

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Louisiana State Police MCSAP
PO Box 66601 Mail Slip A32
Baton Rouge, LA 70896-6601
Phone: (225)925-3800 Fax: (225)925-3912
EMAIL: LSP.Motor.Carrier.Safety@LA.Gov

Report Number: LALAPS001264
Inspection Date: 10/03/2024
Start: 04:09 PM CT End: 4:30:32 PM CT
Inspection Level: III - Driver Only
HM Inspection Type: None

ZIGI FREIGHT INC
6850 W 63RD STREET
CHICAGO, IL 60638

USDOT#: 02828543

Phone#: (630)485-7370

MC/MX#: 944686

Fax#:

State#:

Location: SCALES

Highway: I 10 E

County: SAINT MARTIN, LA

Driver: BYSSAINTHE, FEDNEL

License#: B253240822220

State: FL

Date of Birth: 06/22/1982

CoDriver:

License#:

State:

Date of Birth:

Shipper:

MilePost: 108

Origin: SHREVEPORT, LA

Bill of Lading:

Destination: SARASOTA, FL

Cargo: GENERAL FREIGHT

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	TT	FRHT	2022	IL	P1150982	738	3AKJHHFG2NSNM4003	52,500			
2	ST	WANC	2023	IL	896582ST	251822	1JJV532D9PL387172	68,000			

BRAKE ADJUSTMENTS: No Brake Measurements Required For Level 3

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
395.22G	395.22(g)	D	N		N	N	Portable ELD not mounted in a fixed position and visible to driver

HazMat: No HM Transported.

Placard: No

Cargo Tank:

Special Checks: eScreen Inspection

State Information:

Duty Status: D; Troop: I; Region: 4; Attachments (Y or N): N; Photographs (Y or N): Y; Federal OOS Checked (Y or N): Y; Oper Auth Checked (Y or N): Y; Clearinghouse Check (Y or N): Y; Human Trafficking (Y or N): Y; HT Invest Initiated (Y or N): N; RADAR/LIDAR #: N; Driver's License Class: A; Race (B, W, O): B; Gender (M or F): M; Age: 42; Driver's Street Address: 851 SW 67TH AVE; Driver's City: N LAUDERDALE; Driver's State: FL; Driver's Zip: 33068; Driver's Phone #: 754; -: 305; -: 2978; Terminal Manager: ASHTA;

I understand and acknowledge that the Louisiana Department of Public Safety and Corrections may notify the carrier, shipper, and / or other responsible party of this inspection and of possible and / or actual penalties for the violation(s) described above. Any responsible party will have an opportunity to request a fair and impartial hearing in accordance with the Administrative Procedure Act, for any proposed civil penalty.

Signature of Driver / Carrier: X

Date: 10/03/24

NOTE TO CARRIER:

CARRIER: If this vehicle has been identified to have SELF-ADJUSTING BRAKE VIOLATIONS: A qualified service technician needs to determine why the defective brake has excessive stroke and make the appropriate repairs. Simply re-adjusting the brake adjuster, or replacing it, does not guarantee that the problem is corrected. The problem may exist in the foundation brake system. By certifying this inspection report [396.9(d)] you have indicated that this vehicle now has a properly functioning self-adjusting brake adjustment system.

In accordance with FMCSR 396.9(d), the motor carrier SHALL certify that all EQUIPMENT violations noted have been corrected by the below certification. This certification must be signed and returned to the above address within 15 days following the date of the inspection. A copy of this report must be retained by the carrier for 12 months from the date of inspection.

CERTIFICATION OF ACTION TAKEN: the undersigned certifies that all EQUIPMENT violations noted on this report have been corrected. Failure to certify noted repairs may result in additional penalties.

If you Suspect Human Trafficking, Please call 911 and The National Hotline at 1-888-373-7888 or Text INFO or HELP to BEFREE (233733). Make The Call. Save Lives.

Signature Of Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By:
ALEXANDER CBadge #:
1985Copy Received By:
FEDNEL BYSSAINTHE

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X



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Department of Public Safety and Corrections Louisiana State Police



Motor Carrier Safety Inspection | Online Payment Center

1. You will receive a formal Notice of Violation via mail.
2. Scan the QR code above or go to:
<https://la.egov.com/dps/mcsap>
3. Enter the report details included on your letter.
4. Provide credit/debit card information.
5. Confirmation of secure payment will be provided on screen and by email.

TRUCKERS AGAINST TRAFFICKING
MAKE THE CALL, SAVE LIVES
1-888-373-7888 (Toll Free Nation Wide)
Text 233733

