



Vehicle Attachment 10
Post Accident Copeland Bus Services Fleet Inspection

Gray Summit, MO
HWY-10-MH-018

(22 Pages)



Fw: School Bus Inspection
James Remillard to: Lee Ann Kenley

08/12/2010 11:36 AM

James W. Remillard
Troop I
District I Supervisor
james.remillard@mshp.dps.mo.gov

----- Forwarded by James Remillard/TroopI/MSHP400 on 08/12/2010 11:35 AM -----

From: Janna Clamme/TroopI/MSHP400
To: James Remillard/TroopI/MSHP400@MSHP
Cc: Daniel Gregory/TroopI/MSHP400@MSHP, Liona Hance/TroopI/MSHP400@MSHP
Date: 08/12/2010 08:42 AM
Subject: School Bus Inspection

School Bus Inspection Results
St. James R-1
August 11, 2010

Total Inspected:	20
Total Rejected:	8 (plus 1 Advisory item)
Total Out Of Service:	5
Total Re-inspected:	6
Total Still Out of Service:	2

MVI Division
Inspector Janna Clamme

**Missouri Motor Vehicle Inspection
STATION RECORD**

*****SEE INFORMATION ON REVERSE SIDE*****

VEHICLE OWNER'S NAME: Copeland Bus TIME INSPECTION STARTED: 7:40

STREET: Highway 68N TIME INSPECTION ENDED: 8:00

CITY: St. James COUNTY: Phelps

VEH YR / MAKE: 94 THOMAS MODEL: BUS ODOMETER READING (REQUIRED): 155376 LICENSE NUMBER: (R)

VEH ID NO.: 4C D T 7 A M 2 0 S 2 (R)

BODY STYLE: Car School Bus Truck (GVW < 8500 lbs.) SUV Motorcycle Truck/Bus (GVW = 8500+)

FUEL TYPE: Gas Diesel LPG Electric Gas/LPG Hybrid Other (Explain)

DEFECTS

CODE	DEFECTIVE PART	PART COST	LABOR COST	TOTAL

ID / OD VERIFICATION TRAILER VERIFICATION BRAKE INSPECTED LF RF LR RR TOTAL COST \$

INSPECTION STATION: Ray's Tire STATION NUMBER: 1081025

CITY WHERE INSPECTED: St. James DATE INSPECTED: July 22-10

INSPECTOR'S PERMIT NUMBER: 900010739 INSPECTOR'S SIGNATURE: (R)

REPAIR AUTHORIZATION

I realize total repair cost is an estimate and repairs are not required to be performed at this station, but I authorize the above establishment to repair my vehicle.

OWNER'S SIGNATURE: _____ DATE REINSPECTED: _____

REINSPECTOR'S PERMIT NUMBER: _____ STICKER / DECAL NUMBER: N 7289098

REINSPECTOR'S SIGNATURE: _____ CONTROL NUMBER: N 0001002

SHP-477G 08/09

**MISSOURI STATE HIGHWAY PATROL
SCHOOL BUS INSPECTION CERTIFICATE**

SCHOOL DIST. NAME: St James R. I

CITY: St James COUNTY: Phelps

BUS OWNER'S NAME: Copeland Bus Service

VEHICLE DESCRIPTION

YR: 95 MAKE: INTL CHEV FORD GMC FORD OTH BODY: THO BLU AMT COL CAR WRD THO TYPE: OA OB OC OD

STATE LIC. NO.: (R) FUEL TYPE: GAS OTH DIESEL UNIT NO.: 15 ODOMETER READING: 155376

VEHICLE ID NO.: 4C D T 7 A M 2 0 S 2 (R)

DEFECTS

CODE	DEFECTIVE PART
<u>145</u>	<u>Right Rear Upper Red lite loop (over head warning lite)</u>

APPROVED DEFECTIVE OUT OF SERVICE

REINSPECTOR'S SIGNATURE: (R) INSPECTOR'S SIGNATURE: (R)

REINSPECTOR'S BADGE NO.: 11139 INSPECTOR'S BADGE NO.: 11109

DATE REINSPECTED: 8-11-10 DATE INSPECTED: 8-11-10

BUS STICKER NO.: S 433981

**Missouri Motor Vehicle Inspection
STATION RECORD**

SEE INFORMATION ON REVERSE SIDE

VEHICLE OWNER'S NAME Copeland Bus		TIME INSPECTION STARTED 700	
STREET Highway 68N		TIME INSPECTION ENDED 720	
CITY St. James		COUNTY Phelps	
VEH YR 99	MAKE GMC	MODEL Mini-Bus	ODOMETER READING (REQUIRED) 152317
VEH ID NO. 1G1DHG31FXW1		LICENSE NUMBER (R)	

