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

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	New York Sta Passenger & I New York Sta Commercial V TE241e (6/98)	Freight Safety te Police Vehicle Enforce		ion		Reput. #: 1 Date: 10/2 Time Star		ime Ended: 16:00
M V F CONS RD2 BOX 332 SCHOHARIE. ICC #: Phone #:		DOT #: Fax #:		Driver: CO License #: DOB: State #: Cargo: EMI		ARD N	State: NY	
Location: CO Highway: MIN Shipper:	BLESKILL VERAL SPRINC	IS RD	MilePost: County: SCH	OHARIE			Origin: Destination: Shipping Paper #:	
VEHICLE ID <u>Unit Type</u> 1 TR 2 ST	ENTIFICATIO <u>Make Yr</u> MACK 87 INTT 88	Compa	-	<u>License</u> DH1720 51727R	<u>State</u> NY NY	<u>CVSA</u> #	HAZARDOUS N HM Code/Class	IATERIALS Qty Wst
Left	USTMENTS <u>1</u> <u>2</u> 5/8 1 1/4 1 1/4 2 C-20 C-30	$\begin{array}{cccc} \frac{3}{1} & \frac{4}{11/2} & \frac{1}{12} \\ \frac{1}{13/4} & \frac{1}{12} \\ \text{C-30} & \text{C-30} \end{array}$	1 1/2 1 3/	'4				
VIOLATION Violation Code 396.3A1BA 393.207(a) 393.25(f) 396.3(a)(1)		OOS Cita N Y Y Y	ation # Verify N U U U U	Brake-out of Axle position spring to axl	adjustment ning parts o e clamp bo olations lef	axle 2 left sid lefective/miss lts loose it and right s	sing axle 3 left side ide inoperative	1 of 4

* 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.

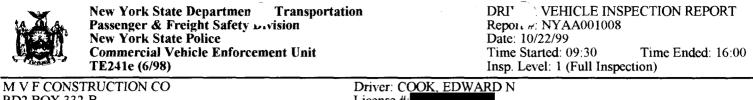
* NOTE TO DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this report. NOTE TO MOTOR CARRIER: If entries are made in the violation section above, please sign the below certification and return this report to the address which appears in the certification block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

* 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 Passerger & 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	<u>Badge #:</u> 0913	Copy Received By: EDWARD N. COOK X		Page #: 1 Last Page

Facility:

Date:



RD2 BOX 332-B SCHOHARIE, NY 12157 ICC #: DOT #: License #: DOB: State #:

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:	<u>Badge #:</u>	Copy Received By:	Page #: 1
RUSSELL HARDING	0913	EDWARD N. COOK	
		Δ	Last Page