street Address:** 104 Laurie Vallee, 303**City:** LOUISVILLE**State/Province:** KY**Zip Code:** 40223**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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Map of Indiana showing medical examiner locations. The map displays major highways and cities. Several green location pins are visible, indicating medical examiner offices. The pins are concentrated in the central and southern parts of the state, particularly around Indianapolis and Fort Wayne.

Dr. Mark Kehres
(Medical Doctor)

Practice Business Name
Concentra

Address
1101 Southeastern Ave Indianapolis, IN 46202

Hours of Operation
-

National Registry Number 7974465119	Certification Date 03/18/2014
Distance N/A	Business Phone (317) 955-2020
Business Fax Number -	