

# VEHICLE FACTORS ATTACHMENT

**Mack Driver/Vehicle Inspection Report** 

Rushville, IL

**HWY24MH005** 

(4 pages)

## **DRIVER/VEHICLE INSPECTION REPORT (Driver Copy)**



| Officer No. Date   |                 | Begin Time          |         |   | Time Zone   | 1                              | lı            | Inspection Number               |  |  |
|--------------------|-----------------|---------------------|---------|---|-------------|--------------------------------|---------------|---------------------------------|--|--|
| 6082 03/11/        |                 | 2024                | 14:23   |   | CENTRA      | L TIME                         |               |                                 |  |  |
| Commerce Type      | ction Level     |                     |         |   |             |                                | Photos Taken? |                                 |  |  |
| 1 - INTERSTATE     | FULL INSPECTION |                     |         |   |             |                                | NO            |                                 |  |  |
| County<br>SCHUYLER |                 | Location Number     |         |   | ion Descrip |                                |               |                                 |  |  |
| Mile Post #        |                 | Specia<br><b>05</b> | l Check | S |             | GPS Latitude<br>40.11640414602 |               | GPS Longitude<br>-90.5830930924 |  |  |

| 13/6                     |                                 | COMMERCIAL VEHICLE SECTION |              |                   |           |           |   |        |         | - FULL INSPECTION |            |          |              |             |          |               |          |
|--------------------------|---------------------------------|----------------------------|--------------|-------------------|-----------|-----------|---|--------|---------|-------------------|------------|----------|--------------|-------------|----------|---------------|----------|
|                          |                                 | 801 S. SEVE                | NTH STREET,  | SUITE 200-N       |           | County    | KSIAIE  | = [    |         | ocati             |            |          | escription   |             | r        | 10            |          |
| A TARREST                |                                 | SPRINGFIEL                 |              | L 62703           |           | SCHUYL    | _ER   |        |         |                   | er 999 S   |          |              |             |          |               |          |
| List                     | SERVICE                         | (217)782-626               | 57           |                   |           | Mile Post | #   |        |         | •                 | al Checks  |          |              |             |          | -             |          |
|                          |                                 |                            |              |                   |           |           | DF  | RIVER  |         | <b>5</b>          |            |          | 40.          | 116404146   | 02       | -90.583093    | 00924    |
|                          | R Name - Last                   |                            | Fire         |                   |           |           | Middle  |        |         |                   | Suffix     |          |              |             |          |               |          |
| Addres                   |                                 |                            | D/           | City              |           |           | В   | Ctot   | 10      |                   | Zin Cod    | do.      |              |             |          |               |          |
| -tuul es                 | 5                               |                            |              | City<br>BROWNIN   | G         |           |   | IL     | ıe      |                   |            |          |              |             |          |               |          |
| Oriver                   | License Numbe                   | er                         | State of     | License           | Date      | of Birth  |   | Class  |         |                   |            | ent(s)   |              |             | 5)       |               |          |
| Orug S                   | - carch                         | Arrests                    | IL           | Alcoho            | LToct     | Administo |   |        |         |                   | TANK       |          |              | NONE        |          |               |          |
| NO                       | earch                           | Allesis                    |              | NO                | 1 1631    | Auministe | ieu   |        |         |                   |            | Results  |              | ВА          | .C       |               |          |
|                          |                                 |                            |              |                   |           |           | CAF   | RRIER  |         |                   |            |          |              |             |          |               |          |
|                          | R CARRIER N<br><b>RD TRANSP</b> |                            |              |                   |           |           |   |        |         |                   |            |          |              |             |          |               |          |
| Addres                   |                                 | OKTING                     |              |                   |           |           |   |        |         | City              | /          |          |              | State       |          | Zip Code      | )        |
|                          | E SEED COP                      | RN ROAD                    |              |                   |           |           |   |        |         |                   |            |          |              | IL          |          | 61501         |          |
