

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: KSHP00531285
 Inspection Date: 9/27/2016 Certification Date:
 Time Started: 07:50 Time Ended: 09:07
 Inspection Level: I - Full Inspection
 HM Inspection Type: No HM Inspection

BENFER ENTERPRISES II LLC

Driver: HARRIS, CRAIG J
 License #: [REDACTED] State: MO
 Date of Birth: [REDACTED]

INDEPENDENCE, MO 64053

USDOT #: 02405874

Phone #: [REDACTED]

MC/MX #:

Fax #:

State #:

Location: JOHNSON COUNTY - 091

MilePost:

Highway: 48TH ST @ ROE PRKY

Origin: INDEPENDENCE, MO

Bill of Lading: NONE

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 CHEV | 2007 | MO | [REDACTED] | [REDACTED] | 132239 | 11,200 | | | |

BRAKE ADJUSTMENTS:

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

VIOLATIONS :

| Via Code | Section | Unit | OOS | State Citation Number | Verify* | Crash | Violation Description |
|----------|-------------|------|-----|-----------------------|---------|-------|---|
| 392.2UCR | 392.2 | 1 | N | | N | N | Failure to pay UCR Fee. FAIL TO PAY 2014, 2015,2016. VERIFIED BY K-100 |
| 390.21B | 390.21(b) | 1 | N | | N | N | Carrier name NOT DISPLAYED as required. Carrier name reads "Benfer's Towing Auto & Collision" registered as "BENFER ENTERPRISES II LLC" with no DBA name. |
| 393.24A | 393.24(a) | 1 | N | | N | N | Non-compliance with headlamp requirements. PASSENGER SIDE HIGH BEAM INOP |
| 396.17C | 396.17(c) | 1 | N | | N | N | Operating a CMV without proof of a periodic inspection. MOST CURRENT EXPIRED 2014 |
| 393.41 | 393.41 | 1 | Y | | U | N | No or defective parking brake system on CMV; FAILED TO HOLD CMV WHEN APPLIED AND THEN PLACED IN NEUTRAL ON SLIGHT DOWNGRADE. |
| 396.9D2 | 396.9(d)(2) | 1 | N | | N | N | Failure to correct defects noted on previous inspection report. PARKING BRAKE VIOLATION LISTED ON PREVIOUS INSPECTION MO00K6007380 |

* N - Non-OOS or Driver OOS Violation; U - Unknown

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 | | |

Inspection Notes: UCR CHECKED BY K100

DRIVER TOLD ME HE WAS AWARE THE PARKING BRAKE CABLE WAS BROKEN EVEN BEFORE I CHECKED IT. IT WAS PARKED ON A DOWNGRADE, I HAD HIM APPLY THE PARKING BRAKE, PLACE IN NEUTRAL. THE VEHICLE ROLLED FORWARD UNTIL HE APPLIED THE REGULAR BRAKE.

THE EXPIRED ANNUAL WAS LOCATED ON THE PASSENGER SIDE WINDOW. DRIVER SAID THE CURRENT ONE CAME OFF."

Report Prepared By:
R.C. Beabout

Badge #:
0053

Copy Received By:
HARRIS, CRAIG J

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X

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BENFER ENTERPRISES II LLC
INDEPENDENCE, MO 64053
USDOT #: 02405874 Phone #: (816)838-4200
MC/MX #: Fax #:
State #:

Driver: HARRIS, CRAIG J
License #: State: MO
Date of Birth:

Special Study Fields:

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

*Pursuant to the authority contained in Title 49, CFR; K.S.A. 66-1,128; 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 this 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 _____

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:
R.C. Beaboul

Badge #:
0053

Copy Received By:
HARRIS, CRAIG J



K9HP00531285

X _____

X _____