



VEHICLE FACTORS ATTACHMENT

NYDOT Level 2 Roadside Inspection

Randolph, NH

HWY19MH010

(2 pages)

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



New York State Department of Transportation
Commercial Motor Vehicle Inspections
50 Wolf Road, POD 5-3
Albany, NY 12232
Phone: (914)475-0511 Fax:

Report Number: NY0817010318
Inspection Date: 05/10/2018
Start: 08:45 AM ET End: 9:22:21 AM ET
Inspection Level: II - Walk-Around
HM Inspection Type: None

WESTFIELD TRANSPORT INC

Driver: KHARCHENKO, OLEKSANDR
License#:
Date of Birth:
State: MA
CoDriver:
License#:
Date of Birth:
State:

USDOT#: 02896429 Phone#:
MC/MX#: 973476 Fax#:
State#:

Location: BEDFORD REST AREA (SB)
Highway: I-684
County: WESTCHESTER, NY

MilePost: Shipper:
Origin: SOUTHBRIDGE, MA Bill of Lading:
Destination: NEWARK, NJ Cargo: VEHICLES

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Contains two rows of vehicle data.

BRAKE ADJUSTMENTS: No Brake Measurements Required For Level 2

VIOLATIONS: No Violations Were Discovered.

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

Special Checks: No Data for Special Checks.

State Information:

Through CDLIS Yes/No: YES; Through NYSPIN/NLETS Yes/No: NO; Power Unit Mileage: 29557; MEC Verified Yes/No: NO;

- 1). DRIVER: Return this TE 241 report to the motor carrier whose name appears at the top.
2). REPAIRER: If vehicle defects are listed in the violation section above, please sign the report when repairs are completed.

Signature Of Repairer X: Facility: Date:

3) MOTOR CARRIER: Sign and return within 15 days of issuance, this report ONLY if violations are entered in the violation section.

MAILING ADDRESS: New York State Department of Transportation
Commercial Motor Vehicle Inspections
50 Wolf Road POD 53
Albany, New York 12232

EMAIL ADDRESS: trucksafety@dot.ny.gov

DO NOT SEND TICKETS TO THIS ADDRESS

- 4) TRAFFIC TICKETS: If issued, MUST be returned to the COURT whose address appears on the front of the TICKET.
5) If you have any reason to question the results of this inspection go to https://dataqs.fmcsa.dot.gov.
6) If the vehicle has NOT been repaired and HAS been permanently removed from service, initial here and sign number 7.
7) MOTOR CARRIER CERTIFICATION: I hereby certify that all violations entered on this report have been corrected or have not been corrected in accordance with paragraph 6, and action has been taken to assure compliance with the NYS Transportation Law and Regulations.

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: BRIAN SCHNEIDER

Badge #: D8087

Copy Received By: OLEKSANDR KHARCHENKO



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