DRIVER/VEHICLE EXAMINATION REPORT

inSPECT 1.0.73.4



Kansas Highway Patrol MOTOR CARRIER SAFETY ASSISTANCE

700 SW Jackson, Ste 704

Topeka, KS 66603

Report Number: KSHP92070789 Inspection Date: 02/22/2016 Start: 2:13 PM CT End: 2:52 PM CT Inspection Level: I - Full Inspection

Phone: (785)296-7189 Fax: (785)296-2858 HM Inspection Type: None VARCO MOTORS LLC Driver: VARNER, RICHARD D License#: State: KS 16948 HWY K16 Date of Birth: **DENISON, KS, 66419** USDOT: 1170641 Phone#: CoDriver: MC/MX#: Fax#: (78 License#: State: State#: Date of Birth: Location: SHAWNEE COUNTY - 177 Milepost: 169 Shipper: DON HORAK Highway! US-75 Origin: DENNISON, KS Bill of Lading: N/A County: SHAWNEE Cargo: VEHICLE Destination: KANSAS CITY, KS VEHICLE IDENTIFICATION Unit Type Make Year State
1 TR DODG 2012 KS Equipment D VIN GVWR CVSA# Issued # OOS Sticker Plate 004 225323 8000 2 ST HMDE 2008 K5 001T 14000 BRAKE ADJUSTMENTS Axle # 4 1 N/A N/A N/A N/A Right Left NIA N/A NIA NIA HYDR HYDR ELEC ELEC Chamber VIOLATIONS Section Type Unit oos Citation # Verify Crash Violations Discovered 393.25F N Stop lamp violations. Right stop lamp inop. 2 N 393,9T\$ 2 Y U Inoperative turn signal. Right turn signal inop. 393.43 2 Y Ų N No/improper breakaway or emergency braking. Did not work when checked. 393 484 2 Y U inoperative/defective brakes. Axie #3 driver side. N Inoperative/defective brakes. Axle #3 passenger side. Y U 393.48A 2 N 393.48A 2 u Inoperative/defective brakes, Axia #4 driver side. 2 Y U inoperative/defective brakes. Axis #4 driver side. 393.48A BRAKES OUT OF SERVICE: The number of defective brakes is equal to or greater than 395.3A1BOS 2 Y U N 20 percent of the service brakes on the vehicle or combination. (4 of 8 = 50%) Cargo Tank: HazMat: No HM transported Placard: Special Checks: No data for special checks State Information: CDL Verified: Y; No Connectivity: N; Officer recommend Civil Assess: Y Pursuent 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) 99 "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:

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:

COPY

Facility:

Report Prepared By:

S. Thederahn

Badge #: 9207

Copy Received By: RICHARD VARNER

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Topeka, KS 66603

Phone: (785)296-7189 Fax: (785)296-2868

Report Number: KSHP92070789

HM Inspection Type: None

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 Kanses 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://detaqs.imcsa.dot.gov

Signature Of Motor Carrier X:

COPY

Report Prepared By:

S. Thederahn

Badge #: 9207

CODY RECEIVED BY: RICHARD VARNER

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