VEHICLE DESCRIPTION

YR 99	MAKE <input type="checkbox"/> INTL <input type="checkbox"/> CHEV	<input type="checkbox"/> THO <input type="checkbox"/> BLU <input type="checkbox"/> FORD	<input type="checkbox"/> FHRT <input type="checkbox"/> GMC <input type="checkbox"/> OTH	BODY <input type="checkbox"/> AMT <input type="checkbox"/> WRD	<input type="checkbox"/> COR <input type="checkbox"/> COL <input type="checkbox"/> CAR	<input type="checkbox"/> THO <input type="checkbox"/> BLU <input type="checkbox"/> OTH	TYPE <input type="checkbox"/> SA <input type="checkbox"/> CB <input type="checkbox"/> CD
STATE LIC. NO. (R)	FUEL TYPE <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL	UNIT NO. N	ODOMETER READING 152317				

DEFECTS

CODE	DEFECTIVE PART	PART COST	LABOR COST	TOTAL

<input type="checkbox"/> ID / OD VERIFICATION	<input type="checkbox"/> TRAILER VERIFICATION	BRAKE INSPECTED <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR	TOTAL COST \$
INSPECTION STATION Reis Tire		STATION NUMBER 081025	
CITY WHERE INSPECTED St James		DATE INSPECTED July 29, 10	
INSPECTOR'S PERMIT NUMBER 990010739		INSPECTOR'S SIGNATURE (R)	

REPAIR AUTHORIZATION

I realize total repair cost is an estimate and repairs are not required to be performed at this station, but I authorize the above establishment to repair my vehicle.

OWNER'S SIGNATURE	DATE REINSPECTED
REINSPECTOR'S PERMIT NUMBER	STICKER / DECAL NUMBER N 1289142
REINSPECTOR'S SIGNATURE	CONTROL NUMBER N 00813A1

SHP-477G 08/01

**MISSOURI STATE HIGHWAY PATROL
SCHOOL BUS INSPECTION CERTIFICATE**

SCHOOL DIST. NAME
St James R-1

CITY
St James

COUNTY
Phelps

BUS OWNER'S NAME
Copeland Bus Service

VEHICLE DESCRIPTION

YR 99	MAKE <input type="checkbox"/> INTL <input type="checkbox"/> CHEV	<input type="checkbox"/> THO <input type="checkbox"/> BLU <input type="checkbox"/> FORD	<input type="checkbox"/> FHRT <input type="checkbox"/> GMC <input type="checkbox"/> OTH	BODY <input type="checkbox"/> AMT <input type="checkbox"/> WRD	<input type="checkbox"/> COR <input type="checkbox"/> COL <input type="checkbox"/> CAR	<input type="checkbox"/> THO <input type="checkbox"/> BLU <input type="checkbox"/> OTH	TYPE <input type="checkbox"/> SA <input type="checkbox"/> CB <input type="checkbox"/> CD
STATE LIC. NO. (R)	FUEL TYPE <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL	UNIT NO. N	ODOMETER READING 152317				

DEFECTS

CODE	DEFECTIVE PART
04F	No Brake pedal - goes to floor

APPROVED DEFECTIVE OUT OF SERVICE

REINSPECTOR'S SIGNATURE	INSPECTOR'S SIGNATURE (R)
REINSPECTOR'S BADGE NO.	INSPECTOR'S BADGE NO. 3333
DATE REINSPECTED	DATE INSPECTED 7-29-10
	BUS STICKER NO. S 433985

Missouri Motor Vehicle Inspection
STATION RECORD

*****SEE INFORMATION ON REVERSE SIDE*****

VEHICLE OWNER'S NAME Copeland Bus		TIME INSPECTION STARTED 700	
STREET Highway 68N		TIME INSPECTION ENDED 720	
CITY ST. JAMES	COUNTY PHELPS		
VEH YR MAKE MODEL 96 GENESIS Bus	ODOMETER READING (REQUIRED) 140665	LICENSE NUMBER (R)	
VEH ID NO. LHVBGAAPOTA (R)			
BODY STYLE <input type="checkbox"/> Car <input checked="" type="checkbox"/> School Bus <input type="checkbox"/> Truck (GVW < 8500 lbs.) <input type="checkbox"/> SUV <input type="checkbox"/> Motorcycle <input type="checkbox"/> Truck/Bus (GVW = 8500+)			
FUEL TYPE <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gas/LPG <input type="checkbox"/> Other (Explain) <input type="checkbox"/> LPG <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid			
DEFECTS			
CODE	DEFECTIVE PART	PART COST	LABOR COST
<input type="checkbox"/> ID / OD VERIFICATION <input type="checkbox"/> TRAILER VERIFICATION		BRAKE INSPECTED <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR	
TOTAL COST \$			
INSPECTION STATION Kawis Tire		STATION NUMBER 1081025	
CITY WHERE INSPECTED St James		DATE INSPECTED July 21, 10	
INSPECTOR'S PERMIT NUMBER 900010739		INSPECTOR'S SIGNATURE (R)	
REPAIR AUTHORIZATION			
I realize total repair cost is an estimate and repairs are not required to be performed at this station, but I authorize the above establishment to repair my vehicle.			
OWNER'S SIGNATURE		DATE REINSPECTED	
REINSPECTOR'S PERMIT NUMBER		STICKER / DECAL NUMBER N 1289091	
INSPECTOR'S SIGNATURE		CONTROL NUMBER N 0081286	

