



NEW YORK STATE POLICE
Commercial Vehicle Enforcement Unit
Troop B

TE241f (7/01)

DRIVER/VEHICLE EXAMINATION REPORT

Report Number: NYSPB0257448

Inspection Date: 08/08/2024

Start Time: 12:45 PM End Time: 01:10 PM

Insp. Level: 3 - DRIVER ONLY

HAZMAT Insp:

ROYAL3 INC
6850 W 63RD STREET

CHICAGO IL 60638

USDOT#: 2828543

Phone#:

MC/MX#:

Fax#:

State#:

Location: OSWEGATCHIE REST AREA

Highway: SR-37

County: ST LAWRENCE

Driver: PEREZ YAUNNER JULIO

License#: P625420653650

State: FL

Date of Birth: 10/05/1965

CoDriver:

License#:

Date of Birth:

State:

Shipper: ENERGY LOGISTICS

NY Bill of Lading: 178284

MilePost:

Origin: MASSENA

Destination: MOUNT CRAWFORD

VA Cargo: GENERAL FREIGHT

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	License #	Equipment ID	VIN #	GWR	CVSA #	OOS#
001	TT	FRHT	2023	IL	P1151468	759	3AKJHIDR7PSUA1583	52000		
002	ST	VANR	2024	ME	5003268	HO3250	5V8VC5322RM409983	65000		

BRAKE ADJUSTMENTS NO BRAKE MEASUREMENTS REQUIRED FOR LEVEL 3 INSPECTIONS

VIOLATIONS

Vo Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
392.2C	392.2	D	N	8B21JC1BHX	N		FAILURE TO OBEY TRAFFIC CONTROL DEVICE(DRIVER DROVE PAST INSPECTION SITE MARKED WITH 3 FLAGS 8' TALL AND 1/2 MILE PRIOR)

HazMat: NO HM TRANSPORTED

Placard: NO

Cargo Tank:

Special Checks:

1.) NOTE TO DRIVER: Return this report to the motor carrier whose name appears at the top.

2.) NOTE TO REPAIRER: If entries are made 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

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.

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

Signature of Motor Carrier X:

Title:

Date:

Report Prepared By:

JASON

H DAVISON

Badge #:

1611

Copy Received By:

JULIO

PEREZ YAUNNER

