

## II. Exemption Decision

This notice addresses 14 individuals who have requested renewal of their exemptions in accordance with FMCSA procedures. FMCSA has evaluated these 14 applications for renewal on their merits and decided to extend each exemption for a renewable two-year period. They are:

Michael W. Anderson (NM)  
Michael R. Bradford (MD)  
John J. Caricola, Jr (NC)  
Angklicka D. M. Engle (CA)  
Wade M. Hillmer (MN)  
Michael W. Jensen (CA)  
Clifford E. Masink (OH)  
Michael J. McGreggan (FL)  
Felix L. McLean (NM)  
Willie E. Nichols (FL)  
John P. Perez (FL)  
Scott K. Richardson (OH)  
Kyle C. Shover (NJ)  
Charles H. Smith (IN)

The exemptions are extended subject to the following conditions: (1) That each individual has a physical examination every year (a) by an ophthalmologist or optometrist who attests that the vision in the better eye continues to meet the requirements in 49 CFR 391.41(b)(10), and (b) by a medical examiner who attests that the individual is otherwise physically qualified under 49 CFR 391.41; (2) that each individual provides a copy of the ophthalmologist's or optometrist's report to the medical examiner at the time of the annual medical examination; and (3) that each individual provide a copy of the annual medical certification to the employer for retention in the driver's qualification file and retains a copy of the certification on his/her person while driving for presentation to a duly authorized Federal, State, or local enforcement official. Each exemption will be valid for two years unless rescinded earlier by FMCSA. The exemption will be rescinded if: (1) The person fails to comply with the terms and conditions of the exemption; (2) the exemption has resulted in a lower level of safety than was maintained before it was granted; or (3) continuation of the exemption would not be consistent with the goals and objectives of 49 U.S.C. 31136(e) and 31315.

## III. Basis for Renewing Exemptions

Under 49 U.S.C. 31315(b)(1), an exemption may be granted for no longer than two years from its approval date and may be renewed upon application for additional two year periods. In accordance with 49 U.S.C. 31136(e) and 31315, each of the 14 applicants has satisfied the entry conditions for obtaining an exemption from the vision

requirements (64 FR 40404; 64 FR 66962; 67 FR 17102; 70 FR 25878; 72 FR 8417; 72 FR 34062; 72 FR 36099; 74 FR 7097; 74 FR 15584; 74 FR 26466; 74 FR 26471; 76 FR 37173; 78 FR 57679). Each of these 14 applicants has requested renewal of the exemption and has submitted evidence showing that the vision in the better eye continues to meet the requirement specified at 49 CFR 391.41(b)(10) and that the vision impairment is stable. In addition, a review of each record of safety while driving with the respective vision deficiencies over the past two years indicates each applicant continues to meet the vision exemption requirements.

These factors provide an adequate basis for predicting each driver's ability to continue to drive safely in interstate commerce. Therefore, FMCSA concludes that extending the exemption for each renewal applicant for a period of two years is likely to achieve a level of safety equal to that existing without the exemption.

## IV. Public Participation and Request for Comments

FMCSA encourages you to participate by submitting comments and related materials.

### Submitting Comments

If you submit a comment, please include the docket number for this notice (FMCSA-1999-5748; FMCSA-2006-26653; FMCSA-2008-0398), indicate the specific section of this document to which each comment applies, and provide a reason for each suggestion or recommendation. You may submit your comments and material online or by fax, mail, or hand delivery, but please use only one of these means. FMCSA recommends that you include your name and a mailing address, an email address, or a phone number in the body of your document so the Agency can contact you if it has questions regarding your submission.

To submit your comment online, go to <http://www.regulations.gov> and put the docket number, "FMCSA-1999-5748; FMCSA-2006-26653; FMCSA-2008-0398" in the "Keyword" box, and click "Search." When the new screen appears, click on "Comment Now!" button and type your comment into the text box in the following screen. Choose whether you are submitting your comment as an individual or on behalf of a third party and then submit. If you submit your comments by mail or hand delivery, submit them in an unbound format, no larger than 8½ by 11 inches, suitable for copying and electronic filing. If you submit comments by mail

and would like to know that they reached the facility, please enclose a stamped, self-addressed postcard or envelope. FMCSA will consider all comments and material received during the comment period and may change this notice based on your comments.