SHP-477G 08/09

**MISSOURI STATE HIGHWAY PATROL
SCHOOL BUS INSPECTION CERTIFICATE**

SCHOOL DIST. NAME St. James A	
CITY St. James	COUNTY Phelps
BUS OWNER'S NAME Copeland Bus Service	
VEHICLE DESCRIPTION	
YR 96 MAKE <input type="checkbox"/> INTL <input type="checkbox"/> CHEV <input type="checkbox"/> THO <input type="checkbox"/> BLU <input type="checkbox"/> FORD <input type="checkbox"/> GMC <input type="checkbox"/> FHT <input type="checkbox"/> BOTH	BODY <input type="checkbox"/> AMT <input type="checkbox"/> WWRD <input type="checkbox"/> COR <input type="checkbox"/> CAR <input type="checkbox"/> THO <input type="checkbox"/> COL <input type="checkbox"/> OTH <input type="checkbox"/> BLU <input type="checkbox"/> OTH <input type="checkbox"/> A <input type="checkbox"/> DB <input type="checkbox"/> C <input type="checkbox"/> D
STATE LIC. NO. (R)	FUEL TYPE <input checked="" type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> OTH
UNIT NO. 13	ODOMETER READING 140668
VEHICLE ID NO. LHVBGAAPOTA (R)	
DEFECTS	
CODE	DEFECTIVE PART
22-0	right front tire less
	Thru 3/30
<input checked="" type="checkbox"/> APPROVED REINSPECTOR'S SIGNATURE (R)	<input type="checkbox"/> DEFECTIVE INSPECTOR'S SIGNATURE (R)
REINSPECTOR'S BADGE NO. m129	INSPECTOR'S BADGE NO. m131
DATE REINSPECTED 8-11-2010	DATE INSPECTED 08-11-2010
BUS STICKER NO. S 433974	

Vehicle Attachment 10 - Post Accident Copeland Bus Services Fleet-Inspection

Missouri Motor Vehicle Inspection
STATION RECORD

SEE INFORMATION ON REVERSE SIDE

VEHICLE OWNER'S NAME Copeland Bus		TIME INSPECTION STARTED 700	
STREET Highway 68 N		TIME INSPECTION ENDED 720	
CITY ST. JAMES		COUNTY PHELPS	
VEH YR 99	MAKE CHEVY	MODEL Bus	ODOMETER READING (REQUIRED) 152385
VEH ID NO. 1GBL7T1C4WJ (R)		LICENSE NUMBER [REDACTED] (R)	
BODY STYLE <input type="checkbox"/> Car <input checked="" type="checkbox"/> School Bus <input type="checkbox"/> Truck (GVW < 8500 lbs.) <input type="checkbox"/> SUV <input type="checkbox"/> Motorcycle <input type="checkbox"/> Truck/Bus (GVW = 8500+)		FUEL TYPE <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gas/LPG <input type="checkbox"/> Other (Explain) <input type="checkbox"/> LPG <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid	

DEFECTS				
CODE	DEFECTIVE PART	PART COST	LABOR COST	TOTAL

<input type="checkbox"/> ID / OD VERIFICATION	<input type="checkbox"/> TRAILER VERIFICATION	BRAKE INSPECTED <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR	TOTAL COST \$
INSPECTION STATION Keays Tire		STATION NUMBER 1041025	
CITY WHERE INSPECTED St. James		DATE INSPECTED July 20, 10	
INSPECTOR'S PERMIT NUMBER 900010739		INSPECTOR'S SIGNATURE [REDACTED] (R)	

REPAIR AUTHORIZATION

I realize total repair cost is an estimate and repairs are not required to be performed at this station, but I authorize the above establishment to repair my vehicle.

OWNER'S SIGNATURE	DATE REINSPECTED
REINSPECTOR'S PERMIT NUMBER	STICKER / DECAL NUMBER 1289085
REINSPECTOR'S SIGNATURE	CONTROL NUMBER N 0001070

Vehicle Attachment 10 - Post Accident Copeland Bus Services Fleet Inspection

SHP-477G 08/09

MISSOURI STATE HIGHWAY PATROL
SCHOOL BUS INSPECTION CERTIFICATE

SCHOOL DIST. NAME St. James B-I	
CITY St. James	COUNTY Phelps
BUS OWNER'S NAME Copeland Bus Services	

