KSKC82240116

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: KSKC82240116 Inspection Date. 12/11/2018 Certification Date: Time Started: 15.17 Time Ended: 16:50 Inspection Level. I - Full Inspection HM Inspection Type: No HM Inspection		
DKM ENTERPRISES LLC				Driver:	MCADA	MS JR, CHARLES R	
1941 W FM2369				License #:		State: NM	
UVALDE, TX 78801				Date of Birth	n:		
USDOT #: 01189564		Phone #: (830)27					
MC/MX #:		Fax # (830)27	′8-7159				
State #:							
Location: BELLEVILLE	M C.I.S #58	MilePost:		219			
Highway: 81		Origin:	AURORA,NE		Bill of La	ading: 45813	
County: REPUBLIC		Destination	n: WACO,TX		Cargo:	PIPE	
Shipper: DKM ENTERF	PRISES						
VEHICLE IDENTIFICATION	TION:						
Unit Type Make Year Sta		Equipment	ום מו	nit VIN G'	WR CVSA	# CVSA Issued # OOS Stkr #	
		327		026082 5		26461389	
		316			0,000	20401303	
		310		1003120 0			
BRAKE ADJUSTMENT							
Axie # 1 2		4 5					
Right 1 1/8 1 3	/4 1 1/2	1 1					
Left 1 11	/4 1 1/2	3/4 3/4					
Chamber L-24 L-3	30 L-30	L-30 L-30					
VIOLATIONS:	and the second s	01-4-	04-0				
Vio Code Sec	ion		Citation nber Verify* C	rash Violation De	escription		
383.51A-SIN 383.5 * N - Non-OOS or Driver O		D Y	N	unknown ro McAdams (certify his I	eason and in s CDL was withd DOT physical n	is suspended for a safety-related or tate of driver's license issuance.: rawn on 11/29/2018 for fallure to nedical requirements. He had a him expiring 11/19/2020.	
HazMat:	No HM Trans	sported.			Placard:	NA Cargo Tank:	
Special Checks:	Alcohol/Cont Conducted b	roled Substance C y Local Jurisdiction ight Enforcement	ı 📄 P	raffic Enforcemer ASA Conducted I rug Interdiction S	Inspection	Post Crash Inspection PBBT Inspection Arrests	
SERVICE" No person and	d/or carrier shall p	ermit and/or requir	e this driver to ope	rate any commer	rcial vehicle unti	RLES R MCADAMS JR "OUT OF CDL is re-instated by new mexico ier indicated on this report Driver Initials	
	be corrected or a	cknowledged PRIC	OR TO RE-DISPAT	CH and then cert	tified by a respo	*CARRIER CERTIFICATION. All nsible carrier official who must sign _ at the address listed at the top of this	
Signature of Carrier Officia	ı. X					Date	
* NOTE TO MECHANIC: 1	he undersigned of	certifies that all med	chanical defects lis	ted on this report	t HAVE BEEN C	ORRECTED at the time of signature.	
Signature of Repairer	X		Fac	ility		Date:	
Report Prepared By. Greg Askren			Copy Received By: MCADAMS JR, CH	ŭ	1 of 1		