### Viewing Comments and Documents

To view comments, as well as any documents mentioned in this preamble as being available in the docket, go to <http://www.regulations.gov> and in the search box insert the docket number, "FMCSA-1999-5748; FMCSA-2006-26653; FMCSA-2008-0398" in the "Keyword" box and click "Search." Next, click "Open Docket Folder" button choose the document listed to review. If you do not have access to the Internet, you may view the docket online by visiting the Docket Management Facility in Room W12-140 on the ground floor of the DOT West Building, 1200 New Jersey Avenue SE., Washington, DC 20590, between 9 a.m. and 5 p.m., e.t., Monday through Friday, except Federal holidays.

Issued On: May 22, 2015.

Larry W. Minor,

Associate Administrator for Policy.

[FR Doc. 2015-13654 Filed 6-3-15; 8:45 am]

BILLING CODE 4910-EX-P

## DEPARTMENT OF TRANSPORTATION

### Federal Motor Carrier Safety Administration

[Docket No. FMCSA-2013-0442; FMCSA-2013-0443; FMCSA-2013-0444; FMCSA-2013-0445; FMCSA-2014-0213; FMCSA-2014-0214; FMCSA-2014-0215; FMCSA-2014-0216; FMCSA-2014-0378; FMCSA-2014-0379; FMCSA-2014-0380; FMCSA-2014-0381; FMCSA-2014-0382]

### Denial of Exemption Applications; Epilepsy and Seizure Disorders

**AGENCY:** Federal Motor Carrier Safety Administration (FMCSA), DOT.

**ACTION:** Notice of denial of applications for seizure exemptions.

**SUMMARY:** FMCSA announces the denial of 36 individuals' applications for exemptions from the rule prohibiting persons with a clinical diagnosis of epilepsy or any other condition that is likely to cause a loss of consciousness or any loss of ability to operate a commercial motor vehicle (CMV) from operating CMVs in interstate commerce. The reason for each of the denials is listed after the individual's name.

**FOR FURTHER INFORMATION CONTACT:** Charles A. Horan, III, Director, Office of Carrier, Driver and Vehicle Safety, (202)

366–4001, or via email at [fmcsamedical@dot.gov](mailto:fmcsamedical@dot.gov), or by letter to FMCSA, Room W64–113, Department of Transportation, 1200 New Jersey Avenue SE., Washington, DC 20590–0001. Office hours are from 8:30 a.m. to 5 p.m., Monday through Friday, except Federal holidays.

#### SUPPLEMENTARY INFORMATION:

##### Background

Under 49 U.S.C. 31315 and 31136(e), FMCSA may grant an exemption for a 2-year period if it finds “such exemption would likely achieve a level of safety that is equivalent to, or greater than, the level that would be achieved absent such exemption.” The statutes allow the Agency to renew exemptions at the end of the 2-year period. The 36 individuals listed in this notice have requested an exemption from the epilepsy and seizure disorder standard in 49 CFR 391.41(b)(8), which applies to drivers who operate CMVs as defined in 49 CFR 390.5, in interstate commerce. Section 391.41(b)(8) states that a person is qualified physically to drive a CMV if that person has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause the loss of consciousness or any loss of ability to control a CMV.

In order to make an evidence-based decision, FMCSA conducted a comprehensive review of scientific literature and convened a panel of medical experts in the field of neurology to evaluate key questions regarding seizure and anti-seizure medication related to the safe operation of a CMV. Previously, the Agency gathered evidence for decision making concerning potential changes to the regulation by conducting a comprehensive review of scientific literature that was compiled into a report entitled, “*Evidence Report on Seizure Disorders and Commercial Vehicle Driving*” (*Evidence Report*) [CD-ROM HD TL230.3 .E95 2007]. The Agency then convened a MEP in the field of neurology on May 14–15, 2007, to review 49 CFR 391.41(b)(8) and the advisory criteria regarding individuals who have experienced a seizure and the 2007 Evidence Report. The *Evidence Report* and the MEP recommendations are published on-line at <http://www.fmcsa.dot.gov/rules-regulations/topics/mep/mep-reports.htm> under Seizure Disorders and are in the docket for this notice. In reaching the determination to grant or deny exemption requests for individuals who have experienced a seizure, the Agency considered both current medical

literature and information and the 2007 recommendations of the Agency’s Medical Expert Panel (MEP).

