

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)296-2858

Report Number: KSHP02550950
Inspection Date: 02/15/2017
Start: 3:15 PM CT End: 3:58 PM CT
Inspection Level: Full
HM Inspection Type: None

ERIC B. SMITH

Driver: SMITH, ERIC B

License#: 1

State: KS

Date of Birth:

CoDriver:

License#:

State:

Date of Birth:

PAOLA, KS, 66071

USDOT:

Phone#:

MC/MX#:

Fax#:

State#:

Location: MIAMI COUNTY - 121

Milepost: 57

Shipper: HILLSDALE RANGE

Highway: K-68

Origin: WEBB CITY, MO

Bill of Lading: 97004

County: MIAMI

Destination: HILLSDALE, KS

Cargo: CLAY TARGETS

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA #	Issued #	OOS Sticker
1	TR	CHEVY	2002	KS	NONE	1	103050	14001			
2	ST	EAGLE	1990	KS		1T	111	10001			

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

Mark Frelow

ginske wcf

Truckings KS.org

VIOLATIONS

Section	Type	Unit	OOS	Citation #	VerifyCrash	Violations Discovered
385.301A	F	1	N		N	Falling to register with FMCSA to obtain a USDOT number
390.21B	F	1	N		N	Carrier name and/or USDOT Number not displayed as required: None
391.41A-F	F	D	N		N	Operating a properly-carrying vehicle without possessing a valid medical certificate.: None
396.17C	F	1	N		N	Operating a CMV without proof of a period. inspection: No stickers or paperwork
396.17C	F	2	N		N	Operating a CMV without proof of a periodic inspection: No stickers or paperwork
393.95A	F	1	N		N	No/discharged/unsecured fire extinguisher: None
393.95F	F	1	N		N	No /insufficient warning devices: None
395.8A	F	D	Y		N	No drivers record of duty status: No Log on 2/15/2017 Driver did not have current day, previous 7 and was not recording time for short haul, driver claimed to not need a log
393.9	F	1	N		N	Inoperable Required Lamp: front center ID and right front clearance INOP
393.43	F	2	Y		U	No/improper breakaway or emergency braking: Cable was connected to safety chains and not independent of
393.9TS	F	2	Y		U	Inoperable turn signal: Left rear turn signal INOP
393.9	F	2	N		N	Inoperable Required Lamp: Left rear stop light INOP
393.75C	F	1	N		N	Tire-other tread depth less than 2/32 of inch: #2 axle right side outside tire
393.75B	F	1	N		N	Tire-front tread depth less than 4/32 of inch: #1 right side at 2/32
393.75B	F	1	N		N	Tire-front tread depth less than 4/32 of inch: #1 left side at 1/32
392.82A1	F	D	N		N	Using a hand-held mobile telephone while operating a CMV: When escorting to OOS location driver was talking on cell phone not hands free
392.2RG	F	1	N	E001323728	N	State vehicle registration or License Plate violation: Vehicle was unregistered

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: *[Signature]*

Report Prepared By:

J. Webb

Badge #:

0255

Copy Received By:

ERIC SMITH



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HM Inspection Type: None

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 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: *ES*

* 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: *ES Smith* Title: _____ Date: *3 mar 2017*

Report Prepared By:
J. Weber

Badge #:
0255

Copy Received By:
ERIC SMITH



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