| J.S. D<br>1 <b>750</b> 0 |                                 | ICC Number<br>642624       | IL CC Numb   |                   |           |           |   |        |         | Fax               | Number     |          |              |             |          |               |          |
| 17300                    | 102                             | 042024                     |              | (309) 32          | .5-55     | 31        | VFI   | HICL F | S       |                   |            |          |              |             |          |               |          |
| Jnit                     | Company Uni                     | it# Year                   | Vehicle Make | )                 | Тур       | State     |   |        |         | VWR               | 1          | V/INI #  |              |             |          |               |          |
| 001                      | 123                             | 2001                       | MACK         |                   |           | IL        | P11580  | 004    |         | ,                 |            | *"` 1N   | I1AA13Y      | 81W13700    | 2        |               |          |
| Existin<br>NONE          | g CVSA Decal                    | Status                     | E            | Existing CVSA     | Deca      | I         |   |        | CVSA    | Dec               | cal Issued | #        |              |             | oos      | Sticker #     |          |
|                          | Seal Removed                    |                            |              |                   | R         | emoved Ti | me  |        | Cargo   | Sea               | al Replace | d        |              |             | Repla    | ced Time      |          |
|                          |                                 |                            |              |                   |           |           |   |        |         |                   |            |          |              |             |          |               |          |
| Jnit<br><b>)02</b>       | Company Uni<br>1201             | t# Year<br><b>2001</b>     | Vehicle Make |                   | Typ<br>ST | State     |   |        | _       |                   |            | VIN #    | ΡΔΔ392       | 61 ATA 3791 | 1        |               |          |
|                          | g CVSA Decal                    |                            |              |                   |           |           | 333370  | -      |         | ,                 |            | #        | 1 77032      | JIA IAJI J  | oos      | Sticker #     |          |
| NONE                     |                                 |                            |              | •                 |           |           |   |        |         |                   |            |          |              |             |          |               |          |
| Cargo                    | Seal Removed                    |                            |              |                   | R         | emoved Ti | me  |        | Cargo   | Sea               | al Replace | d        |              |             | Repla    | ced Time      |          |
|                          |                                 |                            |              |                   | -         |           | LC  | DAD    |         |                   |            |          |              |             |          |               |          |
| Origin                   | City                            |                            | State        | Destination C     | ity       |           |   | State  |         | E                 | Exempt #   |          | HazMat C     | Code Rep    | ortable  | Qnty. Haz V   | Vaste    |
| HAVA                     | ng Paper#                       |                            | Shippor No   |                   | TERL      | ING       |   | IL     |         | _                 | Diagondo D | oquirod  | HozMot C     | `odo Pop    | ortoblo  | Onty Haz l    | Vacto    |
| 55018                    |                                 |                            | Shipper iva  | ille              |           |           |   |        |         | ľ                 | lacarus ix | equireu  | i iaziviai C | oue Rep     | oi table | QIIIy. TIAZ V | vasie    |
| Cargo                    |                                 |                            | Car          | go Breakdown      |           | Bulk Ma   | terials?  |        |         | C                 | Cargo Tanl | c Specs  | HazMat C     | Code Rep    | ortable  | Qnty. Haz V   | Vaste    |
| OTHE                     | R - 23                          |                            |              |                   |           |           |   |        |         | <u> </u>          |            |          |              |             |          |               |          |
|                          | Identification                  | 1 .                        | Jnit No.     | Out of S          | onvio     | 0   0     |   |        | NS      |                   |            |          |              |             |          | Documon       | t Numbor |
|                          | 396.3A1                         | 1 - POWE                   |              |                   |           |           |   |        | Verific | ation             | <b>D</b>   | N        | /Δ           |             |          | Documen       | Trumber  |
| Descri                   |                                 |                            |              |                   |           | RTS & A   |   |        |         | u                 |            | 14/      |              |             |          |               |          |
|                          | nal Description                 |                            |              |                   |           |           |   |        |         |                   |            |          |              |             |          |               |          |