##### MEP Criteria for Evaluation

On October 15, 2007, the MEP issued the following recommended criteria for evaluating whether an individual with epilepsy or a seizure disorder should be allowed to operate a CMV.<sup>1</sup> The MEP recommendations are included in an appendix at the end of this notice and in each of the previously published dockets.

**Epilepsy diagnosis.** If there is an *epilepsy diagnosis*, the applicant should be seizure-free for *8 years, on or off medication*. If the individual is taking anti-seizure medication(s), the plan for medication should be stable for *2 years*. Stable means no changes in medication, dosage, or frequency of medication administration. Recertification for drivers with an epilepsy diagnosis should be performed every year.

**Single unprovoked seizure.** If there is a *single unprovoked seizure* (i.e., there is no known trigger for the seizure), the individual should be seizure-free for *4 years, on or off medication*. If the individual is taking anti-seizure medication(s), the plan for medication should be stable for *2 years*. Stable means no changes in medication, dosage, or frequency of medication administration. Recertification for drivers with a single unprovoked seizure should be performed every 2 years.

**Single provoked seizure.** If there is a *single provoked seizure* (i.e., there is a known reason for the seizure), the Agency should consider specific criteria that fall into the following two categories: low-risk factors for recurrence and moderate-to-high risk factors for recurrence.

- **Examples of low-risk factors for recurrence** include seizures that were caused by a medication; by non-penetrating head injury with loss of consciousness less than or equal to 30 minutes; by a brief loss of consciousness not likely to recur while driving; by metabolic derangement not likely to recur; or by alcohol or illicit drug withdrawal.

- **Examples of moderate-to-high-risk factors for recurrence** include seizures caused by non-penetrating head injury with loss of consciousness or amnesia greater than 30 minutes or penetrating head injury; intracerebral hemorrhage associated with a stroke or trauma;

infections; intracranial hemorrhage; post-operative complications from brain surgery with significant brain hemorrhage; brain tumor; or stroke.

The MEP report indicates that individuals with moderate to high-risk conditions should not be certified. Drivers with a history of a single provoked seizure with low risk factors for recurrence should be recertified every year.

##### Medical Review Board Recommendations and Agency Decision

FMCSA presented the MEP’s findings and the Evidence Report to the Medical Review Board (MRB) for consideration. The MRB reviewed and considered the 2007 “Seizure Disorders and Commercial Driver Safety” evidence report and the 2007 MEP recommendations. The MRB recommended maintaining the current advisory criteria, which provide that “drivers with a history of epilepsy/seizures off anti-seizure medication and seizure-free for 10 years may be qualified to drive a CMV in interstate commerce. Interstate drivers with a history of a single unprovoked seizure may be qualified to drive a CMV in interstate commerce if seizure-free and off anti-seizure medication for a 5 year period or more” [Advisory criteria to 49 CFR 391.43(f)].

The Agency acknowledges the MRB’s position on the issue but believes current relevant medical evidence supports a less conservative approach. The medical advisory criteria for epilepsy and other seizure or loss of consciousness episodes was based on the 1988 “Conference of Neurological Disorders and Commercial Driving” (NITS Accession No. PB89–158950/AS). A copy of the report can be found in the docket referenced in this notice.

The MRB’s recommendation treats all drivers who have experienced a seizure the same, regardless of individual medical conditions and circumstances. In addition, the recommendation to continue prohibiting drivers who are taking anti-seizure medication from operating a CMV in interstate commerce does not consider a driver’s actual seizure history and time since the last seizure. The Agency has decided to use the 2007 MEP recommendations as the basis for evaluating applications for an exemption from the seizure regulation on an individual, case-by-case basis. The disposition of applications announced in this notice applies the 2007 MEP recommendations.

