

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

Report Number: KSHP92100966
Inspection Date: 08/27/2018
Start: 6 43 AM CT End: 7 20 AM CT
Inspection Level: II - Walk-Around
HM Inspection Type: None

MID AMERICA ROAD BUILDERS INC
[REDACTED]
PLATTE CITY, MO, 64079
USDOT: 2308288 Phone#:
MC/MX#: 788048 Fax#:
State#:
Location: INDEPENDENCE

Driver: JERNIGAN, JASPER H
License#: [REDACTED] State: MO
Date of Birth: [REDACTED]
CoDriver:
License#: State:
Date of Birth:

Milepost: 21 Shipper: MID AMERICA ROAD BUILDERS
INC

Highway: U-75
County:

Origin: INDEPENDENCE,KS Bill of Lading: NONE
Destination: ELK CITY,KS Cargo: ROCK

VEHICLE IDENTIFICATION

| Unit | Type | Make | Year | State | Plate | Equipment ID | VIN | GVWR | CVSA # | Issued # | OOS Sticker |
|------|------|------|------|-------|------------|--------------|------------|--------------|--------|----------|-------------|
| 1 | TR | INTL | 1991 | MO | [REDACTED] | 820 | [REDACTED] | 310220 50000 | | | 146103 |

BRAKE ADJUSTMENTS No brake measurements required for level II or level III

VIOLATIONS

| Section | Type | Unit | OOS | Citation # | Verify | Crash | Violations Discovered |
|---------------|------|------|-----|------------|--------|-------|---|
| 392 2FT | F | D | N | CE01880373 | N | N | State or International Fuel Tax (IFTA) Violation |
| 392 2IRP | F | D | N | CE01880373 | N | N | IRP Apportioned Tag or Registration Violation |
| 393 60C | F | 1 | N | | N | N | Damaged or discolored windshield |
| 396 17C | F | 1 | N | | N | N | Operating a CMV without proof of a periodic inspection |
| 393 9 | F | 1 | N | | N | N | Inoperable Required Lamp |
| 396.3A1-LLEAK | F | 1 | Y | | U | N | A liquid fuel system with a dripping leak at any point. |

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks:

Alcohol/Controlled Substance Check X
Conducted by Local Jurisdiction
Size and Weight Enforcement
eScreen Inspection

Traffic Enforcement
PASA Conducted Inspection
Drug Interdiction Search

Post Crash Inspection
PBBT 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 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 _____

* 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 _____

**** 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 Motor Carrier X _____ Title _____ Date _____

Report Prepared By: Badge #
D. Bales 9210

Copy Received By
JASPER JERNIGAN

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