

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: K3HP01000842
 Inspection Date: 9/27/2016 Certification Date:
 Time Started: 07:50 Time Ended: 09:05
 Inspection Level: I - Full Inspection
 HM Inspection Type: No HM Inspection

BENFER ENTERPRISES II LLC

Driver: MOFFETT, RICHARD E
 License #: [REDACTED] State: MO
 Date of Birth: [REDACTED]

INDEPENDENCE, MO 64053

Phone #: (816)836-4200

USDOT #: 02405874

MC/MX #:

Fax #:

State #:

Location: JOHNSON COUNTY - 091

MilePost:

Highway: 48TH & ROE PKWY

Origin: INDEPENDENCE, MO

Bill of Lading: N/A

County: JOHNSON

Destination: ROELAND PARK, KS

Cargo: EMPTY

Shipper: N/A

VEHICLE IDENTIFICATION:

Unit	Type	Make	Year	State	License#	Equipment ID	Unit VIN	GVWR	CVSA #	CVSA Issued #	OOS Str.#
1	TR	KWDT	2008	MO	[REDACTED]	[REDACTED]	230790	19,600			

BRAKE ADJUSTMENTS:

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS :

Vio Code	Section	Unit	OOS	State Citation Number	Verify*	Crash	Violation Description
392.2UCR	392.2	1	N		N	N	Failure to pay UCR Fee: No UCR fees paid for 2014, 2015 or 2016 - Verified on UCR website and CVIEW
393.205C	393.205(c)	1	N		N	N	Wheel fasteners loose and/or missing: Axle #1, Driver side, 1 of 8 wheel fasteners loose, able to be turned easily by hand
393.205C	393.205(c)	1	N		N	N	Wheel fasteners loose and/or missing: Axle #2, Driver side, 1 of 8 wheel fastener studs missing
390.21B	390.21(b)	1	N		N	N	Carrier name and/or USDOT Number not displayed as required: Carrier name reads "Benfer's Trucking LLC Auto & Collision" - registered as "BENFER ENTERPRISES II LLC" with no DBA name. Must read as registered
393.9	393.9(a)	1	N		N	N	Inoperable Required Lamp: Driver side front ID lamp inoperable
393.9H	393.9(a)	1	N		N	N	Inoperable head lamps: Passenger side low beam headlamp inoperable
393.81	393.81	1	N		N	N	Horn inoperative: Driver said horn went out during last rainstorm; Previous violation for same on 03/03/2016, inspection #M000K9011841
398.9D2	398.9(d)(2)	1	N		N	N	Failure to correct defects noted on previous inspection report: Same horn violation documented on 03/03/2016, insp #M000K9011841 - still doesn't work today
392.7A	392.7(a)	D	N		N	N	Driver failing to conduct pre-trip inspection: Driver said he didn't do a pre-trip yet today, and therefore missed numerous violations including critical violations (headlamp and wheel fasteners)

* N - Non-OOS or Driver OOS Violation

HazMat: No HM Transported.

Placard: NA Cargo Tank:

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 type="checkbox"/> Size and Weight Enforcement | <input type="checkbox"/> Drug Interdiction Search | Arrests: |
| <input type="checkbox"/> EScreening | | |

Report Prepared By:
 N.B. Wright

Badge #:
 0100

Copy Received By:
 MOFFETT, RICHARD E

Page 1 of 2



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Inspection Notes:

[REDACTED]

%% CIVIL RECOMMENDED FOR UCR %%

Special Study Fields:

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

*** 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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N.B. Wright

Badge #:
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MOFFETT, RICHARD E

Page 2 of 2



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