##### Denials and Reasons

- *The following driver was listed previously in **Federal Register** Notice*

<sup>1</sup> Engel, J., Fisher, R.S., Krauss, G.L., Krumholz, A., and Quigg, M.S., “Expert Panel Recommendations: Seizure Disorders and Commercial Motor Vehicle Driver Safety,” FMCSA, October 15, 2007.

*FMCSA–2013–0442 published on February 25, 2014:*

**Bryan Puterbaugh**—Mr. Puterbaugh has a history of epilepsy. His last seizure was in 2002. His anti-seizure medication was discontinued in 2008. He does not meet the MEP guidelines at this time.

- *The following driver was listed previously in **Federal Register** Notice FMCSA–2013–0443 published on March 21, 2014:*

**Scott Smith**—Mr. Smith has a history of seizure disorder. His last seizure was in 2002. His anti-seizure medication was discontinued 2012. He does not meet the MEP guidelines at this time.

- *The following driver was listed previously in **Federal Register** Notice FMCSA–2013–0444 published on May 13, 2014:*

**Earnest Williams**—Mr. Williams has a history of epilepsy. His last seizure was in 2001. His anti-seizure medication was discontinued in 2010. He does not meet the MEP guidelines at this time.

- *The following drivers were listed previously in **Federal Register** Notice FMCSA–2014–0213 published on August 12, 2014:*

**Brian Brown**—Mr. Brown has a history of seizure disorder. His last seizure was October 2008. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

**Adam Schultz**—Mr. Schultz has a history of epilepsy. His last seizure was November 2009. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

- *The following driver was listed previously in **Federal Register** Notice FMCSA–2014–0214 published on September 18, 2014:*

**Michael LaPlante**—Mr. LaPlante has a history of epilepsy. His last seizure was June 2011. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

- *The following drivers were listed previously in **Federal Register** Notice FMCSA–2014–0215 published on September 9, 2014:*

**Brian Bose**—Mr. Bose has a history of epilepsy secondary to a right frontal lobe meningioma which was resected in 1997 and again in 2014. He had a postoperative seizure in 2014. He does not meet the MEP guidelines at this time.

**Aimee-Christine Bjornstad**—Ms. Bjornstad has a history of epilepsy. Her last seizure was August 2008. She takes anti-seizure medication. She does not meet the MEP guidelines at this time.

**Todd Riel**—Mr. Riel has a history of seizure disorder. His last seizure was September 2011. He takes anti-seizure

medication. He does not meet the MEP guidelines at this time.

**Tory Shuler**—Mr. Shuler has a history of seizure disorder. His last seizure was October 2012. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

- *The following driver was listed previously in **Federal Register** Notice FMCSA–2014–0216 published on October 1, 2014:*

**David Allen Mitchell**—Mr. Mitchell has a history of seizure disorder due to a frontal craniotomy aneurysm clipping. His last seizure was approximately four years ago. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

- *The following drivers were listed previously in **Federal Register** Notice FMCSA–2014–0378 published on October 27, 2014:*

**Jason McKenna Sr.**—Mr. McKenna has a history of seizure disorder. His last seizure was July 2010. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

**Bobby Shane Walker**—Mr. Walker has a history of seizure disorder. His last seizure was in 1990, however in 2014 he became suddenly incapacitated while driving and suffered a minor crash. He does not meet the MEP guidelines at this time.