VEHICLE DESCRIPTION

YR 99	MAKE <input checked="" type="checkbox"/> CHEV	<input type="checkbox"/> THO <input type="checkbox"/> FHR	<input type="checkbox"/> GMC	BODY <input type="checkbox"/> AMT <input type="checkbox"/> COL <input type="checkbox"/> BLU	<input type="checkbox"/> WRD <input type="checkbox"/> CAR <input type="checkbox"/> OTH	TYPE <input type="checkbox"/> CA <input type="checkbox"/> CB <input type="checkbox"/> CC <input type="checkbox"/> CD
STATE LIC. NO. (R)	FUEL TYPE <input type="checkbox"/> GAS <input checked="" type="checkbox"/> DIESEL	UNIT NO. 9	ODOMETER READING 152388			

DEFECTS	
CODE	DEFECTIVE PART
15G	Lower Stop Arm Line
	Group
04K	Main Brake Line Right
	Frame rail above rear
	axle leaking
04E	Misc. cylinder low

<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DEFECTIVE	<input type="checkbox"/> OUT OF SERVICE
REINSPECTOR'S SIGNATURE [REDACTED] (R)	INSPECTOR'S SIGNATURE [REDACTED] (R)	
REINSPECTOR'S BADGE NO. M131	INSPECTOR'S BADGE NO. 01129	
DATE REINSPECTED 08-12-10	DATE INSPECTED 7/20/10	
	BUS STICKER NO. S 433980	

Missouri Motor Vehicle Inspection
STATION RECORD

SEE INFORMATION ON REVERSE SIDE

VEHICLE OWNER'S NAME: Copeland Bus
 TIME INSPECTION STARTED: 7:00
 STREET: Hwy 68N
 TIME INSPECTION ENDED: 7:20
 CITY: St. James
 COUNTY: Phelps
 VEH YR: 2000
 MAKE: Bluebird
 MODEL: Bus
 ODOMETER READING (REQUIRED): 122880
 LICENSE NUMBER: (R)

VEH ID NO: 1GABKCPHX1F (R)
 BODY STYLE: School Bus
 FUEL TYPE: Diesel

DEFECTS				
CODE	DEFECTIVE PART	PART COST	LABOR COST	TOTAL

ID / OD VERIFICATION
 TRAILER VERIFICATION
 BRAKE INSPECTED: LF RF LR RR
 TOTAL COST \$

INSPECTION STATION: Kays Tire
 STATION NUMBER: 081025
 CITY WHERE INSPECTED: St. James
 DATE INSPECTED: July 15 10
 INSPECTOR'S PERMIT NUMBER: 900010739
 INSPECTOR'S SIGNATURE: (R)

REPAIR AUTHORIZATION
 I realize total repair cost is an estimate and repairs are not required to be performed at this station, but I authorize the above establishment to repair my vehicle.

OWNER'S SIGNATURE: _____ DATE REINSPECTED: _____
 REINSPECTOR'S PERMIT NUMBER: _____ STICKER / DECAL NUMBER: N 1289063
 REINSPECTOR'S SIGNATURE: _____ CONTROL NUMBER: N 0084257

SHP-477G 08/09

MISSOURI STATE HIGHWAY PATROL
SCHOOL BUS INSPECTION CERTIFICATE

SCHOOL DIST NAME: St. James R-1
 CITY: St. James
 COUNTY: Phelps
 BUS OWNER'S NAME: Copeland Bus Service

VEHICLE DESCRIPTION

YR: 2000
 MAKE: CHEV
 BODY: THO FVRT AMT COL WRD
 STATE LIC. NO.: (R)
 FUEL TYPE: GAS DIESEL
 UNIT NO.: 1
 ODOMETER READING: 122882

VEHICLE ID NO: 1GABKCPHX1F (R)

DEFECTS

CODE	DEFECTIVE PART
ADV	Left Front REAR ID Light
22-0	Roar Left inside Tire SIDE WALL SPLIT

APPROVED DEFECTIVE OUT OF SERVICE
 REINSPECTOR'S SIGNATURE: (R)
 REINSPECTOR'S BADGE NO.: M131
 DATE REINSPECTED: 08-11-2010
 INSPECTOR'S SIGNATURE: (R)
 INSPECTOR'S BADGE NO.: M131
 DATE INSPECTED: 08-11-2010
 BUS STICKER NO.: S 433968

MISSOURI STATE HIGHWAY PATROL
SCHOOL BUS INSPECTION CERTIFICATE

SCHOOL DIST. NAME
St. James R-1

CITY COUNTY
St. James Phelps

BUS OWNER'S NAME
Copeland Bus Service

VEHICLE DESCRIPTION

YR MAKE THO FHRT BODY COR THO TYPE
97 INTL BLU GMC AMT COL BLU A B
 CHEV FORD OTH WRD CAR OTH C D

STATE LIC. NO. FUEL TYPE UNIT NO. ODOMETER READING
(R) GAS OTH 3 127465
 DIESEL

VEHICLE ID NO.
1FDPB80C2UV (R)