|                          | 396.3A1                         | 1 - POWE                   |              | 1                 |           | 1.001111  |   |        | Verific | ation             | <u> </u>   | N        | /A           |             |          |               |          |
| Descri                   |                                 |                            |              |                   |           | RTS & A   |   |        | 7010    | u                 |            | 14/      |              |             |          |               |          |
|                          | nal Description                 |                            |              |                   |           |           |   |        |         |                   |            |          |              |             |          |               |          |
|                          | 396.3A1                         | 1 - POWE                   |              |                   |           |           |   |        | Verific | ation             | <b>D</b>   | N        | /Δ           |             |          |               |          |
| Descri                   |                                 |                            |              |                   |           | RTS & A   |   |        |         |                   |            |          |              |             |          |               |          |
|                          | nal Description                 |                            |              |                   |           |           | Separate   Separate |        |         |                   |            |          |              |             |          |               |          |
|                          | 393.45                          | _                          |              | State of Licenses |           |           |   |        |         |                   |            |          |              |             |          |               |          |
| Descri                   |                                 |                            |              | l                 | -         | CY        | 110   | J      | VOIIIIO | ation             |            | 14/      |              |             |          |               |          |
|                          | nal Description                 |                            |              |                   |           |           | IFΔR Δ  | (IF 4  | FRΔI    | ME                | ΔΝΥ ΠΔΙ    | MAGE F   | YTENDI       | NG THROI    | IGH O    | LITER REIN    | JF       |
| TOGILIO                  | 393.45                          |                            |              |                   |           | 1100211   |   | -      |         |                   |            |          |              | 1           |          | OTEN INE      | ••       |
| Descri                   |                                 |                            |              |                   |           | CV        | NO  |        | Verille | ation             | . U        | IN/      | <u> </u>     |             |          |               |          |
|                          | nal Description                 |                            |              |                   |           |           | NV DAM  | MAGE   | EVT     | -ND               | ING THE    | OLICH    | OLITED       | DEINEODO    | EMEN     | IT DI V       |          |
| Additio                  | •                               |                            |              |                   |           | HOSE A    |   |        |         |                   |            |          |              | LEINFORG    | LIVILI   | 11 FE1        |          |
| Decori                   | 393.45                          | -                          |              |                   |           | CV        | NU  |        | A GUILC | auUf              | . ט        | IN/      | <b>A</b>     | l           |          |               |          |
| Descri                   | ption<br>onal Description       |                            |              |                   |           |           | NV DAR  | 1005   | EVT     | -NIP              | INC TUS    | Olicii   | OUTED        | DEINEODO    | MENT     | · DI V        |          |
| HUUIIIC                  | •                               |                            |              |                   |           | HUSE A    |   |        |         |                   |            |          |              | KEINFORG    | ıvı⊏N I  | rLf           |          |
| Doc                      | 393.45                          |                            | TRAILER      |                   |           | CY        | NO  |        | verific | auon              | י ט        | N/       | A            | <u> </u>    |          |               |          |
| Descri                   |                                 |                            |              |                   |           |           | NV DAT  | 1405   | -VT-    | -   -             | INC TO     | , OII OI | OUES S       | FINITOROS   |          | T DL V        |          |
|                          | onal Description                |                            |              |                   |           | HUSE A    |   |        |         |                   |            |          |              | EINFORCE    | IVIENI   | PLY           |          |
|                          | 393.11TL                        | 1 - POWE                   |              |                   |           | /DEE: =:  |   |        | verific | ation             | י ט        | N/       | A            | <u> </u>    |          |               |          |
| Descri                   | puon                            | II LWR R                   | K MUD FLA    | LAS KETKO         | SHT       | /KEFLEX   | MFG>  | 1197   |         |                   |            |          |              |             |          |               |          |