- *The following drivers were listed previously in **Federal Register** Notice FMCSA–2014–0379 published on November 24, 2014:*

**Keith Boelter**—Mr. Boelter has a history of epilepsy. His last seizure was May 2014. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

**Philip Canales, Jr.**—Mr. Canales has a history of a seizure 30 years ago after a severe post traumatic brain injury. His doctor stated that in 2009 he suffered three brief spells in which he felt funny. It is unclear if these three brief spells were seizures. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

**Gerald Hodge**—Mr. Hodge has a history of seizure disorder. His last seizure was in 2012. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

**Donald Horst**—Mr. Horst has a history of seizure disorder. His last seizure was July 2008. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

**David Satchell**—Mr. Satchell has a history of seizure disorder. His last seizure was September 2013. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

**Eric Schams**—Mr. Schams has a history of seizure disorder. His last

seizure was September 2013. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

- *The following drivers were listed previously in **Federal Register** Notice FMCSA–2014–0380 published on January 22, 2015:*

**Allen James Broll**—Mr. Broll has a history of having two spontaneous subdural hematomas. He has no history of seizure. He takes anti-seizure medication as a prophylactic measure. He does not meet the MEP guidelines at this time.

**Mark A. Grafton**—Mr. Grafton has a history of a seizure in 2014, secondary to a stroke. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

**Zachary Kyle Griffin**—Mr. Griffin has a history of post-traumatic seizure disorder. His last seizure was 2009. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

**Matthew M. Lohman**—Mr. Lohman has a history of seizures. His last seizure was in 2011. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

**Nicholas Blake Malott**—Mr. Malott has a history of a seizure disorder. His last seizure was in 2014. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

**Kevin W. Mathis**—Mr. Mathis has a history of epilepsy. His last seizure was in 2012. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

**Jason R. McKenzie**—Mr. McKenzie has a history of seizures. His last seizure was in 2012. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

**Steven R. Plummer**—Mr. Plummer has a history of a movement disorder with symptoms of unsteadiness and muscle twitching. He has no history of seizure. He takes anti-seizure medication for his movement disorder. He does not meet the MEP guidelines at this time.

**Clinton James Howard Sheller**—Mr. Sheller has a history of a seizure disorder. His last seizure was in 2010. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

- *The following drivers were listed previously in **Federal Register** Notice FMCSA–2014–0381 published on February 4, 2015.*

**Bryant Justin Carter**—Mr. Carter has a history of seizure. His last seizure was in 2012. He does not take anti-seizure medication. He does not meet the MEP guidelines at this time.

*Richard A. Frazier, Jr.*—Mr. Frazier has a history of an episode of loss of consciousness in 2013. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

*Emanuel Villegas*—Mr. Villegas has a history of seizures. His last seizure was in 2013. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

• *The following drivers were listed previously in Federal Register Notice FMCSA–2014–0382 published on April 13, 2015.*

*Cody A. Baker*—Mr. Baker has a history of a seizure disorder. His last seizure was in 2010. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

*Glenn M. Gervais*—Mr. Gervais has a history of a seizure disorder. His last seizure was in 2011. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

*Robert I. Keene, Jr.*—Mr. Keene has a history of a seizure disorder. His last seizure was in 2012. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

*Larry T. Lintelman*—Mr. Lintelman has a history of a seizure disorder. His last seizure was in 2011. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

*Robert R. Rosebrough, Jr.*—Mr. Rosebrough has a history of epilepsy. His last seizure was in 2014. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

Issued on: May 22, 2015.

**Larry W. Minor,**

*Associate Administrator for Policy.*

[FR Doc. 2015–13657 Filed 6–3–15; 8:45 am]

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## DEPARTMENT OF TRANSPORTATION

### Federal Motor Carrier Safety Administration

[Docket No. FMCSA–2012–0268]

#### Hours of Service of Drivers: Trailways Companies Application for Exemption Renewal

**AGENCY:** Federal Motor Carrier Safety Administration (FMCSA), DOT.

**ACTION:** Notice of final disposition; grant of application for exemption.

**SUMMARY:** FMCSA announces its decision to grant Adirondack Trailways, Pine Hill Trailways, New York Trailways (“Trailways”) and all other regular-route passenger carriers and their drivers a renewal of their exemption from the hours-of-service

(HOS) record of duty status (RODS) requirement to enter a change in duty status on the daily log for breaks in driving time of 10 minutes or less, for the limited purpose of picking up or dropping off passengers, baggage, or small express packages. FMCSA extended the exemption to all regular-route passenger carriers and their drivers rather than limiting it to Trailways’ drivers. The renewal of the exemption will allow these drivers to perform their daily duties without having to record entries in the daily log for breaks in driving time of 10 minutes or less. Such activity will not be considered a change of duty status for the purposes of 49 CFR 395.8(c).

