

DRIVER/VEHICLE EXAMINATION REPORT

inSPECT 1.0.96



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: KSHP01270452
Inspection Date: 06/29/2017
Start: 7:12 AM CT End: 9:20 AM CT
Inspection Level: I - Full
HM Inspection Type: None

LEON SHESTAK
COLUMBIA FALLS, MT, 59912
USDOT: 2643418 Phone: [REDACTED]
MC/MX#: 981014 Fax#: [REDACTED]
State#: [REDACTED]
Location: WELLINGTON
Highway: I-35
County: SUMNER

Driver: SHESTAK, MARK L
License#: [REDACTED] State: MT
Date of Birth: [REDACTED]
CoDriver: [REDACTED]
License#: [REDACTED] State: [REDACTED]
Date of Birth: [REDACTED]

Milepost: 19 Shipper: N/A
Origin: HOUSTON, TX
Destination: COLUMBIA FALLS, MT
Bill of Lading: N/A
Cargo: EMPTY

VEHICLE IDENTIFICATION

| Unit | Type | Make | Year | State | Plate | Equipment ID | VIN | GVWR | CVSA # | Issued # | OOS Sticker |
|------|------|------|------|-------|-------|--------------|--------------------|-------|--------|----------|-------------|
| 1 | TR | DODG | 2006 | MT | NONE | | [REDACTED] 5918562 | 10200 | | | |
| 2 | FT | DODG | 2012 | MT | NONE | | [REDACTED] 5609155 | 8550 | | | 144779 |

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 | HYDR | HYDR |

VIOLATIONS

| Section | Type | Unit | OOS | Citation # | VerifyCrash | Violations Discovered |
|----------|------|------|-----|------------|-------------|--|
| 391.11B1 | F | D | Y | | N | Driving a CMV in Interstate Commerce and driver is less than 21 years of age: 18 YEAR OLD DRIVER |
| 393.95A | F | 1 | N | | N | No/discharged/unsecured fire extinguisher: NONE |
| 393.95F | F | 1 | N | | N | No /insufficient warning devices: NONE |
| 391.41A | F | D | N | | N | No medical certificate in driver's possession: NONE |
| 392.2RG | F | 1 | N | | N | State vehicle registration or License Plate violation: NONE |
| 387.301A | F | D | N | | N | No evidence of public liability and property damage insurance |
| 393.43 | F | 2 | Y | | U | No/improper breakaway or emergency braking: NONE |
| 396.17C | F | 1 | N | | N | Operating a CMV without proof of a periodic inspection: NONE |
| p.21B | F | 1 | N | | N | Carrier name and/or USDOT Number not displayed as required |
| 392.2MI | F | D | N | | N | Miscellaneous Traffic Law Violation: NO DL IN POSSESSION |

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: Alcohol/Controlled Substance Check X Traffic Enforcement Post Crash Inspection
Conducted by Local Jurisdiction PASA Conducted Inspection PBBT Inspection
Size and Weight Enforcement Drug Interdiction Search
X eScreen Inspection

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 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 the 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: MS
Signature Of Repairer X: _____ Facility: _____ Date: _____

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: _____

* NOTE TO MECHANIC: The undersigned certifies that all mechanical defects listed on this report HAVE BEEN CORRECTED at the time of signature.
Signature Of Motor Carrier X: _____ Title: _____ Date: _____



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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: _____ Title: _____ Date: _____

Report Prepared By:

A. Lieber

Badge #:

0127

Copy Received By:

MARK SHESTAK

X

[Signature]
 0127

X

[Signature]

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