

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: KS00UG005200
Inspection Date: 3/13/2014 Certification Date: 04/08/2014
Time Started: 10:15 Time Ended: 10:45
Inspection Level: II - Walk-Around
HM Inspection Type: No HM Inspection

MILLER'S OF CLAFLIN INC
PO BOX 285
CLAFLIN, KS 67525-0285
USDOT #: 956020 Phone #: (620)587-3601
MC/MX #: Fax #: (620)587-3636
State #:

Driver: JACKSON, GRANT L
License #: State: KS
Date of Birth:

Location: BARTON COUNTY - 009
Highway: U-56
County: BARTON
Shipper: CARRIER

MilePost: 191
Origin: CLAFLIN KS
Destination: GARDEN CITY KS

Bill of Lading:
Cargo: FURNITURE

VEHICLE IDENTIFICATION:

Unit Type	Make	Year	State	License#	Equipment ID	Unit VIN	GVWR	CVSA#	CVSA Issued #	OOS Stkr.#
1	TR	PTRB	2011	KS	502009	011	112851	26,000		101690

BRAKE ADJUSTMENTS: No brake measurements recorded.

VIOLATIONS :

Vio Code	Section	Unit	OOS	Citation #	Verify*	Crash	Violation Description
393.75A	393.75(a)	1	Y		U	N	Flat tire -DRIVERS SIDE REAR INSIDE TIRE.-HAS 30 PSI OF AIR NEEDS 120 PSI

* 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:

Inspection Notes: AIRED TIRE UP TO 77PSI AT PAWNEE ROCK COOP AND THEY WENT BACK TO GREAT BEND TO GET IT FIXED.

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 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:
F.J. VEVERKA

Badge #:
2043

Copy Received By:
JACKSON, GRANT L

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