

**Attachment 2 – NY State Police Vehicle Inspection Report  
(3 Pages)**



New York State Department of Transportation  
 Passenger & Freight Safety Division  
 New York State Police  
 Commercial Vehicle Enforcement Unit  
 TE241e (6/98)

DRIVER VEHICLE INSPECTION REPORT  
 Report #: NYAA001008  
 Date: 10/22/99  
 Time Started: 09:30 Time Ended: 16:00  
 Insp. Level: 1 (Full Inspection)

M V F CONSTRUCTION CO  
 RD2 BOX 332-B  
 SCHOHARIE, NY 12157  
 ICC #:  
 Phone #:

DOT #:  
 Fax #:

Driver: COOK, EDWARD N  
 License #: [REDACTED]  
 DOB: [REDACTED] State: NY  
 State #:  
 Cargo: EMPTY

Location: COBLESKILL  
 Highway: MINERAL SPRINGS RD  
 Shipper:

MilePost:  
 County: SCHOHARIE

Origin:  
 Destination:  
 Shipping Paper #:

**VEHICLE IDENTIFICATION**

Unit	Type	Make	Yr	Company
1	TR	MACK	87	
2	ST	INTT	88	

**HAZARDOUS MATERIALS**

CVSA #	HM Code/Class	Qty	Wst

**BRAKE ADJUSTMENTS**

Axle #	1	2	3	4	5	6
Right	5/8	1 1/4	1 1/2	1 1/2	1 1/2	2
Left	1 1/4	2	1 3/4	1 1/2	1 1/2	1 3/4
Chamber	C-20	C-30	C-30	C-30	C-30	C-30

**VIOLATIONS**

Violation Code	St	Unit	OOS	Citation #	Verify	Violations Discovered
396.3A1BA		1	N		N	Brake-out of adjustment axle 2 left side brake
393.207(a)		1	Y		U	<b>Axle positioning parts defective/missing axle 3 left side 1 of 4 spring to axle clamp bolts loose</b>
393.25(f)		1	Y		U	<b>Stop lamp violations left and right side inoperative</b>
396.3(a)(1)		2	Y		U	<b>Axle 4 left brake hose damaged/ leaking</b>

\* Pursuant to the authority contained in Subdivision 2 of Section 140 of the Transportation Law and the regulations of the Commissioner of Transportation promulgated pursuant thereto, I hereby declare vehicles with defects with a "Y" (Yes) in the OOS (Out Of Service) column in the "VIOLATIONS" section of this report OUT OF SERVICE. No person shall operate such vehicles until the out of service defects have been repaired and the vehicles have been restored to safe operating condition. □

\* NOTE TO DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this report. NOTE TO MOTOR CARRIER: If entries are made in the violation section above, please sign the below certification and return this report to the address which appears in the certification block within fifteen (15) days.

Signature of Repairer: X \_\_\_\_\_ Facility: \_\_\_\_\_ Date: \_\_\_\_\_

\* CARRIER CERTIFICATION: The undersigned certifies that all violations on this report have been corrected and action has been taken to assure compliance with the Transportation Law and regulations. Mail completed report to Passenger & Freight Safety Division, Motor Carrier Safety Bureau, Bldg. 7A, Rm 501A, 1220 Washington Avenue, Albany, NY 12232-0880. NOTE TO MOTOR CARRIER: If no violations were discovered on this report, the motor carrier is not required to sign and return this report.

Signature of Carrier Official: X \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
 RUSSELL HARDING  
 X \_\_\_\_\_

Badge #:  
 0913

Copy Received By:  
 EDWARD N. COOK  
 X \_\_\_\_\_

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State: NY

**NOTES**

ODOMETER 187049, ACCIDENT DAMAGE-FRAME BENT LEFT & RIGHT FRONT, AXLE 1 SHIFTED, RIGHT U-BOLTS LOOSE, CENTER PIN SHEARED, HOOD, RADIATOR & FRONT LIGHTING ASSEMBLIES DAMAGED, FRONT BUMPER DAMAGED, BATTERY BOXES DAMAGED, STEERING COLUMN BENT

Report Prepared By:  
RUSSELL HARDING  
X 

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Copy Received By:  
EDWARD N. COOK  
X

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