of Kansas

## **DRIVER/VEHICLE EXAMINATION REPORT**

Kansas Highway Pa MOTOR CARRIER 700 SW Jackson, S Topeka, KS 66603 Phone #: (785)296 truckinspection@kh	SAFETY ASSISTANCI ite 704 i-7189 Fax #: (785				Inspection Time Sta	on Date: irted: on Level	KSHP92190973 4/17/2019 Certification Date: 04/24/2019 08:23 Time Ended: 09:02 : I - Full Inspection /pe: No HM Inspection		
BACO CORPORAT 2426 S HOOVER R WICHITA, KS 6721 USDOT #: 0095629 MC/MX #: State #:	ION D 5-1291	Phone # Fax #			Driver: License # Date of B	#:	ARMSTRONG, CHRISTOPHER E  State: KS		
Highway: 1600 S County: SEDGV	WICK COUNTY - 173 WEST STREET VICK LUMBER	0	ilePost: rigin: estination:	WICHITA,KS WICHITA,KS			Bill of Lading: NONE Cargo: PLYWOOD		
VEHICLE IDENT Unit Type Make Y 1 TR INTL 20	ear State License#	Eq	uipment ID	Uni	t VIN 593859	GVWR 25,500	CVSA# CVSA Issued# OOS Stkr.#		
BRAKE ADJUST Axle # 1 Right N/A Left N/A Chamber HYDR	MENTS:  2  N/A  N/A  HYDR								
VIOLATIONS:			Stat	e Citation					
Vio Code	Section	Unit OOS	Numbe	er Result‡ V	erify* Crash	Violatio	n Description		
383.23A2	383.23(a)(2)	D Y		0	N N	without operate	ng a CMV without a CDL: Operating a CMV ta CDL on 4/17/2019: The vehicle being of is required a CDL Class "B" minimum. The 7,800 lbs.		
391.41A-F	391.41(a)	D N		0	N N	posses card in	ng a property-carrying vehicle without sing a valid medical certificate.: No medical possession. Driver stated he left his wallet in er pants. See notes.		
392.2DL	392.2	D N		0	N N	Miscell	aneous Drivers License Violation: Driver is		
393.55C2	393.55(c)(2)	1 N		0	N N	CMV ot after Ma brake s	possession of his driver's license. ther than truck-tractor manufactured on or arch 1, 1998 not equipped with an antilock system.: The ABS lamp is illuminated in the		
392.2RG	392.2	1 N		0	N N	State ve	Stays lit after testing ehicle registration or License Plate violation: displayed (630904) returns to a 1999 tional with different VIN. The tag assigned is		
	Oriver OOS Violation on of Original Charge,	2-Conviction	of a Differe	nt Charge, 3-Not	: Guilty/Dism				
HazMat:	No HM Trai	nsported.					Placard: NA Cargo Tank:		
Special Checks:	Alcohol/Controled Substance Check Conducted by Local Jurisdiction X Size and Weight Enforcement EScreening			PA:	Traffic Enforcement Post Crash Inspection PASA Conducted Inspection PBBT Inspection Drug Interdiction Search Arrests:				

Report Prepared By: T. B. OXFORD

Badge #: 9219

Copy Received By: Page 1 of 2 ARMSTRONG, CHRISTOPHER E



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MOTOR CARRIER SAFET		Vehout Maniper	Report Number: KSHP92190973					
700 SW Jackson, Ste 704	YASSISTANCE	Inspection Date		Certification Date: 04/24/2019				
Topeka, KS 66603		Time Started:	08:23	Time Ended: 09:02				
Phone #: (785)296-7189	Fax #: (785)296-2858	Inspection Leve						
truckinspection@khp.ks.gov	<b>/</b>	HM Inspection	Гуре: No HM	Inspection				
BACO CORPORATION		Driver:	ARMSTR	ONG, CHRISTOPHER E				
2426 S HOOVER RD		License #:		State: KS				
WICHITA, KS 67215-1291		Date of Birth:						
USDOT #: 00956292	Phone #:							
MC/MX #:	Fax #:							
State #:								
Special Study Fields:								
•		Charial ChuduG						
Special Study1:		Special Study6:						
Special Study2:		Special Study7:						
Special Study3:		Special Study8:						
Special Study4:		Special Study9:						
Special Study5:		Special Study10:						
	contained in Title 49, CFR; K.S.A. 66-1,129 for carrier shall permit and/or require this on the may result in the assessment of a Civil l	driver to operate any commercial v	ehicle until: l	nas a Commercial Driver's License "E				
SERVICE". No person and This Out of Service conditio								
This Out of Service conditio  **\\** DRIVER: THIS FORM defects on this sheet must below. RETURN THIS FORM	I IS REQUIRED TO BE RETURNED TO T be corrected or acknowledged PRIOR TO RM WITHIN 15 DAYS to the Motor Carrier	RE-DISPATCH and then certified	by a respons					
This Out of Service conditio  **\\** DRIVER: THIS FORM defects on this sheet must below. RETURN THIS FOR form.	be corrected or acknowledged PRIOR TO RM WITHIN 15 DAYS to the Motor Carrier	RE-DISPATCH and then certified	by a respons	ible carrier official who must sign				
This Out of Service conditio  **\\** DRIVER: THIS FORM defects on this sheet must below. RETURN THIS FOR form.  Signature of Carrier Official:	be corrected or acknowledged PRIOR TO RM WITHIN 15 DAYS to the Motor Carrier	RE-DISPATCH and then certified Division of the KANSAS HIGHWA	by a respons AY PATROL a	ible carrier official who must sign t the address listed at the top of this  Date:				

Report Prepared By: T. B. OXFORD

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