DEFECTS

CODE	DEFECTIVE PART
<u>04-C</u>	<u>Stool Brake Line rubbing Left side</u>
<u>14-G</u> <u>OK</u>	<u>Lower Left Brake ✓</u> <u>LTTe</u>

APPROVED DEFECTIVE OUT OF SERVICE



INSPECTOR'S SIGNATURE
[Signature]

INSPECTOR'S BADGE NO.
M131

DATE INSPECTED
08-11-2010

BUS STICKER NO.
S 433972

MISSOURI STATE HIGHWAY PATROL
SCHOOL BUS INSPECTION CERTIFICATE

SCHOOL DIST. NAME
St James R-1

CITY COUNTY
St James Phelps

BUS OWNER'S NAME
Copeland Bus Service

VEHICLE DESCRIPTION

YR MAKE THO FHRT BODY COR THO TYPE
97 INTL BLU GMC AMT COL BLU A B
 CHEV FORD OTH WRD CAR OTH C D

STATE LIC. NO. FUEL TYPE UNIT NO. ODOMETER READING
(R) GAS OTH *5* *144126*
 DIESEL

VEHICLE ID NO.
1BAAKCSH8VF *(R)*

DEFECTS

CODE	DEFECTIVE PART
<i>05-A</i>	<i>Emergency ^{1ST} WINDOWN BUZZER drivers side</i>

APPROVED DEFECTIVE OUT OF SERVICE



INSPECTOR'S SIGNATURE
[Signature]
(R)
INSPECTOR'S BADGE NO.
M131
DATE INSPECTED
08-11-2010
BUS STICKER NO.
S 433967

MISSOURI STATE HIGHWAY PATROL
SCHOOL BUS INSPECTION CERTIFICATE

SCHOOL DIST NAME
St James R-1

CITY COUNTY
St James Phelps

BUS OWNER'S NAME
Copeland Bus Service

VEHICLE DESCRIPTION

YR MAKE THO FHRT BODY COR THO TYPE
1990 INTL BLU GMC AMT COL BLU A B
 CHEV FORD OTH WRD CAR OTH C D

STATE LIC NO. FUEL TYPE UNIT NO. ODOMETER READING
(R) GAS OTH 12 142819
 DIESEL

VEHICLE ID NO.
4CDD78M22S2 (R)

DEFECTS

CODE	DEFECTIVE PART
09-D	WINDSHIELD CRACKED DRIVERS SIDE

APPROVED DEFECTIVE OUT OF SERVICE



INSPECTOR'S SIGNATURE
(R)

INSPECTOR'S BADGE NO.
M131

DATE INSPECTED
08-11-2010

BUS STICKER NO.
S 433970

MISSOURI STATE HIGHWAY PATROL
SCHOOL BUS INSPECTION CERTIFICATE

SCHOOL DIST. NAME

ST. James R-1

CITY COUNTY

St. James Phelps

BUS OWNER'S NAME

Copeland Bus Service

VEHICLE DESCRIPTION

VR 96 MAKE MAKE THO FHRT BODY COR THO TYPE A B
 INTL BLU GMC AMT COL BLU C D
 CHEV FORD OTH WRD CAR OTH C D

STATE LIC. NO. (R) FUEL TYPE GAS OTH DIESEL UNIT NO. 4 ODOMETER READING 161556

VEHICLE ID NO. 1BAAKCSA1TF (R)

DEFECTS

CODE	DEFECTIVE PART
ADU	REAR ID MARKER CENTER

APPROVED DEFECTIVE OUT OF SERVICE



INSPECTOR'S SIGNATURE (R)
INSPECTOR'S BADGE NO. M131
DATE INSPECTED 08-11-2010
BUS STICKER NO. S 433971

MISSOURI STATE HIGHWAY PATROL
SCHOOL BUS INSPECTION CERTIFICATE

SCHOOL DIST. NAME St James R-I

CITY St James COUNTY Phelps

BUS OWNER'S NAME Copeland Bus Services

VEHICLE DESCRIPTION

YR <u>2006</u>	MAKE <input type="checkbox"/> INTL <input type="checkbox"/> CHEV	<input type="checkbox"/> THO <input checked="" type="checkbox"/> BLU <input type="checkbox"/> FORD	<input type="checkbox"/> FHRT <input type="checkbox"/> GMC <input type="checkbox"/> OTH	BODY <input type="checkbox"/> AMT <input type="checkbox"/> WRD	<input type="checkbox"/> COR <input type="checkbox"/> COL <input type="checkbox"/> CAR	<input type="checkbox"/> THO <input checked="" type="checkbox"/> BLU <input type="checkbox"/> OTH	TYPE <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D
STATE LIC. NO. <u>(R)</u>	FUEL TYPE <input checked="" type="checkbox"/> GAS <input type="checkbox"/> DIESEL	<input type="checkbox"/> OTH	UNIT NO. <u>Spore 120061</u>	ODOMETER READING			

VEHICLE ID NO. 1B1A1AHC5H5JF (R)

