



**VEHICLE FACTORS GROUP CHAIRMAN'S FACTUAL REPORT
ATTACHMENT**

NYSDOT CVSA Level V Terminal Inspection September 4, 2018

Schoharie, New York

HWY19MH001

(4 pages)

DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

New York State Department of Transportation
Truck Inspections
50 Wolf Road, POD 5-3
Albany, NY 12232
Phone: (518)457-3406 Fax:

Report Number: NYMC35000906
Inspection Date: 09/04/2018
Start: 10:22 AM ET **End:** 11:05 AM ET
Inspection Level: V - Terminal
HM Inspection Type: None

PRESTIGE LIMOUSINE & CHAUFFEUR SERVICE
 776 SARATOGA RD
 GANSEVOORT, NY 12831-3233
USDOT#: 03180110 **Phone#:** (518)306-7663
MC/MX#: **Fax#:** (518)306-4868
State#:

Driver:
License#: **State:**
Date of Birth:
CoDriver:
License#: **State:**
Date of Birth:

Location: SARATOGA SPRINGS -
Highway: 36 WEIBEL AVE
County:

MilePost: **Shipper:**
Origin: SARATOGA SPRINGS, NY **Bill of Lading:** NONE
Destination: SARATOGA SPRINGS **Cargo:** EMPTY

VEHICLE IDENTIFICATION

<u>Unit</u>	<u>Type</u>	<u>Make</u>	<u>Year</u>	<u>State</u>	<u>Plate #</u>	<u>Equipment ID</u>	<u>VIN</u>	<u>GVWR</u>	<u>CVSA #</u>	<u>New CVSA #</u>	<u>OOS#</u>
1	BU	FORD	2001	NY	TOGALUX1	16	1FMNU40S51EB10299	8,400			

BRAKE ADJUSTMENTS

<u>Axle #</u>	<u>1</u>	<u>2</u>
Right	N/A	N/A
Left	N/A	N/A
Chamber	DISC	DISC

VIOLATIONS

<u>Vio Code</u>	<u>Section</u>	<u>Unit</u>	<u>OOS</u>	<u>Citation #</u>	<u>Verify</u>	<u>Crash</u>	<u>Violations Discovered</u>
390.21B	390.21B	1	N		N	N	Carrier name and/or USDOT Number not displayed as required: Carrier name and USDOT not marked on either side of vehicle.
392.2AU	392.2AU	1	N		N	N	State Operating Authority violation: Vehicle requires NYSDOT Authority to operate for hire. Vehicle is registered as a livery (for hire) vehicle.
396.17C	396.17C	1	N		N	N	Operating a CMV without proof of a periodic inspection: Vehicle requires NYSDOT Authority and NYSDOT Bus Inspection. NYS DMV periodic inspection is not correct when subject to a mandatory inspection program.
396.3A1	396.3A1	1	N		N	N	Inspection, repair and maintenance of parts & accessories: Deterioration of "B" post left side at frame (rusted through).
393.55B	393.55B	1	N		N	N	ABS malfunction indicators for hydr brake sys: ABS Lamp remains on while vehicle is in motion.
393.78	393.78	1	N		N	N	Windshield wipers inoperative/defective: Windshield washer system reservoir is empty.
393.62A	393.62A	1	Y		U	N	No or Defective bus emergency exits: Rear emergency exit window inoperable. Rear compartment right side emergency door inoperable due to child lock engaged.
396.9D2	396.9D2	1	N		N	N	Failure to correct defects noted on previous inspection report: Multiple violations previously noted on Report #NYMC35000868 not corrected and no evidence of correction provided.

Report Prepared By:
CHAD SMITH

Badge #:
M6013

Copy Received By:

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03180110 NY NYMC35000906

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License#:
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CoDriver:
License#: **State:**
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<u>Vio Code</u>	<u>Section</u>	<u>Unit</u>	<u>OOS</u>	<u>Citation #</u>	<u>Verify</u>	<u>Crash</u>	<u>Violations Discovered</u>
390.21B	390.21B	1	N		N	N	Carrier name and/or USDOT Number not displayed as required: Carrier name and USDOT number not marked on either side of vehicle.
392.2RG	392.2RG	1	N		N	N	State vehicle registration or License Plate violation: Vehicle has a seating capacity greater than 15 passengers including the driver. Livery plate in not correct for the vehicle. Vehicle requires a "Bus" plate.
392.2	392.2	1	N		N	N	Violation of Local Laws - Explain:: Vehicle missing final manufacturer's FMVSS tag. (Vehicle shows as MPV - which means vehicle is less than 11 passengers including the driver)
390.33-XS	390.33-XS	1	Y		U	N	Operating a Motor Coach or other Passenger Carrying vehicle with seating, secured or unsecured, in excess of the manufacturers designed seating capacity.: Vehicle missing final manufacturer's tag - vehicle only has an MPV FMVSS label (no more than 10 passengers including the driver). Vehicle inspected as 18 seats.
396.3A1	396.3A1	1	Y		U	N	Inspection, repair and maintenance of parts & accessories: ABS line going to axle #1 left side wheel assembly hanging and is able to contact axle 1 left side tire.
392.2	392.2	1	N		N	N	Violation of Local Laws - Explain:: Carrier not certified through NYS DMV 19A Bus Driver Unit (VAT 509-A)

HazMat: No HM Transported.

Placard: No **Cargo Tank:**

Special Checks: Traffic Enforcement;

State Information:

MEC Verified Yes/No: NO; Power Unit Mileage: 193889; Reason license was not checked: TERM INSPECTION; Through CDLIS Yes/No: NO; Through NYSPIN/NLETS Yes/No: NO;

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Driver:
License#: State:
Date of Birth:
CoDriver:
License#: State:
Date of Birth:

Vehicle(s) with violations(s), and marked with a "Y" in the OOS column of this report are declared OUT OF SERVICE pursuant to the NYS Transportation Law. No person shall remove the "Out-of-Service Vehicle" sticker or operate such vehicle(s) until the OUT OF SERVICE condition(s) has been repaired. Note: OOS Vehicle violations verified repaired at scene will have an "A" in verify column of the violation

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:
CHAD SMITH

Badge #:
M6013

Copy Received By:



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X _____