

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#:

Location: CHEYENNE I-80 POE

Highway: I-80

County: LARAMIE

Email: RIKITRANSPORT@GMAIL.COM

Driver: GRIFFITH, JON T

License#: D06130673

Date of Birth: 06/09/1992

CoDriver:

License#:

Date of Birth:

Milepost: 371.89 Shipper: PRINCE AGRI

Origin: QUINCY, IL

Destination: CLACKAMAS, OR

State: AZ

State:

Bill of Lading:

123467011050180

Cargo: ANIMAL FEED

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GWVR	CVSA #	Issued #	QOS 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	QOS	Citation #	Verify Crash	Violations Discovered
383.75A3-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

☒ Size and Weight Enforcement☒ eScreen Inspection

Traffic Enforcement

PASA Conducted Inspection

Drug Interdiction Search

Post Crash Inspection

PBST 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: 11-06-24

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: Safety

Date: 12/13/24

Report Prepared By:

ID/Badge #:

D. Still

28465

Copy Received By:

JON GRIFFITH

X

X



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