| Additional Description  | n MISSING  | MUD FLAP R                                  | EFLECTIVE     |              |              |        |       |            |        |              |  |  |  |
|---|--|---|---------------|--------------|--------------|--------|-------|------------|--------|--------------|--|--|--|
| 393.13D2  | 2 - FIRST TI   | RAILER                                      | NO            | NO           | Verification | D      | N     | I/A        |        |              |  |  |  |
| Description IMPROPER LOWER REAR AREA TRAILER REFLEX REFLECTORS MFG <12/93 |  |   |               |              |              |        |       |            |        |              |  |  |  |
| Additional Description  | n BUMPER   | REFLECTIVE                                  | TAPE NEEDS    | REPLACED OI  | D/WORN/MIS   | SING/D | AMAG  | ED         |        |              |  |  |  |
| 393.11S   | 2 - FIRST TI   | RAILER                                      | NO            | NO           | Verification | D      | N     | I/A        |        |              |  |  |  |
| Description   | SIDE RETRO   | DREFLECT SI                                 | HT/REFLX REF  | LECT MFG>12  | /93          |        |       |            |        |              |  |  |  |
| Additional Descriptio   | n SIDE REF   | LECTIVE TAP                                 | PE NEEDS TO B | BE REPLACED  | OLD/FADED/   | WORN   |       |            |        |              |  |  |  |
| 393.207A  | 2 - FIRST TI   | 2 - FIRST TRAILER YES NO Verification D N/A |               |              |              |        |       |            |        |              |  |  |  |
| Description AXLE POSITIONING PARTS DEFECTIVE/MISSING                      |  |   |               |              |              |        |       |            |        |              |  |  |  |
| Additional Descriptio   | n AXLE 5 D   | /SIDE AIR BA                                | G SUSPENSIO   | N SUPPORT B  | ROKEN/CRAC   | KED R  | USTED | (OLD) CRAC | CK     |              |  |  |  |
| 392.16  | D - DRIVER   |   | NO            | NO           | Verification | D      | N     | I/A        |        |              |  |  |  |
| Description FAILING TO USE SEAT BELT WHILE OPERATING CMV                  |  |   |               |              |              |        |       |            |        |              |  |  |  |
| Additional Description  |  |   |               |              |              |        |       |            |        |              |  |  |  |
| 396.3A1BOS  | 1 - POWER  | UNIT  | YES           | NO           | Verification | D      | N     | I/A        |        |              |  |  |  |
| Description   | BRAKES OU  | JT OF SERVI                                 | CE: DEFECTIVE | BRAKES = O   | R > 20 PERCE | NT     |       |            |        |              |  |  |  |
| Additional Descriptio   | n  |   |               |              |              |        |       |            |        |              |  |  |  |
| 393.47A   | 393.47A 2 - FIRST TRAILER NO NO Verification D Warning |   |               |              |              |        |       |            |        |              |  |  |  |
| Description INADEQUATE BRAKES FOR SAFE STOPPING - BRAKE LINING CONDITION  |  |   |               |              |              |        |       |            |        |              |  |  |  |
| Additional Descriptio   | n AXLE 2 B   | RAKE LINING                                 | S CRACKED     |              |              |        |       |            |        |              |  |  |  |
| 396.3A1   | A1 1 - POWER UNIT NO NO Verification D Warning         |   |               |              |              |        |       |            |        |              |  |  |  |
| Description   | INSPECTION   | N/REPAIR AN                                 | D MAINT PART  | S & ACCSSRII | ES           |        |       |            |        |              |  |  |  |
| Additional Descriptio   | n AXLE 3 D   | SIDE BRAKE                                  | CHAMBER RU    | ST HOLE      |              |        |       |            |        |              |  |  |  |
| 393.207A  | 2 - FIRST TI   | RAILER                                      | YES           | NO           | Verification | D      | Wa    | rning      |        |              |  |  |  |
| Description   | AXLE POSIT   | TIONING PAR                                 | TS DEFECTIVE  | /MISSING     |              |        |       |            |        |              |  |  |  |
| Additional Descriptio   | n TRAILER  | FRAME/AXLE                                  | SUPPORT CR    | ACK          |              |        |       |            |        |              |  |  |  |
| 393.55C1  | 2 - FIRST TI   | RAILER                                      | NO            | NO           | Verification | D      | Wa    | rning      |        |              |  |  |  |
| Description   | ABS ALL TR   | RACTORS MF                                  | G>2/97 AIR BR | AKE SYSTEM   |              |        |       |            |        |              |  |  |  |
| Additional Descriptio   | n CUT WIRE   | ES ON TRAIL                                 | ER            |              |              |        |       |            |        | -            |  |  |  |
|   | Processor Control Control Control                      | Axle 1                                      | Axle 2        | Axle 3       | Axle 4       |        | e 5   | Axle 6     | Axle 7 |              |  |  |  |
| Brake   | Chamber  | C-20  | C-30          | C-30         | C-30         | C-     | 30    |            |        | Surveillance |  |  |  |
| Adjustment  | Right  | N/M   | 3/4           | 1 7/8        | 1 1/8        | 2      | 2     |            |        |              |  |  |  |
|   | Left   | N/M   | 1/4           | N/M          | 1 1/2        | 1 3/4  |       |            |        | ]            |  |  |  |
|   |  | _   |               | COM          | MENTS        |        |       |            |        |              |  |  |  |

