DRIVER/VEHICLE EXAMINATION REPORT



Louisiana State Police CVE Region II Post Office Box 66601 Mail Slip A-32 Baton Rouge, LA 70896-6601

Phone: (225) 925-3800 Fax: (225) 925-3912 Email/Web: Isp.motor.carrier.safety@la.gov Report Number: LALARGS00521 Inspection Date: 12/02/2024

Start: 04:52 AM CST End: 05:12 AM CST Inspection Level: III

HM Inspection Type: None

IKI TRANSPORTATION INC

8225 LECLAIRE AVE BURBANK, IL, 60459

dba: BRZ

USDOT#: 3119062

MC/MX#: State#:

Phone#: 7083035150

Fax#:

Driver: Gallegos, Juan, Miguel License# G214761025000

State# FL

Date of Birth# 01/24/1984

CoDriver: Licensett State# Date of Birth# Location: Scott LA MilePost: 92

Highway: Interstate 10 County: Acadia Parish

Shipper: Bill of Lading:

Origin: HOUSTON, TX, US

Destination: MORGAN CITY, LA, US

Cargo: Beverages

VEHICLE IDENTIFICATION

Unit	Туре	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	Mileage	CVSA#	CVSA Issued #	OOS Sticker
					P1151479		1M1AN4GY2LM017940					
2	ST	WANC	2024	ME	5003274	HO3256	5V8VC5323RM409989	68,000				

VIOLATIONS ATTRIBUTABLE TO THE MOTOR CARRIER

Vio Code	Section	Unit	oos N	Citation #	Verify	Violations Discovered	
392.22B-DFPWD	392.22(b)	D			N	Driver - Failed to place warning devices on the road surface: FAILED TO PLACE WARNING DEVICES BEHIND UNIT 2	

Special Checks:

No Data for Special Checks.

NOTE TO DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this report. [49 CFR 396.9(d)(1)]

Date: Signature Of Motor Carrier Official X:

Other Driver / Carrier Notifications

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.

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.

Signature Of Motor Carrier X:___

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

Report Prepared By: TFC Derek Noel

Badge #; Radio #; 2835 LARGS

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MOTOR CARRIER INFORMATION

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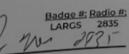
Cargo: Beverages

STATE INFORMATION

MCSAP Information: Duty Status: C; Troop: I; Region: 2; Attachments: N; Photographs: Y; Shipper same as Carrier: N; Human Trafficking: N; HT Investigation Initiated: N; Page: 60; Priver's Street Address: 1717 NE AVEN Investigation Initiated: N; Radar/Lidar #: N; Driver's License Class: A; Race (B, W, O): O; Gender: M; Age: 40; Driver's Street Address: 1717 NE AVENUE J;

Driver's Ciby RELLE CLASS: A; Race (B, W, O): O; Gender: M; Age: 40; Driver's Street Address: 1717 NE AVENUE J; Driver's City: BELLE GLADE; Driver's State: FL; Driver's Zip: 33430; Driver's Phone Number: 5614549117; Terminal Manager: SMITH Correct Mail Address: Driver's Mailing Address: Driver's City: Enter driver's state: Driver's Zip:





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