20170921091734 Filed Date: 09/21/2017 State Corporation Commission of Kansas

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DRIVER/VEHICLE EXAMINATION REPORT		INSPECT 1 0 96		
Kansas Highway Patrol MOTOR CARRIER SAFETY ASSI 700 SW Jackson, Ste 704 Topeka, KS 66603 Phone: (785)296-7189 Fax: (785)	STANCE Inspecti Start: 5 Inspecti	Number: KSHP02191796 ion Date: 06/29/2017 19 PM CT End: 6 35 PM CT ion Level: ! - Full pection Type: None		
PEEPLES HOT SHOT SERVICE LLC	Driver: DINGMAN, DAUL License#: Date of Birth:	TON A State: AR		
USDOT: 2793295 Phone#: MC/MX#: 932034 Fax#: State#:	CoDriver: License#: Date of Birth:	State:		
Location: MCPHERSON COUNTY - 113 Highway: 1135	Milepost: 60 Shipper: REAI Origin: OMAHA NE	DING TRUCK EQUIP Bill of Lading: ORDER #001334		
County: MCPHERSON	Destination: DALLAS, TX	Cargo: F550 FORD P/U		
VEHICLE IDENTIFICATION Unit Type Make Year State Plate Equipment 1 TR DODG 2015 AR 00 2 ST BIGT 2017 AR 00	644632 14000	CVSA # issued # OOS Sticker 139394		
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 # VerifyCrash Violations Discovered 395 8F01 F D N N N Drivers record of duty status not current No log/log not current on 6/29/2017 06 15 AM				
395-8 F D N N N	Record of Duty Status violation (general/form SHIPPER/COMMODITY/BOL# NOT LISTED TRUCK TO DELIVER	and manner) Violation(s) of 395 8(f)(12) AT ALL AND DRIVER WAS LOADED WITH		
395.8E F D Y N N				
395 8E F D Y N N	False report of drivers record of duty status [.] False Log on 6/27/2017SHOWED ON DUTY & DRIVING AT 0100 THRU 1315 BUT WAS NOT ELIGIBLE TO DRIVE UNTIL 1930			
393.43D F 2 Y U N	DUE TO BEING OOS FOR DRUGS ON 6/26, No or defective automatic trailer brake: BF SHUNT PULLED DURING ROADSIDE CHE	REAK AWAY DID NOT FUNCTION WHEN		
HazMat: No HM transported	Placard:	Cargo Tank:		
Special Checks: No data for special checks				
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 corrected. 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 Facility Date				
Pursuant to the authority contained in Title 49, CFR-KSA 66-1, 129, KCC Reg 82-4-3. I hereby declare the driver identified on this report "OUT OF SERVICE " No person and/or carrier shall permit and/or require this driver to operate any commercial vehicle until his/her eligibility to drive has been reestablished 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				
* NOTE TO MECHANIC The undersigned certifies that Signature Of Motor Carrier X	all mechanical defects listed on this report HAVE	BEEN CORRECTED at the time of signature		
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DRIVER/VEHICLE EXAMINATION REPORT

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Signature Of Motor Carrier X ____

Kansas Highway Patrol MOTOR CARRIER SAFETY ASSISTANCE 700 SW Jackson, Ste 704 Topeka, KS 66603 Phone: (785)296-7189 Fax: (785)296-2858

Report Number: KSHP02191796 Inspection Date: 06/29/2017 Start: 5 19 PM CT End: 6 35 PM CT Inspection Level: | - Full HM Inspection Type: None

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 //datags fmcsa dot gov Title ____ ____ Date __

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Report Prepared By	Badge #.	Copy Received By.
D Patrick	0219	DAULTON-DINGMAN
x	_(
v	Ju	-

