

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: KS00SM001747
Inspection Date: 9/13/2011 Certification Date:
Time Started: 09:12 Time Ended: 11:00
Inspection Level: I - Full Inspection
HM Inspection Type: Bulk Inspection

CFSI INC
3595 CANTON ROAD SUITE A9-252
MARIETTA, GA 30066
Phone #: (678)403-1108 Fax #: (678)403-1109
USDOT #: 2192175 MC/MX #:
State #:

Driver: CARRUTHERS, RICHARD
License #: State: GA
Date of Birth:

Location: DOUGLAS COUNTY - 045 MilePost: 2
Highway: K-10 Origin: DENVER, CO
County: DOUGLAS Destination: KANSAS CITY, KS
Shipper: CARRIER

Bill of Lading:
Cargo: FUEL

VEHICLE IDENTIFICATION:

Unit	Type	Make	Year	State	License#	Equipment ID	Unit VIN	GVWR	Issued Decal#	Existing Decal#	OOS Stkr.#
1	TR	CHEV	2007	GA	ACK6596		3GNEC12027G290920	7,000			
2	ST	TRLR	2006	GA			4HXSU08116C115840	2,990			

BRAKE ADJUSTMENTS:

Axle #	1	2	3
Right	N/A	N/A	N/A
Left	N/A	N/A	N/A
Chamber	HYDR	HYDR	NONE

VIOLATIONS :

Section Code	St	Unit	OOS	Lvl 6	Citation #	Verify*	Crash	Violation Description
391.41(a)		D	N	N		N	N	No medical certificate in driver's possession
383.23(a)(2)		D	Y	N		N	N	Operating a Commercial Motor Vehicle without a CDL
395.8(a)		D	Y	N		N	N	No log book for 09/01/2011 to 09/13/2011
395.3(a)(2)		D	Y	N		N	N	Drove 2 hours over 14 hours on 09/12/2011 through 09/13/2011
385.301(a)		1	N	N		N	N	Failing to register with FMCSA to obtain a USDOT number
390.21(b)		1	N	N		N	N	Carrier name and/or USDOT Number not displayed as required
396.17(c)		1	N	N		N	N	Operating a CMV without periodic inspection
393.95(f)		1	N	N		N	N	No warning devices
392.2		1	N	N		N	N	State Insurance Violation, No proof of current insurance. Current insurance papers shows expired 8-28-2011
396.17(c)		2	N	N		N	N	Operating a CMV without periodic inspection
107.620(b)		1	N	N		N	N	No copy of US DOT Hazardous Materials Registration Number
387.301(a)		1	N	N		N	N	Insurance policy does not meet the minimum limits of liability for HAZMAT.

* N - Non-OOS or Driver OOS Violation

HazMat: 3 Flammable,

Placard: Yes 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"/> PBBS Inspection
<input type="checkbox"/> Size and Weight Enforcement	<input type="checkbox"/> Drug Interdiction Search	Arrests:

Inspection Notes: photos taken of vehicle and load.

Driver/owner stated they normally haul small loads that would keep them under 26000 making them non-commercial. I explained to him the lower limit (poundage) that qualifies commercial. I also informed him that HAZMAT was in a class of its own.

He further stated that they normally haul boats, seadoos, and motor bikes. He sleeps in the truck on the rear bench seat as a general rule to save money. On this run he picked up the 350 gal capacity tank mounted to a trailer that is used in the recovery of gasoline from rental cars.

Hearing request received. See Image Now. - cb

Report Prepared By:
S.J.M. THEDERAHN

Badge #:
9207

Copy Received By:
CARRUTHERS, RICHARD

Page 1 of 2



KS00SM001747

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Special Study Fields:

Special Study1:
Special Study2:
Special Study3:
Special Study4:
Special Study5:

Special Study6:
Special Study7:
Special Study8:
Special Study9:
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 RICHARD CARRUTHERS "OUT OF SERVICE". No person and/or carrier shall permit and/or require this driver to operate any commercial vehicle until: Has Valid Commercial 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 _____

**** 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: _____

Report Prepared By:
S.J.M. THEDERAHN

Badge #:
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Page 2 of 2



KS00SM001747

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