



Motor Carrier Attachment 13

Post- Accident Compliance Review Vehicle Inspections

Chattanooga, Tennessee 06/26/2015

HWY15MH009

(9 pages)

DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

Kentucky State Police
Commercial Vehicle Enforcement Division
1250 Louisville Road
Frankfort, Kentucky 40601
Fax 502-564-7222

Report Number: [REDACTED]
Inspection Date: 07/01/2015
Start: 10:39 AM ET **End:** 11:12 AM ET
Inspection Level: I - Full
HM Inspection Type: None

COOL RUNNINGS EXPRESS INC

[REDACTED]
USDOT#: 01083675
MC/MX#: 449085
State#:

Phone#: [REDACTED]
Fax#: [REDACTED]

Driver: [REDACTED]
License#: [REDACTED] **State:** KY
Date of Birth: [REDACTED]
CoDriver:
License#: [REDACTED] **State:**
Date of Birth:

Location: LAUREL COUNTY WEIGH FACILITY
Highway: I-0075
County:

MilePost: 33
Origin: LONDON, KY
Destination: CORBIN, KY

Shipper:
Bill of Lading:
Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TT	PTRB	2007	KY	[REDACTED]	3	1XP5DB9X57N	52,000			
2	ST	GDAN	2013	KY	[REDACTED]	2563	1GRAA0629DW	68,000			

BRAKE ADJUSTMENTS

Axle #	1	2	3	4	5
Right	1	1	1	1 1/4	1 1/4
Left	1 1/4	1	1	1 1/4	1 1/4
Chamber	C-24	C-30	C-30	C-30	C-30

VIOLATIONS

HazMat: No HM Transported.

Placard: No **Cargo Tank:**

Special Checks:

The undersigned certifies that necessary repairs were made to this vehicle to correct all noted defects.

Signature Of Repairer X: _____ Facility: _____ Date: _____

ATTENTION MOTOR CARRIER: If the inspection indicates violations/defects on the driver and or vehicle a signed copy of the inspection shall be returned within 15 days to the address shown at the top left of the inspection. An inspection absent any type of violation/defect does not need to be returned. Motor carriers are required to keep a copy of this inspection on file for 12 months from the date of inspection (49 CFR 396.9(d)(3)(ii)). NOTE: Drivers or carriers may challenge the accuracy or validity of a commercial vehicle inspection, including the issuance of an Out of Service Order, by contacting the Federal Motor carrier Safety Administration (FMCSA) at: <https://dataqs.fmcsa.dot.gov> If your citation for a fatigue and or illness violation is dismissed by a prosecutor or judge for lack of probable cause, or you are acquitted of the charge, you can make application through the DataQ system to have the related out of service order rescinded. The undersigned certifies that all violations noted have been corrected and compliance achieved with the Federal Motor Carrier Safety and / or Federal Hazardous Materials Regulations as applicable to motor carriers and drivers.

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

Report Prepared By:

Badge #:

Copy Received By:

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X _____

X _____



01083675 KY [REDACTED]

DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

Georgia Department of Public Safety
Motor Carrier Compliance Division
P.O. Box 1456
Atlanta, GA 30371
(404) 624-7211

Report Number: [REDACTED]
Inspection Date: 07/01/2015
Start: 4:00 PM ET **End:** 05:16 PM ET
Inspection Level: I - Full
HM Inspection Type: None

COOL RUNNINGS EXPRESS INC

USDOT#: 01083675
MC/MX#: 449085
State#:

Phone#: [REDACTED]
Fax#:

Driver: [REDACTED] **State:** KY
License#: [REDACTED]
Date of Birth: [REDACTED]
CoDriver:
License#: [REDACTED] **State:**
Date of Birth:

Location: MONROE CO I/S SB
Highway: I 75 S
County: MONROE, GA

MilePost: 190 **Shipper:** [REDACTED]
Origin: FORT WAYNE, IN **Bill of Lading:** [REDACTED]
Destination: FORT LAUDERDALE, FL **Cargo:** OTHER

