

DRIVER/VEHICLE EXAMINATION REPORT

Kansas Highway Patrol
MOTOR CARRIER SAFETY ASSISTANCE
700 SW Jackson, Ste 704
Topeka, KS 66603
Phone #: (785)296-7189 Fax #: (785)296-2858
truckinspection@khp.ks.gov

Report Number: KSHP92191058
Inspection Date: 8/31/2019 Certification Date:
Time Started: 13:18 Time Ended: 14:29
Inspection Level: I - Full Inspection
HM Inspection Type: No HM Inspection

A R ROOFING LLC
40100 N HWY 281
PRATT, KS 67124-7913
USDOT #: 02156560
MC/MX #:
State #:

Phone #:
Fax #:

Driver: HERNANDEZ, JESUS
License #:
State: TX
Date of Birth:

Location: SEDGWICK COUNTY - 173
Highway: 37TH & WEST ST
County: SEDGWICK
Shipper: CARRIER

MilePost:
Origin: WICHITA,KS
Destination: WICHITA,KS

Bill of Lading: NONE
Cargo: SHINGLES

VEHICLE IDENTIFICATION:

Unit Type	Make	Year	State	License#	Equipment ID	Unit VIN	GVWR	CVSA #	CVSA Issued #	OOS Stkr.#
1	TR	CHEV	2012	TX	X	179718	9,500			
2	ST	PJ	2012	TX	X	178949	14,000			150645

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 :

Vio Code	Section	Unit	OOS	State Citation Number	Verify*	Crash	Violation Description
391.11B5-DNL	391.11(b)(5)	D	Y	E002236757	N	N	Driver does not have a valid operator's license for the CMV being operated.: Driver possess only a TX I.D. card. See notes
391.41A-F	391.41(a)	D	N		N	N	Operating a property-carrying vehicle without possessing a valid medical certificate.: No medical certificate provided by the driver
390.21B	390.21(b)	1	N		N	N	Carrier name and/or USDOT Number not displayed as required: The carrier name and USDOT # are not displayed on either side of the vehicle.
396.17C	396.17(c)	1	N		N	N	Operating a CMV without proof of a periodic inspection: NONE
393.95A	393.95(a)	1	N		N	N	No/discharged/unsecured fire extinguisher: NONE
393.95F	393.95(f)	1	N		N	N	No / insufficient warning devices: NONE
392.2RG	392.2	1	N		N	N	State vehicle registration or License Plate violation: 8-0142: Operating over RGW. RGW = 21,500 lbs. GW = 23,900 lbs. Operating in intrastate commerce without KS registration.
393.43	393.43	2	Y		U	N	No/improper breakaway or emergency braking: The breakaway cable is connected to the safety chains and not the power unit. The system failed to acuate the brakes on a simulated breakaway too.
393.43D	393.43(d)	2	Y		U	N	No or defective automatic trailer brake: Brakes fail to set when a simulated breakaway is performed.
393.75G-LOAD	393.75(g)	2	Y		U	N	Weight carried exceeds tire load limit: The passenger side tire on axle #4 is carrying 4,300 lbs when the tire is only rated for 4,080 lbs.
396.17C	396.17(c)	2	N		N	N	Operating a CMV without proof of a periodic inspection: NONE

* N - Non-OOS or Driver OOS Violation; U - Unknown

HazMat: No HM Transported.

Placard: NA Cargo Tank:

Report Prepared By:
T. B. OXFORD

Badge #:
9219

Copy Received By:
HERNANDEZ, JESUS

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Special Checks:

- | | | |
|---|--|--|
| <input type="checkbox"/> Alcohol/Controlled Substance Check | <input type="checkbox"/> Traffic Enforcement | <input type="checkbox"/> Post Crash Inspection |
| <input type="checkbox"/> Conducted by Local Jurisdiction | <input type="checkbox"/> PASA Conducted Inspection | <input type="checkbox"/> PBBT Inspection |
| <input checked="" type="checkbox"/> Size and Weight Enforcement | <input type="checkbox"/> Drug Interdiction Search | Arrests: |
| <input type="checkbox"/> EScreening | | |

Inspection Notes: I had dispatch check with Texas DPS on the status of his I.D. card. They advised that he is in the process of getting a TX DL but hasn't completed all necessary tests to get his DL. Texas stated that the only think the driver possess is an I.D. card. Texas did issue a DL# due to being in the process (34195750).

The driver had a shirt on the seat that had the emblem AR Roofing. I looked that same emblem up and found a website with the exact same emblem but the DOT# was issued to an AR Roofing in Pratt, KS. On their website, they show multiple locations they do business out of. This USDOT# was applied for out of the Pratt location but the same information is consistent with the Wichita office. The driver stated they do have multiple locations for the company. This driver was operating in the ICT area.

INTERNAL CHALLENGE: carrier is contesting inspection, states this was a sub-subcontractor for the carrier and that they request a carrier amendment.

reached out to carrier to provide a contract of some sort that shows who was responsible for the load at the time of the inspection. Stated it is a sub - sub - contractor 10/17/2019

unit 1 belongs to alejandra olmedo romera - - unit 2 belongs to jorge olmedo

- no response or supporting documentation provided from carrier

violations and fine will remain as is 10/29/2019 jpeterson

Special Study Fields:

Special Study1:	Special Study6:
Special Study2:	Special Study7:
Special Study3:	Special Study8:
Special Study4:	Special Study9:
Special Study5:	Special Study10:

* 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 JESUS HERNANDEZ "OUT OF SERVICE". No person and/or carrier shall permit and/or require this driver to operate any commercial vehicle until: Has a valid driver's license. 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 _____

* 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 this 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 _____

*** DRIVER: THIS FORM IS REQUIRED TO BE RETURNED TO THE CARRIER BY REGULATION. *** ** CARRIER CERTIFICATION: All defects on this sheet 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.

Signature of Carrier Official: X Date: _____

* 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: _____

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