



VEHICLE FACTORS GROUP CHAIRMAN'S FACTUAL REPORT

Vehicle Attachment – Van Hool CX45 – MSDPS Post-Crash Inspection Report

Biloxi, Mississippi

HWY17MH010

(2 pages)

DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

Mississippi Department of Public Safety
Motor Carrier Safety Division
PO BOX 958
Jackson, MS 39205
Phone: (601)987-1538 Fax: (601)987-1215

Report Number: MSU027006793
Inspection Date: 03/07/2017
Start: 5:00 PM CT End: 05:30 PM CT
Inspection Level: III - DriverOnly
HM Inspection Type: None

ECHO TOURS & CHARTERS LP
PO BOX 532789
GRAND PRAIRIE, TX 75053
USDOT#: 02172280 Phone#: (972)993-7500
MC/MX#: 755212 Fax#:
State#:

Driver: AMBROSE, LOUIS
License#:
Date of Birth:
CoDriver:
License#:
Date of Birth:
State: TX
State:

Location: BILOXI MilePost: Shipper:
Highway: I Origin: BILOXI, MS Bill of Lading:
County: HARRISON, MS Destination: BILOXI, MS Cargo: PASSENGERS

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, New CVSA #, OOS#. Row 1: 1, BU, OTHR, 2016, TX, T08839, 8421, YE2XC81B8G3, 54,000

BRAKE ADJUSTMENTS: No Brake Measurements Required For Level 3

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Rows include 395.8A, 392.2RG, 392.2RR with descriptions of violations like 'No drivers record of duty status' and 'Railroad Grade Crossing violation'.

HazMat: No HM Transported. Placard: No Cargo Tank:

Special Checks: Local Enforcement;

State Information:

Assisted by: KEITH JOSEPH; Badge No.: U48; CDL status verified?: YES;

NOTE TO DRIVER:

This Inspection Report must be furnished to the Motor Carrier whose name appears at the beginning of this report.

MOTOR CARRIER CERTIFICATION OF ACTION TAKEN:

I certify that all violations noted upon this report have been corrected and action has been taken to assure compliance with the Motor Carrier Safety and Hazardous Material Regulations insofar as they are applicable to motor carriers and drivers. All violations must be corrected before the vehicle(s) are redispached.

This Report MUST BE SIGNED by the Motor Carrier Official and RETURNED WITHIN 15 Days to: Mississippi Department of Public Safety, Motor Carrier Safety Division, P.O. BOX 958, Jackson, MS 39205

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: CAMERON POLK

Badge #: MSU027

Copy Received By: LOUIS AMBROSE



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