

DRIVER/VEHICLE EXAMINATION REPORT

AIMA

inSPECT 1.0.91



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: KSHP92070900  
Inspection Date: 04/27/2016  
Start: 12:39 PM CT End: 1:23 PM CT  
Inspection Level: I - Full Inspection  
HM Inspection Type: Non-Bulk

QUALITY DRIVE AWAY INC

GOSHEN, IN, 46528  
USDOT: 465185  
MC/MX#: 248649  
State#:

Phone#: [REDACTED]  
Fax#: [REDACTED]

Driver: BERRY, RAYMOND D

License#: [REDACTED]  
Date of Birth: [REDACTED]  
CoDriver:  
License#: [REDACTED]  
Date of Birth: [REDACTED]

State: MO

State:

Location: WABAUNSEE EAST M.C.I.S. #22W  
Highway: 70  
County: WABAUNSEE

Milepost: 329  
Origin: SALINA,KS  
Destination: FENTON,MO

Shipper: LONG-MCARTHUR

Bill of Lading: FOCS543288  
Cargo: VEHICLE

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment	ID	VIN	GVWR	CVSA #	Issued #	OOS Sticker
1	TR	FORD	2016	IN	[REDACTED]			[REDACTED]	46310	19500		
2	FT	CHEV	2010	MO	[REDACTED]			[REDACTED]	43580	4240		

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
383.93B2	F	D	Y		N	N	No passenger vehicle endorsement on CDL

HazMat: 9 Miscellaneous HM

Placard: No

Cargo Tank:

Special Checks: No data for special checks

State Information:

CDL Verified: Y; No Connectivity: N; Officer recommend Civil Assess: Y

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: \_\_\_\_\_

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: Jen Ruthledge Title: Safety Manager Date: 5-2-16

CHECKED MAY 01 2016

Report Prepared By:  
S. Thederahn

Badge #:  
9207

Copy Received By:  
RAYMOND BERRY



00465185 KS KSHP92070900

X

X



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MOTOR CARRIER SAFETY ASSISTANCE  
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Signature Of Motor Carrier X: *Jim Rutledge*

Title: *Safety*

Date: *4-27-16*

*Manager*

CHECKED APR 28 2016

Report Prepared By:  
S. Thederahn

Badge #:  
9207

Copy Received By:  
RAYMOND BERRY



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X

X