



Motor Carrier Attachment:
Post Crash Level 5 Inspection of Bus 5
HWY24FH004
(3 pages)

DRIVER/VEHICLE EXAMINATION REPORT

Query Central 3.4

West Virginia Public Service Commission
Transportation Division
PO Box 812
Charleston, WV 25323-0812
(304) 340-0468

Report Number:
Inspection Date: 03/07/2024
Start: 2:13 PM ET End: 04:03 PM ET
Inspection Level: V - Terminal
HM Inspection Type: None

CALHOUN COUNTY BOARD OF EDUCATION
540 ALAN B MOLLOHAN DRIVE
MT ZION, WV 26151
USDOT#: 04205965 Phone#: 3043547011
MC/MX#: 00000000 Fax#:
State#:

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

Location: 540 Alan B Mollohan Drive ,mou
Highway:
County: Calhoun, WV

MilePost: Shipper: NA
Origin: MOUNT ZION, WV Bill of Lading: NA
Destination: MOUNT ZION, WV Cargo: Empty Bus

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, New CVSA #, OOS#

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber and values for axles 1 and 2.

VIOLATIONS

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: Size & Weight; Alcohol Substance Chk.; Post Crash;

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to assure compliance with the Federal Motor Carrier Safety and Hazardous Materials Regulations insofar as they are applicable to motor carriers and drivers. False certifications of the required repairs are required to be prosecuted with penalties up to \$10,000.

Signature Of Repairer X: Facility: Date:

NOTE TO DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this report. [49 CFR 396.9(d)(1)] NOTE TO MOTOR CARRIERS: Pursuant to authority contained in Title 49, Code of Federal Regulations, Section 396.9(d)(3), within 15 days of the inspection sign below certifying all violations noted on this report have been corrected. Return the completed form to the address indicated on the upper left corner of the form, AND retain a copy at the principal place of business or where the vehicle is housed for 12 months from the date of the inspection. Failure to return this report with the required certification can result in penalties up to \$1,000 per day for each day the violation continues, up to a total of \$10,000.

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: S Dilly

Badge #: PSC091

Copy Received By:



X

X

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Transportation Division
PO Box 812
Charleston, WV 25323-0812
(304) 340-0468

Report Number: [REDACTED]
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540 ALAN B MOLLOHAN DRIVE
MT ZION, WV 26151
USDOT#: 04205965 Phone#: 3043547011
MC/MX#: 00000000 Fax#: [REDACTED]
State#: [REDACTED]

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

Inspection Notes

This vehicle was loaded with passengers during the time of the post-crash, for more details related to the incident please see attachments. Per pending investigation this inspection was submitted with an extended time.

Special Studies No Special Study Data Recorded

Report Prepared By:
[REDACTED]

Badge #:
PSC091

Copy Received By:

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X _____

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