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TT	PTRB	2015	KY	A49846	22	1XPBD49X7FD [REDACTED]	53,200		21790951	
2	ST	GDAN	2013	KY	677544	1319	1GRAA0627DW [REDACTED]	68,000			

BRAKE ADJUSTMENTS

Axle #	1	2	3	4	5
Right	N/A	N/A	N/A	1 1/2	1 1/2
Left	N/A	N/A	N/A	1 1/2	1 3/8
Chamber	DISC	DISC	DISC	C-30	C-30

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
396.5B	396.5(b)	2	N		N	N	Oil and/or grease leak, Trailer, left side, 2nd axel, inner wheel seal is leaking oil/grease around seal. Not enough to place out of service.
395.3A3II	395.3(a)(3)(ii)	D	N		N	N	Driving beyond 8 hour limit since the end of the last off duty or sleeper period of at least 30 minutes on 06/30/15 @ 02:00pm.

HazMat: No HM Transported.

Placard: No **Cargo Tank:**

Special Checks:

State Information:

Consignee: EDY'S OF FT. LAUDERDALE; Commodity Description: ICE CREAM BARS/CUPS; For Hire?: YES; Have CDL?: YES; CDL Required?: YES; DL Status Checked? (Required): YES; Cargo Inspected?: NO; High Risk Rural Road (Y or N): N;

NOTE TO MOTOR CARRIERS: This certification MUST BE SIGNED by a Motor Carrier Official and RETURNED WITHIN 15 days to the address on the top of this report. Out-of-service (OOS) defects must be corrected in accordance with the OOS notice, ALL NON-OOS VIOLATIONS MUST BE CORRECTED PRIOR TO THE NEXT DISPATCH.

CERTIFICATION BY CARRIER OFFICIAL: The undersigned certifies knowledge of applicable State and Federal Motor Carrier Safety and Hazardous Material Rules, Regulations, Standards and Orders, and declares all operations will be conducted in compliance with such requirements. The undersigned certifies that all violations noted on this report have been corrected and action taken to assure compliance with the Motor Carrier Safety and Hazardous Material Regulations insofar as they are applicable to motor carriers and drivers.

NOTICE: False Statements or Swearings are FELONIES (OCGA 16-10-20).
 NOTE: "If NO violations are shown, you DO NOT need to return this report."

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

Report Prepared By:

Badge #:

Copy Received By:

Page 1 of 2



01083675 GA [REDACTED]

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DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

Georgia Department of Public Safety
Motor Carrier Compliance Division
P.O. Box 1456
Atlanta, GA 30371
(404) 624-7211

Report Number: [REDACTED]
Inspection Date: 07/01/2015
Start: 4:00 PM ET End: 05:16 PM ET
Inspection Level: I - Full
HM Inspection Type: None

COOL RUNNINGS EXPRESS INC

[REDACTED]
USDOT#: 01083675
MC/MX#: 449085
State#:

Phone#: [REDACTED]
Fax#:

Driver: [REDACTED]
License#: [REDACTED] State: KY
Date of Birth: [REDACTED]
CoDriver:
License#: [REDACTED] State:
Date of Birth:

Inspection Notes

Brand new tractor,new trailer. no violations found on tractor. trailer does have a wheel seal leak on left side,2nd axel,inside hasn't gotten bad yet, looks to be just startingcan see oil/grease around it. DRIVER'S Medical Card EXPIRES Tomorrow 07/02/15.

