SW

DRIVER/VEHICLE EXAMINATION REPORT

Inspect 1.135.9056

Wyoming Highway Patrol
Commercial Carrier Section
5300 Bishop Blvd
Cheyenne, WY 82009-3340
EMAIL: CVSAINSPECTIONS@WYO.GOV

Report Number: WYPDSS001112
Inspection Date: 11/06/2024
Start: 2:56 PM MT **End:** 3:12 PM MT
Inspection Level: II - Walk-Around
HM Inspection Type: None

Carrier: RIKI TRANSPORTATION INC
DBA: BRZ
8225 LECLAIRE AVE
BURBANK, IL, 60459
USDOT: 3119062
MC/MX#: 86875
State#:
Phone#: (708)303-5150
Fax#:
Location: CHEYENNE I-80 POE
Highway: I-80
County: LARAMIE
Email: RIKITRANSPORT@GMAIL.COM

Driver: GRIFFITH, JON T
License#: D06130673
State: AZ
Date of Birth: 06/09/1992
CoDriver:
License#:
State:
Date of Birth:
Milepost: 371.89 **Shipper:** PRINCE AGRI
Origin: QUINCY,IL
Bill of Lading: 123467011050180
Destination: CLACKAMAS,OR
Cargo: ANIMAL FEED

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA #	Issued #	OOS Sticker
1	TT	MACK	2023	IL	P11595883	851	1M1AN4GY1PM031933	50000			
2	ST	GDAN	2022	ME	451985Z	W94933	1GR1P062XNJ324220	30000			

BRAKE ADJUSTMENTS No brake measurements required for level II or level III

VIOLATIONS

Section	Type	Unit	OOS	Citation #	Verify Crash	Violations Discovered
393.75A3-TAOL	F	2	Y		U N	Tires - All others, leaking or inflation 50% or less than of the maximum inflation pressure on tire not equipped with ATIS: AXLE 5 LEFT INSIDE AT 10 PSI MAX 110 PSI

HazMat: No HM transported **Placard:** **Cargo Tank:**

Special Checks:

- Alcohol/Controlled Substance Check Conducted by Local Jurisdiction
- X Size and Weight Enforcement
- X eScreen Inspection
- Traffic Enforcement
- PASA Conducted Inspection
- Drug Interdiction Search
- Post Crash Inspection
- PBBT Inspection

Pursuant to the authority contained in Title 49, CFR; Section 15 of the Wyoming Department of Transportation Rules and Regulations as prescribed by Wyoming Statute 31-18-303, I hereby declare vehicles so marked to be "Out-of-Service". No person shall remove the out-of-service stickers applied to these vehicles until out-of-service defects have been repaired and vehicles restored to a safe operating condition.

I certify the above violations were corrected.
Signature Of Repairer X: _____ Facility: _____ Date: _____

CARRIER CERTIFICATION: The undersigned, a responsible company official, certifies that all violations on this report have been corrected and action taken to assure compliance with the Motor Carrier Safety and HM Regulations insofar as they are applicable to motor carriers and drivers. This certification MUST BE SIGNED by the motor carrier and RETURNED WITHIN 15 days to the Commercial Carrier Section at the address listed at the top of this form or email to CVSAINSPECTIONS@WYO.GOV. IF NO VIOLATIONS ARE NOTED ON THIS REPORT, DO NOT RETURN THE REPORT TO WHP, PLEASE RETAIN IT FOR YOUR FILES.
Signature Of Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By: D. Stil
ID/Badge #: 28465
X _____

Copy Received By: JON GRIFFITH
X _____

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