

S/W

DRIVER/VEHICLE EXAMINATION REPORT

InSPECT 1.0.96



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: KSHP03030437
Inspection Date: 04/10/2017
Start: 12:15 PM CT End: 1:00 PM CT
Inspection Level: II - Walk-Around
HM Inspection Type: None

A&A AUTO AND TRUCK PARTS INC

TOPEKA, KS, 66607

USDOT: 960957

MCMX#:

State#:

Location: DOUGLAS COUNTY - 045

Highway: K-10

County: DOUGLAS

Phone#: (785)234-6661

Fax#: (785)234-0326

Driver: LEWIS, O CURTIS -

License#: [REDACTED]

Date of Birth: [REDACTED]

CoDriver:

License#:

Date of Birth:

Milepost: 8 Shipper: CARRIER

Origin: OLATHE, KS

Destination: TOPEKA, KS

Bill of Lading: NONE

Cargo: FORD E-250, DODGE
CARAVAN

State: KS

State:

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA #	Issued #	OOS Sticker
1	TR	INTL	2004	KS	[REDACTED]	6560	[REDACTED]	666580 25500			142090
2	ST	CHRS	1997	KS	[REDACTED]		[REDACTED]	42716 5350			

BRAKE ADJUSTMENTS: No brake measurements required for level II or level III

VIOLATIONS

Section	Type	Unit	OOS	Citation #	Verify Crash	Violations Discovered
393.75F	F	1	Y		U N	Weight carried exceeds tire load limit: Axle # 2 tires rated at 4675 lbs in duals, 10000 lbs on axle #2 right side. 8900 lbs on driver side.

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks:

Alcohol/Controlled Substance Check
Conducted by Local Jurisdiction
☒ Size and Weight Enforcement
eScreen Inspection

Traffic Enforcement
PASA Conducted Inspection
Drug Interdiction Search

Post Crash Inspection
PBST Inspection

Pursuant to the authority contained in Title 49, CFR, K.S.A. 66-1, 129; K.G.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: [REDACTED]

Signature Of Repairer X: [REDACTED] Facility: ART Date: 4-10-17

* NOTE TO MECHANIC: The undersigned certifies that all mechanical defects listed on this report HAVE BEEN CORRECTED at the time of signature.

Signature Of Motor Carrier X: [REDACTED] Title: [REDACTED] Date: 4-10-17

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 Challenge process, at <https://dataqs.fmcsa.dot.gov>

Signature Of Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By:

D. Willis

Badge #:

0303

Copy Received By:

O CURTIS LEWIS

x [REDACTED] 3300. Curtis Lewis