Special Studies No Special Study Data Recorded

Report Prepared By:

Badge #:

Copy Received By:

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01083675 GA [REDACTED]

DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

Kentucky State Police
Commercial Vehicle Enforcement Division
1250 Louisville Road
Frankfort, Kentucky 40601
Fax 502-564-7222

Report Number: [REDACTED]
Inspection Date: 07/01/2015
Start: 10:30 AM ET **End:** 11:15 AM ET
Inspection Level: I - Full
HM Inspection Type: None

COOL RUNNINGS EXPRESS INC

USDOT#: 01083675
MC/MX#: 449085
State#:

Phone#: [REDACTED]
Fax#: [REDACTED]

Driver: [REDACTED]
License#: [REDACTED] **State:** KY
Date of Birth: [REDACTED]
CoDriver:
License#: [REDACTED] **State:**
Date of Birth:

Location: London
Highway: I-0075
County:

MilePost: 33
Origin: LONDON, KY
Destination: CORBIN, KY

Shipper:
Bill of Lading:
Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TT	PTRB	2002	KY	[REDACTED]	108	1XP5DB9XX2V[REDACTED]	50,000			
2	ST	GDAN	2013	KY	[REDACTED]	T19	1GRAA0629DW[REDACTED]	68,000			

BRAKE ADJUSTMENTS

Axle #	1	2	3	4	5
Right	1 1/4	1 1/4	1 1/4	1 1/4	1 1/4
Left	1 1/4	1	2 3/4	1	1
Chamber	C-24	C-30	C-30	C-30	C-30

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.47E	393.47E	1	N		N	N	Clamp type brake out-of-adjustment at time of inspection, #3 axle, left side.
393.83G	393.83G	1	N		N	N	Exhaust leak under truck cab at time of inspection. Small hole in exhaust at second clamp under cab of tractor.
393.53B	393.53B	1	N		N	N	CMV manufactured after 10/19/94 has an automatic airbrake adjustment system that fails to compensate for wear

HazMat: No HM Transported.

Placard: No **Cargo Tank:**

Special Checks:

The undersigned certifies that necessary repairs were made to this vehicle to correct all noted defects.

Signature Of Repairer X: _____ Facility: _____ Date: _____

ATTENTION MOTOR CARRIER: If the inspection indicates violations/defects on the driver and or vehicle a signed copy of the inspection shall be returned within 15 days to the address shown at the top left of the inspection. An inspection absent any type of violation/defect does not need to be returned. Motor carriers are required to keep a copy of this inspection on file for 12 months from the date of inspection (49 CFR 396.9(d)(3)(ii)). NOTE: Drivers or carriers may challenge the accuracy or validity of a commercial vehicle inspection, including the issuance of an Out of Service Order, by contacting the Federal Motor carrier Safety Administration (FMCSA) at: <https://dataqs.fmcsa.dot.gov> If your citation for a fatigue and or illness violation is dismissed by a prosecutor or judge for lack of probable cause, or you are acquitted of the charge, you can make application through the DataQ system to have the related out of service order rescinded. The undersigned certifies that all violations noted have been corrected and compliance achieved with the Federal Motor Carrier Safety and / or Federal Hazardous Materials Regulations as applicable to motor carriers and drivers.

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

Report Prepared By:

Badge #:

Copy Received By:

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01083675 KY [REDACTED]

DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

Kentucky State Police
Commercial Vehicle Enforcement Division
1250 Louisville Road
Frankfort, Kentucky 40601
Fax 502-564-7222

Report Number: [REDACTED]
Inspection Date: 07/02/2015
Start: 9:56 AM ET **End:** 11:15 AM ET
Inspection Level: I - Full
HM Inspection Type: None

COOL RUNNINGS EXPRESS INC

[REDACTED]
USDOT#: 01083675
MC/MX#: 449085
State#: 196517

Phone#: [REDACTED]
Fax#: [REDACTED]

Driver: [REDACTED] **State:** KY
License#: [REDACTED]
Date of Birth: [REDACTED]
CoDriver: [REDACTED]
License#: [REDACTED] **State:** [REDACTED]
Date of Birth: [REDACTED]

Location: SCOTT COUNTY WEIGH FACILITY
Highway: I-0075
County: [REDACTED]

MilePost: 130 **Shipper:** [REDACTED]
Origin: CHAMBERSBURG,PA **Bill of Lading:** [REDACTED]
Destination: NICHOLASVILLE,KY **Cargo:** SNACK FOODS

