

## 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: KSHP92513439  
Inspection Date: 6/24/2019 Certification Date:  
Time Started: 09:00 Time Ended: 10:15  
Inspection Level: II - Walk-Around  
HM Inspection Type: No HM Inspection

PRIME INC  
2740 N MAYFAIR AVENUE  
SPRINGFIELD, MO 65803  
USDOT #: 00003706  
MC/MX #: 00140665  
State #:

Phone #: (417)866-0001  
Fax #: (417)521-5728

Driver: THORTON, CEDRIC C  
License #: State: KS  
Date of Birth:

Location: CONCORDIA  
Highway: U-81  
County: CLOUD  
Shipper: TYSON FRESH MEATS, INC.

MilePost: 199  
Origin: LEXINGTON, NE  
Destination: EMPORIA, KS

Bill of Lading: 025H22086  
Cargo: REFRIGERATED MEAT

## VEHICLE IDENTIFICATION:

Unit	Type	Make	Year	State	License#	Equipment ID	Unit VIN	GVWR	CVSA #	CVSA Issued #	OOS Stkr.#
1	TT	FRHT	2018	MO	13AP9S	680596	5092	52,000			
2	ST	WANC	2016	MO	35A208	165084	.953941	68,000			150907

**BRAKE ADJUSTMENTS:** No brake measurements recorded.

## VIOLATIONS :

Vio Code	Section	Unit	OOS	State Citation Number	Verify*	Crash	Violation Description
392.3	392.3	D	Y		N	N	Operating a CMV while ill or fatigued: driver fell asleep, causing the vehicle to leave the highway and to roll onto it's right side in the ditch.
393.60C	393.60(c)	1	N		N	Y	**Damaged or discolored windshield: windshield broken out
393.80	393.80	1	N		N	Y	**No or defective rear-vision mirror: right side mirror, broken
392.9A2	392.9(a)(2)	2	Y		U	Y	**Failing to secure vehicle equipment: roof of trailer torn loose

\* N - Non-OOS or Driver OOS Violation; U - Unknown

\*\* Y - The violation occurred because of the crash; U - Unknown

**HazMat:** No HM Transported. **Placard:** NA **Cargo Tank:**

**Special Checks:**

<input type="checkbox"/> Alcohol/Controlled Substance Check	<input checked="" type="checkbox"/> Traffic Enforcement	<input checked="" 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		

**Inspection Notes:** Driver had stated he had fallen asleep, causing the vehicle to roll onto it's right side while entering the West ditch on the South bound side. No injuries. Was coming off of 10 hour rest break in Lexington, NE, headed to Emporia, KS.

Corrected windshield violation as a result of accident.

\*\*\*\*\*

INTERNAL CHALLENGE: carrier is contesting fine - states driver was in compliance w/ his hos. states carrier would never retaliate on drivers for shutting down due to fatigue, illness or feel they cannot drive safe. carrier states that the driver was fatigued and driver took it upon himself to drive resulting in a rollover accident.

OOS states - when a driver operates a CMV while his/her ability or alertness is so impaired, or so likely to become impaired, through fatigue as to make it unsafe for him/her to begin or continue to operate the CMV

accident was handled by cloud county sherriffs dept case#19-266 deputy charlie rice

the driver falling asleep is what caused the accident - violation/fine will remain 07/17/2019 JPETERSON

Report Prepared By:  
T.A. Gantz

Badge #:  
9251

Copy Received By:  
THORTON, CEDRIC C

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## 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 CEDRIC C. THORTON "OUT OF SERVICE". No person and/or carrier shall permit and/or require this driver to operate any commercial vehicle until: driver no longer fatigued. 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:

T.A. Gantz

Badge #:

9251

Copy Received By:

THORTON, CEDRIC C

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