

**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: KSHP02520638  
 Inspection Date: 9/27/2016 Certification Date:  
 Time Started: 07:58 Time Ended: 09:10  
 Inspection Level: 1 - Full Inspection  
 HM Inspection Type: No HM Inspection

BENFER ENTERPRISES II LLC

Driver: TABOR, STACY M  
 License #: [REDACTED] State: MO  
 Date of Birth: [REDACTED]

ORRICK, MO 64077  
 USDOT #: 02405874  
 MC/MX #:  
 State #:

Phone #: (816)836-4200  
 Fax #: (816)836-2116

Location: JOHNSON COUNTY - 091  
 Highway: 48TH & ROE LN  
 County: JOHNSON  
 Shipper: CARRIER

MilePost:  
 Origin: INDEPENDENCE, MO  
 Destination: ROELAND PARK, KS  
 Bill of Lading: NONE  
 Cargo: EMPTY

**VEHICLE IDENTIFICATION:**

Unit	Type	Make	Year	State	License#	Equipment ID	Unit VIN	GVWR	CVSA #	CVSA issued #	OOS Stkr.#
1	TR	CHEV	2000	MO	[REDACTED]	[REDACTED]	525105	25,950			141523

**BRAKE ADJUSTMENTS:**

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

**VIOLATIONS :**

Vio Code	Section	Unit	OOS	State Citation Number	Verify*	Crash	Violation Description
393.75C	393.75(c)	1	Y		U	N	Tire-other tread depth less than 2/32 of inch; Axle #1 right tire measured less than 2/32 in all 4 tread grooves across width of tire. (two measured 0/32; two measured 1/32)
396.5A-HNLOW	396.5(a)	1	N		N	N	Hubs - No visible or measurable lubricant showing in the hub - outer wheel; Axle #1 right outer hub leaking fluid
393.209E	393.209(e)	1	N		N	N	Power steering violations: Fluid leaking from power steering gear box
392.2UCR	392.2	1	N		N	N	Failure to pay UCR Fee: None paid for 2014, 2015, & 2016
390.21B	390.21(b)	1	N		N	N	Carrier name and/or USDOT Number not displayed as required; Carrier name should read "BENFER ENTERPRISES II LLC"; displaying "BENFER'S TOWING AUTO & COLLISION"
393.81	393.81	1	N		N	N	Horn Inoperative; Horn Inop
392.7A	392.7(a)	D	N		N	N	Driver failing to conduct pre-trip inspection: Driver stated that he did not complete a pre-trip inspection
391.41A	391.41(a)	D	N		N	N	No medical certificate in driver's possession; Non-commercial class DL; driver has no med cert in possession

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

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:**

Report Prepared By:  
 J.L. Mills

Badge #:  
 0262

Copy Received By:  
 TABOR, STACY M

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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. 68-1,129; 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 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:  
J.L. Mills

Badge #:  
0252

Copy Received By:  
TABOR, STACY M

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X \_\_\_\_\_