

Driver's Copy

DRIVER/VEHICLE INSPECTION REPORT

DES MOINES POLICE DEPARTMENT
 100 MAIN STREET
 DES MOINES IA 12331-2154
 (123) 456-7890

Officer No. SYSADMIN	Date 10/28/2004	Time Inspection Began 10:15	Inspection Number XXDB004	U.S. DOT Number 543212132
ICC NUMBER 323423	Iowa Number 5435412123	Commerce Type Interstate	Inspection Level WALK-AROUND DRIVER / VEHICLE	
County Number ADAIR - 01	Location Number 01	Location Description 01 - JASPER		

DRIVER

DRIVER Name - Last JAMES		First MARK		Middle R		Suffix	
Address 73 BAKERS STREET		City WINSLOW		State PA		Zip Code 15671	
Driver License Number 3213213213213213213213213213		State of License PA		Date of Birth 12/01/1981		CDL Class 1	
				Endorsement(s) NONE		Restriction(s) NONE	
Height 5'11"	Weight 195 LBS	Drug Search No	Arrests 0	Alcohol Test Administered Yes Results 0.0 % BAC			

CARRIER

MOTOR CARRIER Name TREW							
Address 555 GRANT STREET							
City CLOE		State PA		Zip Code 15832			

VEHICLE

Unit 001	Company's Unit Number 00012001	Vehicle Year 2004	Vehicle Make MACK	Vehicle Type FT	License State PA	License Number PA32190112
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LOAD

Shipping Paper Number 3232123123		Whose Document TREW DEVICES		Origin State PA		Destination State IA		Cargo Tank Specs. 111		Exempt Number 3512	
HazMat Code 61S	Reportable Qty. No	Haz Waste No	HazMat Code 9	Reportable Qty. No	Haz Waste No	HazMat Code 8	Reportable Qty. No	Haz Waste No	Placards Required No		

VIOLATIONS


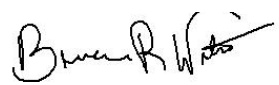
Identification 13906	Unit No. D - Driver	Out Of Service Yes	Description OPER W/O PROPER INSURANCE OR OTHER SECURITIES					Citation XXDB009
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CVSA Decal Unit 1	CVSA Decal Unit 2	CVSA Decal Unit 3	CVSA Decal Unit 4	CVSA Decal Unit 5	Reinspect			
Brake Adjustment	Right						Surveillance	
	Front	Axle 1	Axle 2	Axle 3	Axle 4	Axle 5		Axle 6
	Left							Axle 7

COMMENTS

THE DRIVER'S INFORMATION IS NOT UP TO DATE AND PAID IN FULL FOR INSURANCE PURPOSES. ONCE WE RECEIVE NOTICE FROM THE INSURANCE COMPANY WE WILL ALLOW THE DRIVER TO CONTINUE.

OUT OF SERVICE / SIGNATURES

Driver/Vehicle Out of Service Notice		
Pursuant to Iowa Code Section 321.449 and 321.450, I hereby declare the Driver "OUT OF SERVICE". The violations indicated in the violation section(s) and marked out-of-service must be repaired before the vehicle containing these defects is operated on the public highways of Iowa.		
No motor carrier shall permit or require this driver to operate any motor vehicle until: 10:23 on 10/31/2004		Out-of-Service Sticker Number
DRIVER'S SIGNATURE: I acknowledge being present while the above vehicle was inspected and have been informed of the above infractions and/or deficiencies.	Officer's Signature 1	Time Completed
 XXDB004	 XXDB004	10:55

All information requested is required. This document will be used for enforcement action and statistical reporting by the Motor Vehicle Enforcement Office. This form is provided to the Federal Highway Administration's Office of Motor Carrier's, and to the public upon request.

DRIVER : This report must be furnished to the motor carrier whose name is listed on this report.
MOTOR CARRIER : Please sign the certification below and return all pages within fifteen (15) days. Return only if violations are noted.
The undersigned certifies that all violations noted on this report have been corrected and action has been taken to assure compliance with the Federal and State Motor Carrier Safety and Hazardous Material Regulations insofar as they are applicable to motor carriers and drivers. I understand that failure to comply will subject me to additional violations under the regulations noted.
Signature of Carrier Official _____ Title _____ Date Signed _____