20191212083142

Filed Date: 12/12/2019

	ļ	DRIVER/VEHICL	E EXAMINATION	REPORT		State Cor	poration Commiss of Kansas	
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						Certification Date: Time Ended: 13:40 und		
PWD INC 1214 COW PALACE ROAD NEWTON, KS 67114 USDOT #: 01271377 MC/MX #: State #:		one #: Fax #	Driver Licens Date o	_	ROGERS, F	_	te: KS	
Location: GARDEN CITY Highway: U-50 County: FINNEY Shipper: PWD		0	63 IEWTON,KS BURLINGTON,CO		Bill of Lading Cargo: CO	g: 778191 NSTRUCTION MATE	ERIAL	
VEHICLE IDENTIFICATIO Unit Type Make Year State 1 TT FRHT 2006 KS 2 ST STOU 1993 KS	License# 176823 590497	Equipment ID P-280 P-83		GVWR 46 52,000 01 68,000	CVSA#	CVSA Issued #	OOS Stkr.#	
BRAKE ADJUSTMENTS VIOLATIONS : Vio Code Section 383.23A2 383.23(n Unit	State Citatio	n Verify*_Crash_Violati	· · ·		DL: Operating a CM	// without a	
* N - Non-OOS or Driver OOS	S Violation		CDL o	n 11/6/2019 been down). KS CDL sta graded sur to	tus not valid. Licen medical		
HazMat: Special Checks:	No HM Transport Alcohol/Controled Conducted by Loc Size and Weight F EScreening	Substance Check al Jurisdiction	Traffic Enford PASA Condu	ement cted Inspec		Post Crash Inspection)n	

Inspection Notes: INTERNAL CHALLENGE: carrier is contesting 383.23a2 - states the pyhsical was completed and signed on 09/25/2019. carrier states its KDORS error

reached out to KDOR to verify info - kdor states med card was input on 11/07/2019 and put in the drivers file on 11/08/2019 there was nothing submitted prior

violation/fine will remain as is 12/02/2019 jpeterson

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 RICKY D. ROGERS "OUT OF SERVICE". No person and/or carrier shall permit and/or require this driver to operate any commercial vehicle until: CDL OBTAINED. 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.

Report Prepared By: J Tiede

Copy Received By: ROGERS, RICKY D

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DRIVER/VEHICLE EXAMINATION REPORT

Kansas Highway Patrol	Report Number:	Report Number: KSHP01020107				
MOTOR CARRIER SAFETY 700 SW Jackson, Ste 704 Topeka, KS 66603 Phone # : (785)296-7189	ASSISTANCE Fax #: (785)296-2858	Inspection Date Time Started: Inspection Leve	13:09	Certification Date: 11/13/2019 Time Ended: 13:40 ound		
truckinspection@khp.ks.gov	Tux #. (100)200 2000	HM Inspection Type: No HM Inspection				
PWD INC		Driver:	ROGERS,	RICKY D		
1214 COW PALACE ROAD		License #:		State: KS		
NEWTON, KS 67114		Date of Birth:				
USDOT #: 01271377	Phone #:					
MC/MX #:	Fax #:					
State #:						
Signature of Carrier Official:	X			Date:		
* NOTE TO MECHANIC: The	e undersigned certifies that all mechanica	al defects listed on this report HAV	E BEEN COF	RRECTED at the time of signature.		
Signature of Repairer:	Х	Facility:		Date:		

Report Prepared By: J Tiede

Copy Received By: ROGERS, RICKY D

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KSHP01020107

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