DEFECTS

CODE	DEFECTIVE PART

APPROVED DEFECTIVE OUT OF SERVICE



INSPECTOR'S SIGNATURE
(R)

INSPECTOR'S BADGE NO. m129

DATE INSPECTED 8-11-10

BUS STICKER NO. **S** 433984

MISSOURI STATE HIGHWAY PATROL
SCHOOL BUS INSPECTION CERTIFICATE

SCHOOL DIST. NAME
St. James R-1

CITY COUNTY
St. James Phelps

BUS OWNER'S NAME
Copeland Bus Service

VEHICLE DESCRIPTION

YR <i>97</i>	MAKE	<input type="checkbox"/> THO <input type="checkbox"/> FHRT	BODY	<input type="checkbox"/> COR <input type="checkbox"/> THO	TYPE
	<input type="checkbox"/> INTL <input checked="" type="checkbox"/> BLU <input type="checkbox"/> GMC	<input type="checkbox"/> AMT <input type="checkbox"/> COL <input checked="" type="checkbox"/> BLU	<input type="checkbox"/> WRD <input type="checkbox"/> CAR	<input type="checkbox"/> OTH	<input type="checkbox"/> A <input type="checkbox"/> B
	<input type="checkbox"/> CHEV <input type="checkbox"/> FORD <input type="checkbox"/> OTH	<input type="checkbox"/> WRD <input type="checkbox"/> CAR	<input type="checkbox"/> OTH		<input type="checkbox"/> C <input checked="" type="checkbox"/> D

STATE LIC. NO. (R) [REDACTED] FUEL TYPE GAS OTH DIESEL UNIT NO. *SPARE* ODOMETER READING *093173*

VEHICLE ID NO.
1BAAHCSH5VF (R) [REDACTED]

DEFECTS

CODE	DEFECTIVE PART

APPROVED DEFECTIVE OUT OF SERVICE



INSPECTOR'S SIGNATURE
(R) [REDACTED]

INSPECTOR'S BADGE NO.
M131

DATE INSPECTED
08-11-2010

BUS STICKER NO.
S 433969

MISSOURI STATE HIGHWAY PATROL
SCHOOL BUS INSPECTION CERTIFICATE

SCHOOL DIST. NAME

St. James R-1

CITY

St. James

COUNTY

Phelps

BUS OWNER'S NAME

Copeland Bus Service

VEHICLE DESCRIPTION

YR	MAKE	<input type="checkbox"/> THO	<input type="checkbox"/> FHRT	BODY	<input type="checkbox"/> COR	<input type="checkbox"/> THO	TYPE	
26	<input type="checkbox"/> INTL	<input checked="" type="checkbox"/> BLU	<input type="checkbox"/> GMC	<input type="checkbox"/> AMT	<input type="checkbox"/> COL	<input checked="" type="checkbox"/> BLU	<input type="checkbox"/> A	<input type="checkbox"/> B
	<input type="checkbox"/> CHEV	<input checked="" type="checkbox"/> FORD	<input type="checkbox"/> OTH	<input type="checkbox"/> WRD	<input type="checkbox"/> CAR	<input type="checkbox"/> OTH	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D

STATE LIC. NO.	FUEL TYPE	UNIT NO.	ODOMETER READING
(R)	<input type="checkbox"/> GAS	14	132111
	<input checked="" type="checkbox"/> DIESEL		

VEHICLE ID NO.
LIBAANCSTHXTF (R)

DEFECTS

CODE	DEFECTIVE PART

APPROVED DEFECTIVE OUT OF SERVICE



INSPECTOR'S SIGNATURE
(R)

INSPECTOR'S BADGE NO.
M131

DATE INSPECTED
08-11-2010

BUS STICKER NO.
S 433966

MISSOURI STATE HIGHWAY PATROL
SCHOOL BUS INSPECTION CERTIFICATE

SCHOOL DIST. NAME
St James R-I

CITY
St. James

COUNTY
Phelps

BUS OWNER'S NAME
Same Copeland Bus Serv.

VEHICLE DESCRIPTION

YR
1998

MAKE
 INTL BLU GMC FORD OTH

BODY
 AMT WRD CAR OTH

COR
 COR COL BLU

THO
 THO

TYPE
 A B C D

STATE LIC. NO.
(R)

FUEL TYPE
 GAS OTH DIESEL

UNIT NO.
6

ODOMETER READING
131,743

VEHICLE ID NO.
1BAAG05H1W1E (R)

DEFECTS

CODE	DEFECTIVE PART

APPROVED DEFECTIVE OUT OF SERVICE



INSPECTOR'S SIGNATURE
(R)

