

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: KSHP00961430
 Inspection Date: 11/17/2016
 Start: 12:34 PM CT End: 1:40 PM CT
 Inspection Level: I - Full
 HM Inspection Type: None

T AND E FLOW SERVICES

EDMOND, OK, 73034

USDOT:

MC/MX#:

State#:

Location: LEBO

Highway: I-35

County: COFFEY

Phone#:

Fax#:

Driver: DINNEEN, KELLY D

License#:

Date of Birth:

CoDriver:

License#:

Date of Birth:

State: OK

State:

Milepost: 152 Shipper: CARRIER

Origin: EDMOND, OK

Destination: BUCYRUS, KS

Bill of Lading: 2186

Cargo: ELECTRICAL
 SUPPLIES

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA #	Issued #	OOS Sticker
1	TR	FORD	2003	OK			08537	6750			
2	FT	UNK	0000	OK			NONE DETECTED	7000			71394

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	NONE	NONE

VIOLATIONS

Section	Type	Unit	OOS	Citation #	Verify Crash	Violations Discovered
396.17C	F	1	N		N	Operating a CMV without proof of a periodic inspection
393.95A	F	1	N		N	No/discharged/unsecured fire extinguisher: No fire extinguisher
393.95B	F	1	N		N	No spare fuses as required
393.95F	F	1	N		N	No /insufficient warning devices
393.9H	F	1	N		N	Inoperable head lamps: Right low-beam headlamp inoperable
385.301A	F	1	N		N	Failing to register with FMCSA to obtain a USDOT number
390.19A1	F	1	N		N	Motor Carrier failed to file required biennial update of MCS-150 as required.
392.2UCR	F	1	N		N	Failure to pay UCR Fee
393.60D	F	1	N		N	Glazing permits < 70% of light: 33% side window tinting
393.9TS	F	2	Y		U	Inoperative turn signal: Right turn signal inoperable
393.9	F	2	N		N	Inoperable Required Lamp: Right brake lamp inoperable
393.11	F	2	N		N	No or defective lighting devices or reflective material as required: All 3 ID lamps missing
393.75A3	F	2	Y		U	Tire-flat and/or audible air leak: Axle 3 left tire underinflated at 30 PSI
393.75A3	F	2	Y		U	Tire-flat and/or audible air leak: Axle 3 right tire underinflated at 38 PSI
393.75A3	F	2	Y		U	Tire-flat and/or audible air leak: Axle 4 left tire underinflated at 26 PSI
396.17C	F	2	N		N	Operating a CMV without proof of a periodic inspection
393.42A-BMAW	F	2	N		N	Brake - All wheels not equipped with brakes as required.
393.43	F	2	Y		U	No/improper breakaway or emergency braking: Axle 3 and 4 do not have service brakes
396.3A1BOS	F	2	Y		U	BRAKES OUT OF SERVICE: The number of defective brakes is equal to or greater than 20 percent of the service brakes on the vehicle or combination
391.41A	F	D	N		N	No medical certificate in driver's possession
395.8A	F	D	Y		N	No drivers record of duty status: No log on trip exceeding 150 air miles

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks

Report Prepared By:
 E. Akins

Badge #:
 0096

Copy Received By:
 KELLY DINNEEN



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X

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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: AKD

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: AKD

* 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: _____

Pursuant to the authority contained in Title 49, CFR; K.S.A. 66-1, 129; K.C.C. Reg. 82-4-3, a Unified Carrier Registration (UCR) violation may result in the assessment of a civil penalty being issued against the carrier indicated on this report. Driver initials: _____

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: _____ Title: _____ Date: _____

Report Prepared By:

E. Akins

Badge #:

0096

Copy Received By:

KELLY DINNEEN



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X

[Signature]

X

[Signature]