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CA Online Driver Report 3 Year Report

Order Date: 03/24/2025

Ordered for: Simplex Group, Inc.
DL# Searched: F7116730
Name Searched: ANDERSON
DOB Searched: 09/24/1996
Searched on: 03/24/2025
Control #: 30641689

Reference: THEPOWER01
License: F7116730
Name: DEVIN ISAIAH ANDERSON

Hair: BRN	Gender: MALE	Medical Exp: 09/08/2025	Lic Issued: 09/14/2023
Eyes: BLU	DOB: 09/24/1996	Tot St Pts: 1.5	Lic Expires: 09/24/2027
Height: 6'2	Age: 26	Cust Pts:	Class: A
Weight: 155		Comp Score:	Status: VALID

License Information

License: PERSONAL	Orig Issue:	Issue: 09/14/2023	Expire: 09/24/2027	Status: VALID
Class C: CLASS C NON-COMMERCIAL				
License: COMMERCIAL	Orig Issue:	Issue: 09/14/2023	Expire: 09/24/2027	Status: VALID
Class A: CLASS A COMMERCIAL VEH > 26K LBS. MAY TOW ANOTHER VEHICLE > 10K LBS.				
License: ID CARD	Orig Issue:	Issue: 11/06/2013	Expire: 09/24/2019	Status: EXPIRED
Class ID: CLASS ID CARD				



Violation Information

Type	Viol Date	Conv Date	St	SP**	Plate	Code	ACD	Description	Act/Post Speed	Pts
VIOL	09/05/2022	08/30/2023	CA		8XFF711	4000A1	B54	UNREGISTERD VEHICLE ON HIGHWAY/PARK Docket: 00B6KKQ Court/Issuing Agency: 36480 -FONTANA SUPERIOR RECORD UPDATE DATE: 8/30/2023		0
OSVIOL	09/07/2019	10/11/2019	OR		91		M42	CMV:IMPROPER LANE CHANGE RECORD UPDATE DATE: 11/12/2019		1.5

**SP (A=Accident,C=Commercial,H=Hazmat)

Accidents

Date	State	SP**	Plate	Code	ACD	Description	Pts
07/05/2022			9E84597			*** ACCIDENT *** Location: LOS ANGELES ACCIDENT REPORTED BY INVOLVED PARTIES	

**SP (C=Commercial,H=Hazmat)

Actions

Action	Order Date	Start Date	Thru Date	End Date	SP**	Code	ACD	Description
SUSP	08/10/2022	09/09/2022		09/09/2023		16070	D36	SUSPENDED SUSPENSION OF DRIVING PRIVILEGE *Does not affect the privilege to drive employer's vehicles in the course of employment.

SUSP 08/10/2022 09/09/2022 09/09/2023 16004A W00 **ACCIDENT - FINANCIAL RESPONSIBILITY**
SUSPENSION-FAILURE TO REPORT
ACCIDENT
*Does not affect the privilege to drive employer's
vehicles in the course of employment.

**SP (A=Accident,C=Commercial,H=Hazmat)

CDL Medical/Certificate Status

Med Status:	Cert Status:
Issued:	Expires: 09/08/2025
Self Cert Date:	Posted Date:
Examiner:	
Examiner Phone:	Juris:
Examiner Lic:	Examiner Reg Num:
Examiner Type:	
Restrictions:	

Additional State Information

FIRST RENEWAL BY MAIL
INSURANCE PROOF TYPE:
OPERATOR COVERAGE PROOF ON FILE
FR PRF REQ 090922 TERM 090926

End of report

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