

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: KSHP03050871
Inspection Date: 10/25/2019 Certification Date:
Time Started: 10:38 Time Ended: 12:43
Inspection Level: I - Full Inspection
HM Inspection Type: No HM Inspection

CDA WHEELS TRANSPORT LLC

5180 E SELTICE WAY # C

POST FALLS, ID 83854

USDOT #: 02947959

MC/MX #:

State #:

Phone #:

Fax #:

Driver: FREEMAN, BENJAMIN B

License #:

State: WA

Date of Birth:

Location: SHERMAN COUNTY - 181

MilePost: 8 EB

Highway: I-70

Origin: GLENDIVE, MT

Bill of Lading: N/A

County: SHERMAN

Destination: CHENEY, KS

Cargo: AUTOMOBILES

Shipper: PROTECH DIESEL

VEHICLE IDENTIFICATION:

Unit	Type	Make	Year	State	License#	Equipment ID	Unit VIN	GVWR	CVSA #	CVSA Issued #	OOS Stkr.#
1	TR	FORD	2014	ID	TEMP TAG	6		12388	14,000		
2	ST	BIGT	2017	ID	5987TJ	5987TJ		2016875	20,000		

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	ELEC	ELEC

VIOLATIONS :

Vio Code	Section	Unit	OOS	State Citation Number	Verify*	Crash	Violation Description
395.8E	395.8(e)(1)	D	Y		N	N	False report of drivers record of duty status: False Log on 10/25/2019. see notes for details
393.95A	393.95(a)	1	N		N	N	No/discharged/unsecured fire extinguisher: fire extinguisher needs recharged and it wasn't secured/mounted, was loosely on floorboard behind driver seat
390.21B	390.21(b)	1	N		N	N	Carrier name and/or USDOT Number not displayed as required: missing company name & USDOT # on right side of truck, had magnetic sign, said it fell off but not sure when it fell off
393.43	393.43	2	Y		U	N	No/improper breakaway or emergency braking: break-away emergency brake cord was attached to its own electric wires, not attached to truck as required

* 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 | | |

Report Prepared By:

M. Huynh

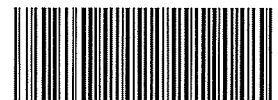
Badge #:

0305

Copy Received By:

FREEMAN, BENJAMIN B

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Inspection Notes: observed discrepancies on Oct. 22nd, showed ELD log showed he was on duty-not driving and no drive time for the entire day, located paperwork that he was working and delivering vehicle(s), Oct. 23rd, showed he was off duty all day, located paperwork that he was working, load/unload deliveries, Oct. 24th showed drive time approx. 6 hours for day's trip, which was approx. 722 miles and approx. 10 hours and 30 minutes, missing approx. 4.5 hours of drive time, Also Oct. 24th, showed he stopped in Fort Collins, CO for the night, then this morning (25th) his ELD log showed he started out in Fort Collins as a continuation from last night but this is not accurate, driver actually stopped in Limon, CO last night and also started out in Limon, CO, not Fort Collins, CO. spoke with driver about these and other discrepancies, we agreed that his log is incorrect, said that he had trouble with it since 22nd but didn't start paper logs, see photographs for details

trailer break-away emergency brake cord was attached to its own wire and not to the truck, if the trailer would've detached from truck, the emergency switch would stay with trailer and not be pulled out

INTERNAL CHALLENGE: carrier is contesting OOS violations - states the breakaway was connected correctly and that the driver had paper logs.

reached out to trp minh and the carrier for supporting evidence 11/13/2019 jpeterson - will give 7 days to provide documentation

eld not connected to the truck - no precise location - 25th colorado - goodland, ks

22nd false log - off duty - on duty but no driving idaho to montana

not recording odometer hours precisely

header info - none of the info listed eld i/d diagnosis indicator shows nothing if malfunction would show a yes

engine hours odometer precision info not there

paper log - doesnt verify hos, not a valid log , no driver info or time

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. 66-1,129; K.C.C. Reg. 82-4-3, I hereby declare BENJAMIN B. FREEMAN "OUT OF SERVICE". No person and/or carrier shall permit and/or require this driver to operate any commercial vehicle until: 10 consecutive hours off duty. 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 _____

* 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 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:

M. Huynh

Badge #:

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FREEMAN, BENJAMIN B

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