DRIVER/VEHICLE EXAMINATION REPORT		
South Dakota Highway Patrol District 4 Zone 3 II8 West Capitol Ave Pierre, SD 57501 Phone: 605-224-7364 Fax: 605-7 Email/Web: sdtruckinfo.sd.gov		Report Number: SD5880000138 Inspection Date: 02/27/2024 Start: 11:03 AM CST End: 11:23 AM CST Inspection Level: II HM Inspection Type: None
ZICI FREIGHT INC 6850 W 63RD STREET CHICAGO, IL 60638 dba: ROYAL3 INC USDOT#: 2828543 MC/MX#: State#: Phone#: 6304857370 Fax#: 6304856980 VEHICLE IDENTIFICATION	Driver: FOLEY, BYRON License# 060590677 State# GA Date of Birth# 12/31/1983 CoDriver: License# State# Date of Birth#	Location: Jefferson SD MilaPost: 13 Highway: 1-29 NB County: Union Shipper: AMERICAN BEVERACE Bill of Lading: 228296 Origin: NEW ALBANY, IN, US Destination: SIOUX FALLS, SD, US Cargo: Alcoholic Beverages
2 ST GDAN 2022 ME 234236H	quipment IDVIN7443AKJHHDR3PSNIW97973IGRIP0624NK33	
VIOLATIONS ATTRIBUTABLE TO THE MO Vio Code Section Unit 393.75A3-TAOL 393.75(a)(3) 2 Special Checks: E-Screen	OOSCitation #VerifyYWarningA	Violations Discovered Tires - All others, leaking or inflation less than 50% of the maximum inflation pressure. AXLE 4 DRIVER SIDE INSIDE TIRE 0 PSI OFF RIM
Pursuant to authority contained in Title 49, Code of "Out of Service" column in the violations discovere these vehicles, or operate such vehicles until the condition.	on this report have been corrected ulations insofar as they are applicated to \$10,000.	9(c), I hereby declare vehicles with defects followed by an "/" in the RVICE. No person shall remove the out of service stickers applied to baired and the vehicles have been restored to safe operating and action has been taken to assure compliance with the Federal one to motor carriers and drivers. False certifications of the required
NOTE TO DRIVER: This report must be furnished to NOTE TO MOTOR CARRIERS: "Within 15 days follow that all violations noted have been corrected by co	mpleting the "Signature of Carrier/	pears at the top of this report. [49 CFR 396.9(d)[1)] motor carrier or intermodal equipment provider shall- [i] Centify intermodal Equipment Provider Official, Title, and Date Signed iness, at the intermodal equipment provider's principal place of
Report Prepared By: JOSHUA STOWE	Ston H: COPY Bacelyed By BYRDH FOLK	Dage 1 of 7 2828543 SD SD58880001138