

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Louisiana State Police MCSAP
PO Box 66601 Mail Slip A32
Baton Rouge, LA 70896-6601
Phone: (225)925-3800 Fax: (225)925-3912
EMAIL: motor_carrier_safety@dps.la.gov

Report Number: LALAER003234
Inspection Date: 12/11/2016
Start: 01:05 PM CT End: 1:18:04 PM CT
Inspection Level: III - Driver Only
HM Inspection Type: None

RV DELIVERY LLC
2801 ROLIDO DR #50
HOUSTON, TX 77063

USDOT#: 02609019

MC/MX#: 913314

State#:

Location: SCALES

Highway: I 10 W

County: SAINT MARTIN, LA

Phone#: (281)857-5110

Fax#:

Driver: VARGAS, RADAMES C

License#: 35706162

Date of Birth: 12/26/1969

CoDriver:

License#:

Date of Birth:

State: TX

State:

MilePost: 106

Shipper:

Origin: EVERGREEN, AL

Destination: OPELOUSAS, LA

Bill of Lading:

Cargo: OTHER

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	TT	FRHT	2007	TX	R252112	007	1FUJA6CK87LX83619	52,000			
2	ST	UTIL	2008	CA	4NP3290	0011896	1UYFS24848A346026	73,000			

BRAKE ADJUSTMENTS: No Brake Measurements Required For Level 3

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
395.8F01	395.8(f)(1)	D	N		N	N	Drivers record of duty status not current: Log not Current on 12/11/2016 12:00 AM

HazMat: No HM Transported.

Placard: No

Cargo Tank:

Special Checks: No Data for Special Checks.

State Information:

Duty Status:: B; Troop:: I; Region:: U; Attachments (Y or N):: Y; Photographs (Y or N):: N; Transponder Equipped (Y or N):: N; Oper. Auth. Verified (Y or N):: Y; RADAR #:: N; LIDAR #:: N; DL Checked (Y or N):: Y; Driver's License Class:: A; Driver's Street Address:: 2801 ROLIDO DR 50; Driver's City:: HOUSTON; Driver's State:: TX; Driver's Zip: 77063; Driver's Phone #: 281; -: 857; -: 5110; Terminal Manager:: INDIRA;

I understand and acknowledge that the Louisiana Department of Public Safety and Corrections may notify the carrier, shipper, and / or other responsible party of this inspection and of possible and / or actual penalties for the violation(s) described above. Any responsible party will have an opportunity to request a fair and impartial hearing in accordance with the Administrative Procedure Act, for any proposed civil penalty.

Signature of Driver / Carrier: X Radames Date: _____

NOTE TO CARRIER:

In accordance with FMCSR 396.9(d), the motor carrier SHALL certify that all EQUIPMENT violations noted have been corrected by the below certification. This certification must be signed and returned to the above address within 15 days following the date of the inspection. A copy of this report must be retained by the carrier for 12 months from the date of inspection.

CERTIFICATION OF ACTION TAKEN: the undersigned certifies that all EQUIPMENT violations noted on this report have been corrected. Failure to certify noted repairs may result in additional penalties.

Signature Of Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By:
LUQUETTE TBadge #:
2066Copy Received By:
RADAMES VARGAS

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x. LT Radamesx. 12/22/2016

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