INSPECTOR'S BADGE NO.
17129

DATE INSPECTED
8-11-10

BUS STICKER NO.
S 433977

MISSOURI STATE HIGHWAY PATROL
SCHOOL BUS INSPECTION CERTIFICATE

SCHOOL DIST. NAME
St James R-I

CITY St James COUNTY Phelps

BUS OWNER'S NAME
Copeland Bus

VEHICLE DESCRIPTION

36	MAKE	<input type="checkbox"/> THO	<input type="checkbox"/> FHRT	BODY	<input type="checkbox"/> COR	<input type="checkbox"/> THO	TYPE
	<input checked="" type="checkbox"/> INTL <input type="checkbox"/> CHEV	<input type="checkbox"/> BLU <input type="checkbox"/> FORD	<input type="checkbox"/> GMC <input type="checkbox"/> OTH	<input type="checkbox"/> AMT <input type="checkbox"/> WRD	<input type="checkbox"/> COL <input type="checkbox"/> CAR	<input checked="" type="checkbox"/> BLU <input type="checkbox"/> OTH	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
STATE LIC NO. <u>(R)</u> [REDACTED]	FUEL TYPE	<input checked="" type="checkbox"/> GAS <input type="checkbox"/> DIESEL	<input type="checkbox"/> OTH	UNIT NO. <u>2</u>	ODOMETER READING <u>215758</u>		
VEHICLE ID NO. <u>1H1V1BBA1PA1P4 XITH (R)</u>							

DEFECTS

CODE	DEFECTIVE PART
Note: L/R Mud Flap missing	

APPROVED DEFECTIVE OUT OF SERVICE

INSPECTOR'S SIGNATURE
(R) [REDACTED]

INSPECTOR'S BADGE NO.
m139

DATE INSPECTED
8-11-2010

BUS STICKER NO.
S 433976



MISSOURI STATE HIGHWAY PATROL
SCHOOL BUS INSPECTION CERTIFICATE

SCHOOL DIST. NAME
St James R-I

CITY
St James

COUNTY
Phelps

BUS OWNER'S NAME
Copeland Bus Service

VEHICLE DESCRIPTION

YR 2000	MAKE <input type="checkbox"/> INTL <input type="checkbox"/> CHEV	<input type="checkbox"/> THO <input type="checkbox"/> BLU <input type="checkbox"/> FORD	<input type="checkbox"/> FHRT <input type="checkbox"/> GMC <input type="checkbox"/> OTH	BODY <input type="checkbox"/> AMT <input type="checkbox"/> WRD	<input type="checkbox"/> COR <input type="checkbox"/> COL <input type="checkbox"/> GAR	<input type="checkbox"/> THO <input checked="" type="checkbox"/> BLU <input type="checkbox"/> OTH	TYPE <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D
STATE LIC. NO. (R)	FUEL TYPE <input type="checkbox"/> GAS <input checked="" type="checkbox"/> DIESEL	UNIT NO. 7	ODOMETER READING 90343				

VEHICLE ID NO.
1BA1AHC1PH11NIF (R)

DEFECTS

CODE	DEFECTIVE PART

APPROVED DEFECTIVE OUT OF SERVICE

INSPECTOR'S SIGNATURE
(R)



INSPECTOR'S BADGE NO.
1139

DATE INSPECTED
8-11-10

BUS STICKER NO.
S 433979

MISSOURI STATE HIGHWAY PATROL
SCHOOL BUS INSPECTION CERTIFICATE

SCHOOL DIST. NAME St James R-1

CITY St James COUNTY Phelps

BUS OWNER'S NAME Copeland Bus Service

VEHICLE DESCRIPTION

VR 97	MAKE <input type="checkbox"/> INTL <input type="checkbox"/> CHEV	<input type="checkbox"/> THO <input checked="" type="checkbox"/> BLU <input type="checkbox"/> FORD	<input type="checkbox"/> FHRT <input type="checkbox"/> GMC <input type="checkbox"/> OTH	BODY <input type="checkbox"/> AMT <input type="checkbox"/> WRD	<input type="checkbox"/> COR <input type="checkbox"/> COL <input type="checkbox"/> CAR	<input type="checkbox"/> THO <input checked="" type="checkbox"/> BLU <input type="checkbox"/> OTH	TYPE <input type="checkbox"/> SA <input checked="" type="checkbox"/> CB <input type="checkbox"/> CD
STATE LIC. NO. (R) [REDACTED]	FUEL TYPE <input type="checkbox"/> GAS <input checked="" type="checkbox"/> DIESEL	UNIT NO. 10	ODOMETER READING 11091813				

VEHICLE ID NO.
1B1A1AHC5H4NF (R) [REDACTED]

DEFECTS

CODE	DEFECTIVE PART

APPROVED DEFECTIVE OUT OF SERVICE

INSPECTOR'S SIGNATURE
(R) [REDACTED]