**DATES:** This exemption is effective from May 31, 2015 through May 31, 2017.

**FOR FURTHER INFORMATION CONTACT:** Mrs. Pearl Robinson, FMCSA Driver and Carrier Operations Division; Office of Carrier, Driver and Vehicle Safety Standards; Telephone: 202–366–4325, Email: [MCPSD@dot.gov](mailto:MCPSD@dot.gov), Federal Motor Carrier Safety Administration, 1200 New Jersey Avenue SE., Washington, DC 20590–0001.

**Docket:** For access to the docket to read background documents or comments submitted to the notice requesting public comments on the exemption application, go to [www.regulations.gov](http://www.regulations.gov) at any time or visit Room W12–140 on the ground level of the West Building, 1200 New Jersey Avenue SE., Washington, DC, between 9 a.m. and 5 p.m., ET, Monday through Friday, except Federal holidays. The on-line Federal document management system is available 24 hours each day, 365 days each year. The docket number is listed at the beginning of this notice.

#### SUPPLEMENTARY INFORMATION:

##### Trailways Application for Exemption

The HOS rule in 49 CFR 395.8 requires every commercial motor vehicle (CMV) driver to record his or her duty status for each 24-hour period using methods described in that section. Section 395.8(c) describes the manner in which each change of duty status must be recorded. Under 49 U.S.C. 31315 and 31136(e), FMCSA may grant an exemption from the HOS requirements for up to 2 years if it finds such exemption would likely achieve a level of safety that is equivalent to, or greater than, the level that would be achieved absent such exemption. The procedures for requesting an exemption (including renewals) are prescribed in 49 CFR part 381.

Trailways’ initial application for relief from the HOS RODs rule was submitted in 2012; a copy of the application is in

the docket identified at the beginning of this notice. The 2012 application describes fully the nature of Trailways’ operations. On May 31, 2013, FMCSA granted the exemption to Trailways and all other regular route passenger carriers and their drivers for the period from May 31, 2013, through May 31, 2015 (78 FR 32701).

Trailways’ application for a renewal of the exemption is for fixed-route carriers and their drivers who are often away from the controls of the vehicle for less than 10 minutes to assist passengers or make passenger pick-ups and drop-offs along the route. Trailways’ advised that, until March 2011, they and other motor carriers had been operating in accordance with a 1996 interpretation of 49 CFR 395.8(c) issued by the Federal Highway Administration (FHWA). The 1996 interpretation allowed regular-route passenger carrier CMV drivers not to record a location entry on the driver’s RODS for non-driving periods of less than 10 minutes. The RODS simply showed the stop as driving time. In March 2011, New York State officials began enforcing the rule literally, requiring that a change in duty status be entered on the log any time the driver leaves the operating controls of the CMV. Trailways was concerned that the violations would have a negative effect on the companies’ and the drivers’ Compliance Safety Accountability ratings, as well as schedules and passenger service because of the delays needed to make the entries.

Trailways requested that their drivers with regularly scheduled routes be exempted from changing their duty status from “driving” to “on-duty not driving” when making stops of less than 10 minutes.

Trailways noted that the exemption would reduce the amount of total time a driver can drive in a duty period. Without the exemption, the times drivers spend at stops to load passengers, freight, etc. would be logged as on-duty/not driving, increasing the driving time available, but creating an additional administrative distraction every time the driver leaves the controls, regardless of the reason or the limited amount of time away from the vehicle controls. Trailways further advised that its carriers provide flag stops and that having to update the log at each flag stop increases the length of time the motorcoach may delay traffic while waiting for the pick-up and/or discharge of passengers and luggage, and then waiting for the driver to update the log. According to Trailways, in many instances the large number of brief stops will not fit on the log if the driver makes all of the required entries.