

# 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: KS00RL002706  
 Inspection Date: 9/16/2010 Certification Date: 10/01/2010  
 Time Started: 10:52 Time Ended: 11:35  
 Inspection Level: I - Full Inspection  
 HM Inspection Type: No HM Inspection

BELLE SPRINGS TRUCKING INC  
 1372 KEY RD  
 ABILENE, KS 67410  
 Phone #: Fax #:  
 USDOT #: 764415 MC/MX #: 363910  
 State #:

Driver: HENECKE, ZACHARIAH E  
 License #:   
 Date of Birth:   
 State: KS

STATE CORPORATION COMMISSION  
 OCT 26 2010  
 Susan K. Duffy

Location: MARION COUNTY - 115 MilePost: 133  
 Highway: K15 Origin: HOPE, KS  
 County: MARION Destination: WICHITA, KS  
 Shipper: NORTH CENTRAL COOP

Bill of Lading: 27586  
 Cargo: MILO

## VEHICLE IDENTIFICATION:

Unit	Type	Make	Year	State	License#	Equipment ID	Unit VIN	GVWR	Issued Decal#	Existing Decal#	OOS	Stkr.#
1	TT	KW	2000	KS	243CLM			52,000				
2	ST	TIMP	1996	KS	240CLM			65,000				

## BRAKE ADJUSTMENTS:

Axle #	1	2	3	4	5
Right	1 1/2	2	1 3/4	2	2
Left	1 1/4	1 3/4	2 1/4	1 1/2	2
Chamber	C-20	C-30	C-30	C-30	C-30

## VIOLATIONS :

Section Code	St	Unit	OOS	Lvl 6	Citation #	Verify*	Crash	Violation Description
392.2		1	N	N		N	N	Failure to pay UCR fee - for 2010
393.9TS		1	N	N		N	N	Inoperative turn signal - right rear
393.25(f)		1	N	N		N	N	Stop lamp violations - right
393.47(e)		1	N	N		N	N	Clamp or Roto type brake out-of-adjustment - axle 3 left
393.53(b)		1	N	N		N	N	CMV manufactured after 10/19/94 has an automatic airbrake adjustment system that fails to compensate for wear - axle 3 left

\* N - Non-OOS or Driver OOS Violation

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

Special Checks: ☐ Alcohol/Controlled Substance Check ☐ Traffic Enforcement ☐ Post Crash Inspection  
☐ Conducted by Local Jurisdiction ☐ PASA Conducted Inspection ☐ PBBT Inspection  
☐ Size and Weight Enforcement ☐ Drug Interdiction Search Arrests:

Inspection Notes: Spoke with Dan Reiff 10/5/2010 to inquire whether he indeed did want to proceed to hearing, as indicated in his letter dated 09/26/2010. Although records indicate Belle Springs Trucking is an interstate carrier and paid their UCR fees on 09/20/2010 - Mr. Reiff stated he DOES want a hearing, he only paid the UCR to avoid further problems until the issue is settled.  
 B Turner 10/5/2010

## Special Study Fields:

Special Study1: Special Study6:  
 Special Study2: Special Study7:  
 Special Study3: Special Study8:  
 Special Study4: Special Study9:  
 Special Study5: Special Study10:

\*\*\* 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.

Report Prepared By:  
 J.C. Smith

Badge #:  
 0228

Copy Received By:  
 HENECKE, ZACHARIAH E

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**BELLE SPRINGS TRUCKING INC**

1372 KEY RD

ABILENE, KS 67410

Phone #:

Fax #:

USDOT #: 764415

MC/MX #: 363910

State #:

Driver: HENECKE, ZACHARIAH E  
License #: XXXXXXXXXX State: KS  
Date of Birth: XXXXXX

Signature of Carrier Official: X

Date: \_\_\_\_\_

**Note to carrier this section applies to self adjusting brake.**

**Advisory:** This vehicle has been identified to have brake adjustment violations. 49CFR Section 393.53 requires that a self-adjusting brake system be equipped on this vehicle. A qualified service technician needs to determine why the defective brake has excessive stroke and make the appropriate repairs. Simply re-adjusting a self-adjusting brake adjuster, or replacing it, does not guarantee that the problem is corrected. The problem may exist in the foundation brake system. By certifying this inspection report you have indicated that this vehicle now has a properly functioning self-adjusting brake adjustment system.

\* 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:  
J.C. Smith

Badge #:  
0228

Copy Received By:  
HENECKE, ZACHARIAH E

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