## Vehicles considered Out of Service

Violations total 13

- 1) 396.3A1 -Axle 3 P/Side brake chamber rust hole
- 2) 396.3A1-Axle 3 D/Side Audible air leak inside air chamber
- 3) 396.3A1- Axle 2 D/Side brake chamber rust hole
- 4) 393.45- Axle 5 Any damage extending through outer reinforcement ply P/Side Brake Chamber Hose near axle 4 frame cross bar, Fabric Fraved
- 5) 393.45- Axle 4 Any damage extending through outer reinforcement ply D/Side Brake Chamber Hose near axle 4 frame cross bar, Fabric
- 6) 393.45-Axle 4 Any damage extending through outer reinforcement ply P/Side Brake Chamber Hose near axle 4 frame cross bar, Fabric Frayed
- 7) 393.45-Axle 4 Any damage extending through outer reinforcement ply D/Side Brake Chamber Hose near axle 4 frame cross bar, Fabric Frayed
- 8) 393.11-Missing Mud Flap Reflective Material
- 9) 393.13- Bumper Reflective Tape Old/Worn/missing/Damaged
- 10) 393.11-Trailer side Reflective material Old/Worn/missing/Damaged
- 11) 393.207A-Axle 5 D/side air bag suspension support broken/cracked Rusted (old) crack
- 12) 392.16 Failing to use seat Belt while driving (determined by TRCU)
- 13) 396.3A1-Brakes out of Service Defective Brakes > 20%
- 14) 393.47A- Axle 2 D/side Brake linings cracked
- 15) 396.3A1-Axle 3 D/side brake chamber rust hole
- 16) 393.207A- Trailer frame crack
- 17) 393.55C- Cut wires on trailer for possible Anti-lock brakes

Axle 4 P/Side both brake chamber hoses were damaged/frayed from rubbing on crossmember/frame (violations 5 and 7 are separate hoses and separate violations)

Crash damages included but not limited to the following: Burned up, Frame bent/Broken on Truck Tractor, Windshield/Glass, Lights/Wiring, Front Axle broken shifted, Steering, Tires damaged, Axle 5 cross member/frame cracked Pside, fuel tank, suspension air hoses damaged, air suspension bag damaged, Brake hoses, Glad hand hoses damaged, Front Bumper/Grill.

### OUT OF SERVICE / SIGNATURES

VEHICLE is declared OUT-OF-SERVICE pursuant to the authority contained in the Illinois Motor Carrier Safety Regulations and/or the Illinois Hazardous Materials Transportation Act, until on or in compliance. DRIVER'S SIGNATURE: I acknowledge being present while the above vehicle was inspected and have been informed of the above infractions and/or deficiencies. OFFICER'S SIGNATURE: I hereby note that I certify I conducted the level of inspection noted above unless otherwise indicated in the Notes section. Date Completed 03/12/2024 Time Completed 11:05 DRIVER: This report must be furnished to the motor carrier whose name is listed on this report. Within 15 days after your driver receives an inspection report, you, as the carrier, must sign and return a copy of that report to the office indicated below. As verification that all defects or violations have been corrected to assure compliance with the Illinois Motor Carrier Safety Act, please mail or fax a signed copy to the following address: MOTOR CARRIER: Illinois State Police, Commercial Vehicle Section 801 S. Seventh Street, Suite 200-N Springfield, IL 62703 Telephone: (217) 782-6267 Fax: (217) 524-2391 The undersigned certifies that all violations noted on this report have been corrected and action has been taken to assure compliance with the

Federal and State Motor Carrier Safety and Hazardous Material Regulations insofar as they are applicable to motor carriers and drivers. I understand that failure to comply will subject me to additional violations under the regulations noted.

Driver/Vehicle Out of Service Notice

Signature of Carrier Official Title Date Signed