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TT	PTRB	2007	KY	[REDACTED]	2	1XP5DB9X87N	48,000		21815301	
2	ST	GDAN	2013	KY	[REDACTED]	710	1GRAA0628DW	68,000		21815302	

BRAKE ADJUSTMENTS

Axle #	1	2	3	4	5
Right	1 1/4	3/4	1	1	7/8
Left	1 1/2	1/2	7/8	7/8	1 1/4
Chamber	L-20*	L-30	L-30	L-30	L-30

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
395.8	395.8	D	N		N	N	Record of Duty Status violation (general/form and manner) 06-25-2015 driver failed to total DRIVING and ODND hours at the right of grid.
395.8	395.8	D	N		N	N	Record of Duty Status violation (general/form and manner) 06-30-2015 driver failed to total any hours at the right of grid.
395.8F1	395.8F1	D	N		N	N	Drivers record of duty status not current, last entry on 07-01-2015 at 10:45PM while off duty in Mt. Sterling, KY.
395.3A2-PROP	395.3A2-PROP	D	Y	BX01177	N	N	Driving beyond 14 hour duty period (Property carrying vehicle) on 07-02-2015 from 8:30AM to 9:15AM while driving from Nicholasville, KY to Georgetown, KY.

HazMat: No HM Transported.

Placard: No **Cargo Tank:**

Special Checks:

Report Prepared By:

Badge #:

Copy Received By:

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01083675 KY [REDACTED]

DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

Kentucky State Police
Commercial Vehicle Enforcement Division
1250 Louisville Road
Frankfort, Kentucky 40601
Fax 502-564-7222

Report Number: [REDACTED]
Inspection Date: 07/02/2015
Start: 9:56 AM ET End: 11:15 AM ET
Inspection Level: I - Full
HM Inspection Type: None

COOL RUNNINGS EXPRESS INC

USDOT#: 01083675

MC/MX#: 449085

State#: 196517

Phone#: [REDACTED]

Fax#: [REDACTED]

Driver: [REDACTED]

License#: [REDACTED]

Date of Birth: [REDACTED]

CoDriver:

License#: [REDACTED]

Date of Birth: [REDACTED]

State: KY

State:

Pursuant to authority in 49 CFR 396.9 and KRS 281.600 and 601 KAR 1:005, driver [REDACTED] is OUT OF SERVICE. No motor carrier shall permit nor require this driver to operate any commercial vehicle until: 9:15 PM on 07-02-2015.

The undersigned certifies that necessary repairs were made to this vehicle to correct all noted defects.

Signature Of Repairer X: _____ Facility: _____ Date: _____

ATTENTION MOTOR CARRIER: If the inspection indicates violations/defects on the driver and or vehicle a signed copy of the inspection shall be returned within 15 days to the address shown at the top left of the inspection. An inspection absent any type of violation/defect does not need to be returned. Motor carriers are required to keep a copy of this inspection on file for 12 months from the date of inspection {49 CFR 396.9(d)(3)(ii)}. NOTE: Drivers or carriers may challenge the accuracy or validity of a commercial vehicle inspection, including the issuance of an Out of Service Order, by contacting the Federal Motor carrier Safety Administration (FMCSA) at: <https://dataqs.fmcsa.dot.gov> If your citation for a fatigue and or illness violation is dismissed by a prosecutor or judge for lack of probable cause, or you are acquitted of the charge, you can make application through the DataQ system to have the related out of service order rescinded. The undersigned certifies that all violations noted have been corrected and compliance achieved with the Federal Motor Carrier Safety and / or Federal Hazardous Materials Regulations as applicable to motor carriers and drivers.

