20170317103516
Filed Date: 03/17/2017
State Corporation Commission
of Kansas

DRIVER/VEHICLE EXAMINATION REPORT

InSPECT 1.0.94

Kansas Highway Patrol
MOTOR CARRIER SAFETY ASSISTANCE
700 SW Jackson, Ste 704
Topeka, KS 66603
Phone: (785)296-7189 Fax: (785)296-2868

Report Number: KSHP03030400
Inspection Date: 02/06/2017
Start: 10:40 AM CT **End:** 11:35 AM CT
Inspection Level: I - Full
HM Inspection Type: None

MACINNIS TRUCKING LLC
[redacted]
SHAWNEE, KS, 66226
USDOT: 1615749 **Phone:** [redacted]
MC/MX#: 597231 **Fax#:** [redacted]
State#:

Driver: MACINNIS, DEAN T
License#: [redacted] **State:** KS
Date of Birth: [redacted]
CoDriver:
License#: **State:**
Date of Birth:

Location: FRANKLIN COUNTY - 059 **Milepost:** 186 **Shipper:** VERMEER
Highway: I-35 **Origin:** OLATHE,KS **Bill of Lading:** 004042
County: FRANKLIN **Destination:** GODDARD,KS **Cargo:** MACHINERY, LARGE OBJECT

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA #	Issued #	OOS Sticker
1	TR	CHEV	2016	KS	[redacted]	4	[redacted]256492	13200			142073
2	ST	BRTE	2006	KS	[redacted]	1	[redacted]63579	24999			

BRAKE ADJUSTMENTS

Axle #	1	2	3	4
Right	N/A	N/A	N/A	N/A
Left	N/A	N/A	N/A	N/A
Chamber	HYDR	HYDR	ELEC	ELEC

VIOLATIONS

Section	Type	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.100B	F	1	Y		U	N	Leaking/spilling/blowing/falling cargo: Diesel fuel leaking from gasoline can. Can saturated, deck of truck bed saturated and diesel has spilled off truck bed through stake pocket.
172.303A	F	1	Y		U	N	Prohibited HM marking on package: Two Gasoline can filled with diesel.
393.9	F	2	N		N	N	Inoperable Required Lamp: No license plate light.
393.9	F	2	N		N	N	Inoperable Required Lamp: Rear right ID light inoperable.

HazMat: No HM transported **Placard:** **Cargo Tank:**

Special Checks: No data for special checks

Co-Inspector(s):

Pursuant to the authority contained in Title 49, CFR; K.S.A. 66-1, 129; K.C.C. Reg. 82-4-3, I hereby declare the above marked unit(s) as "OUT OF SERVICE." No person and/or carrier shall permit and/or require the removal of the "OUT OF SERVICE" stickers or the operation of the motor vehicle until ALL out of service defects have been corracted. This Out of Service condition may result in the assessment of a Civil Penalty being issued against the carrier indicated on this report. Driver Initials: DM

* NOTE TO MECHANIC: The undersigned certifies that all mechanical defects listed on this report HAVE BEEN CORRECTED at the time of signature.

Signature Of Repairer X: _____ Facility: _____ Date: _____

DRIVER: This form is to be sent to the carrier identified on this report within 24 hours of receipt.
MOTOR CARRIER CERTIFICATION: All defects identified on this report must be corrected or acknowledged PRIOR TO RE-DISPATCH, and then certified by a responsible carrier official who must sign below. RETURN THIS FORM WITHIN 15 DAYS to the Motor Carrier Division of the Kansas Highway Patrol at the address listed at the top of this form. If no violations were discovered, you are not required to sign and return a copy.

NOTE: Challenges to violations may be submitted through the Federal Motor Carrier Safety Administration (FMCSA)'s Data Q Challenge process, at https://dataqs.fmcsa.dot.gov
Signature Of Motor Carrier X: _____ Title: owner Date: 2-13-17

8328

Report Prepared By: D. Willis X _____ 303
Badge #: 0303
Copy Received By: DEAN MACINNIS X _____

01615749 KS KSHP03030400