INSPECTOR'S BADGE NO.
1129

DATE INSPECTED
8-11-10

BUS STICKER NO.
S 433978



MISSOURI STATE HIGHWAY PATROL SCHOOL BUS INSPECTION CERTIFICATE

SCHOOL DIST. NAME St James R-I

CITY St James COUNTY Phelps

BUS OWNER'S NAME Copeland Bus Service

VEHICLE DESCRIPTION

YR 99 MAKE THO FHRT BODY COR THO TYPE
 INTL BLU GMC AMT COL BLU A B
 CHEV FORD OTH WRD CAR OTH C D

STATE LIC. NO. (R) FUEL TYPE GAS OTH DIESEL UNIT NO. 8 ODOMETER READING 126607

VEHICLE ID NO. 1BAAEC5A11X1F (R)

DEFECTS

CODE	DEFECTIVE PART

APPROVED DEFECTIVE OUT OF SERVICE

INSPECTOR'S SIGNATURE (R)



INSPECTOR'S BADGE NO. m129

DATE INSPECTED 8-11-10

BUS STICKER NO. **S** 433982

MISSOURI STATE HIGHWAY PATROL
SCHOOL BUS INSPECTION CERTIFICATE

SCHOOL DIST. NAME
St. James R-1

CITY COUNTY
St. James Phelps

BUS OWNER'S NAME
Copeland Bus Service

VEHICLE DESCRIPTION

YR MAKE THO FHRT BODY COR THO TYPE
94 INTL BLU GMC AMT COL BLU A B
 CHEV FORD OTH WRD CAR OTH C D

STATE LIC. NO. FUEL TYPE UNIT NO. ODOMETER READING
(R) GAS OTH spare 85639
 DIESEL

VEHICLE ID NO.
1BAAGC1S14RF (R)

DEFECTS

CODE	DEFECTIVE PART

APPROVED DEFECTIVE OUT OF SERVICE

INSPECTOR'S SIGNATURE
(R)

INSPECTOR'S BADGE NO.

m131

DATE INSPECTED

08-11-2010

BUS STICKER NO.

S 433973



MISSOURI STATE HIGHWAY PATROL
SCHOOL BUS INSPECTION CERTIFICATE

SCHOOL DIST. NAME St James R-I

CITY St James COUNTY Phelps

BUS OWNER'S NAME Copeland Bus Services

VEHICLE DESCRIPTION

YR <u>98</u>	MAKE <input type="checkbox"/> INTL <input type="checkbox"/> CHEV	<input type="checkbox"/> THO <input checked="" type="checkbox"/> BLU <input type="checkbox"/> FORD	<input type="checkbox"/> FHRT <input type="checkbox"/> GMC <input type="checkbox"/> OTH	BODY <input type="checkbox"/> AMT <input type="checkbox"/> WRD	<input type="checkbox"/> COR <input type="checkbox"/> COL <input type="checkbox"/> CAR	<input type="checkbox"/> THO <input checked="" type="checkbox"/> BLU <input type="checkbox"/> OTH	TYPE <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C
STATE LIC. NO. <u>(R)</u>	FUEL TYPE <input type="checkbox"/> GAS <input checked="" type="checkbox"/> DIESEL	UNIT NO. <u>11</u>	ODOMETER READING <u>1468973</u>				
VEHICLE ID NO. <u>1BBAKICSH3W1F (R)</u>							

DEFECTS

CODE	DEFECTIVE PART

APPROVED DEFECTIVE OUT OF SERVICE



INSPECTOR'S SIGNATURE
(R)

INSPECTOR'S BADGE NO.
m129

DATE INSPECTED
8-11-10

BUS STICKER NO.
S 433983

MISSOURI STATE HIGHWAY PATROL
SCHOOL BUS INSPECTION CERTIFICATE

SCHOOL DIST. NAME
St James R-1

CITY COUNTRY
St James Phelps

BUS OWNER'S NAME
Copeland Bus Service

VEHICLE DESCRIPTION

98	MAKE <input type="checkbox"/> INTL <input checked="" type="checkbox"/> CHEV	<input type="checkbox"/> THO <input type="checkbox"/> BLU <input type="checkbox"/> FORD <input type="checkbox"/> GMC <input type="checkbox"/> OTH	<input type="checkbox"/> FHRT <input type="checkbox"/> GMC <input type="checkbox"/> OTH	BODY <input type="checkbox"/> AMT <input type="checkbox"/> WRD	<input type="checkbox"/> COR <input type="checkbox"/> COL <input type="checkbox"/> CAR	<input type="checkbox"/> THO <input checked="" type="checkbox"/> BLU <input type="checkbox"/> OTH	TYPE <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
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STATE LIC. NO. (R)	FUEL TYPE <input type="checkbox"/> GAS <input checked="" type="checkbox"/> DIESEL <input type="checkbox"/> OTH	UNIT NO. 2V	ODOMETER READING 163632
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VEHICLE ID NO.
1G1BH631F8W1 (R)

DEFECTS

CODE	DEFECTIVE PART

APPROVED DEFECTIVE OUT OF SERVICE



INSPECTOR'S SIGNATURE
(R)

INSPECTOR'S BADGE NO.
M131

DATE INSPECTED
08-11-2010

BUS STICKER NO.
S 433975