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

Report Prepared By:

[REDACTED]

Badge #:

[REDACTED]

Copy Received By:

[REDACTED]

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01083675 KY [REDACTED]

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DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

Kentucky State Police
Commercial Vehicle Enforcement Division
1250 Louisville Road
Frankfort, Kentucky 40601
Fax 502-564-7222

Report Number: [REDACTED]
Inspection Date: 07/02/2015
Start: 9:56 AM ET End: 11:15 AM ET
Inspection Level: I - Full
HM Inspection Type: None

COOL RUNNINGS EXPRESS INC

[REDACTED]
[REDACTED]
USDOT#: 01083675

Phone#: [REDACTED]

MC/MX#: 449085

Fax#: [REDACTED]

State#: 196517

Driver: [REDACTED]

License#: [REDACTED]

Date of Birth: [REDACTED]

CoDriver:

License#: [REDACTED]

Date of Birth: [REDACTED]

State: KY

State:

Inspection Notes

DRIVER WAS INSTRUCTED BY AN FMCSA OFFICIAL NAMED [REDACTED] AND BY HIS MOTOR CARRIER OFFICIAL, [REDACTED] TO BRING THE COMMERCIAL MOTOR VEHICLE COMBINATION TO THE GEORGETOWN, KENTUCKY SCALE FACILITY FOR A LEVEL II INSPECTION. I WAS ORDERED BY MY SUPERVISOR [REDACTED] TO PERFORM THE INSPECTION ON THE CMV AND THE DRIVER AT THE REQUEST OF THE FMCSA OFFICIAL.

Special Studies No Special Study Data Recorded

Report Prepared By:

Badge #:

Copy Received By:

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01083675 KY [REDACTED]

X _____

X _____

DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

Georgia Department of Public Safety
Motor Carrier Compliance Division
P.O. Box 1456
Atlanta, GA 30371
(404) 624-7211

Report Number: [REDACTED]
Inspection Date: 07/02/2015
Start: 2:20 PM ET **End:** 03:20 PM ET
Inspection Level: II - Walk-Around
HM Inspection Type: None

COOL RUNNINGS EXPRESS INC

[REDACTED]
USDOT#: 01083675
MC/MX#: 449085
State#:

Phone#: [REDACTED]
Fax#:

Driver: [REDACTED]
License#: [REDACTED] **State:** KY
Date of Birth: [REDACTED]
CoDriver:
License#: [REDACTED] **State:**
Date of Birth:

Location: MONROE CO I/S SB
Highway: I 75 S
County: MONROE, GA

MilePost: 190
Origin: SAINT PAUL, MN
Destination: LAKELAND, FL

Shipper: [REDACTED]
Bill of Lading: [REDACTED]
Cargo: FOOD

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	New CVSA #	OOS#
1	TT	KW	2013	KY	[REDACTED]	6	1XKAD49X5DJ[REDACTED]	52,000			
2	ST	WANC	2007	KY	[REDACTED]		1JJV532W07L[REDACTED]	68,000			

BRAKE ADJUSTMENTS: No Brake Measurements Required For Level 2

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
396.17C	396.17(c)	1	N		N	N	Operating a CMV without proof of a periodic inspection (Tractor).
396.17C	396.17(c)	2	N		N	N	Operating a CMV without proof of a periodic inspection (Trailer).
393.11TL	393.11TL	1	N		N	N	Tractor right lower rear mud flaps retroreflective sheeting / reflex reflective material requirements for vehicles manufactured after July 1997
396.5B-HLOW	396.5(b)	2	N		N	N	Hubs - oil and/or Grease Leaking from hub - outer wheel,ie. Trailer left axle #5 hub leaking oil.

HazMat: No HM Transported.

Placard: No **Cargo Tank:**

Special Checks:

State Information:

Consignee: [REDACTED]; Commodity Description: [REDACTED]; For Hire?: YES; Have CDL?: YES; CDL Required?: YES; DL Status Checked? (Required): NO; Cargo Inspected?: NO; High Risk Rural Road (Y or N): N;

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

Report Prepared By:

Badge #:

Copy Received By:

Page 1 of 1



01083675 GA [REDACTED]

X _____

X _____