#601 Dirkis Tamayo Hernandez

DRIVER/VEHICLE INSPECTION REPORT (Driver Copy)

ILLINOIS STATE POLICE
COMMERCIAL VEHICLE SECTION
801 S. SEVENTH STREET, SUITE 200-N
SPRINGFIELD IL 62703
(217)782-6257

Officer No.	Date	Begin Time	Time Zone	Inspection Number
7018	02/21/2024	10:58	CENTRAL TIME	IL4036600244

Commerce Type	Inspection Level	Photos Taken?
1 - INTERSTATE	3 - DRIVER ONLY	NO

County	Location Number	Location Description
CHAMPAIGN	999	57

Mile Post #	Special Checks	GPS Latitude	GPS Longitude
238		40.14324297254	-88.2868986724

DRIVER

DRIVER Name - Last	First	Middle	Suffix
TAMAYO	HERNANDEZ	DIRKIS	

Address	City	State	Zip Code
24103 LONE ELM DR	SPRING	TX	77373

Driver License Number	State of License	Date of Birth	CDL Class	Endorsement(s)	Restriction(s)
36677858	TX	07/11/1977	A	X	P

Drug Search	Arrests	Alcohol Test Administered	Results	BAC
NO	0	NO		

CARRIER

MOTOR CARRIER Name			
RIKI TRANSPORTATION INC			
Address	**City**	**State**	**Zip Code**
8225 LECLAIRE AVE	BURBANK	IL	60459

U.S. DOT Number	ICC Number	IL CC Number	Phone Number	Fax Number
3119062	86875		(708) 303-5150	

VEHICLES

Unit	Company Unit#	Year	Vehicle Make	Type	State	License #	GVWR	VIN #
001	601	2023	FRHT	TT	IL	P1169807	80,000	3AKJHHDR3PSUA1595

Existing CVSA Decal Status	Existing CVSA Decal #	CVSA Decal Issued #	OOS Sticker #

Cargo Seal Removed	Removed Time	Cargo Seal Replaced	Replaced Time

Unit	Company Unit#	Year	Vehicle Make	Type	State	License #	GVWR	VIN #
002	W26232	2017	WANC	ST	ME	404823Z	80,000	1JJV532D8HL028378

Existing CVSA Decal Status	Existing CVSA Decal #	CVSA Decal Issued #	OOS Sticker #

Cargo Seal Removed	Removed Time	Cargo Seal Replaced	Replaced Time

LOAD

Origin City	State	Destination City	State	Exempt #	HazMat Code	Reportable Qnty.	Haz Waste
MARION	AL	MELROSE	IL				

Shipping Paper #	Shipper Name	Placards Required	HazMat Code	Reportable Qnty.	Haz Waste
00021899	TEKPACK				

Cargo	Cargo Breakdown	Bulk Materials?	Cargo Tank Specs	HazMat Code	Reportable Qnty.	Haz Waste
OTHER - 23						

VIOLATIONS

Identification	Unit No.	Out Of Service	Post Crash	Verification	Document Number

Description

Additional Description

DRIVER'S SIGNATURE: I acknowledge being present while the above vehicle was inspected and have been informed of the above infractions and/or deficiencies

IL40366

OFFICER'S SIGNATURE: I hereby note that I certify I conducted the level of inspection noted above unless otherwise indicated in the Notes section.

7018

IL40366

Date Completed: 02/21/2024

Time Completed: 11:03

DRIVER : This report must be furnished to the motor carrier whose name is listed on this report.

Safety manager
02/22/24.

IL4036600244

ILLINOIS CITATION AND COMPLAINT
ILLINOIS STATE POLICE

366002457

DCN:

COURT COMMUNICATION

CASE NO.	ISP TROOP OCC.	ISP TROOP ASSIGN.
	07	07

COUNTY OF	TOWNSHIP OF	☐ TWP.RD
CHAMPAIGN	HENSLEY TWP	

☒ PEOPLE STATE OF ILLINOIS — STATE OF ILLINOIS — VS

DEFENDANT

NAME			SID#
TAMAYO (LAST)	HERNANDEZ (FIRST)	DIRKIS (MIDDLE NAME)	

ADDRESS STREET	Apt.	CITY STATE ZIP	EYES	HAIR	HEIGHT	WEIGHT	GENDER
24103 LONE ELM DR		SPRING TX 77373	BROWN	BLK		180 LBS	M

DR. LIC.	STATE	CDL	EXPIR. DATE	DOB	MOBILE #
36677858	TX	Y	07/11/2024	07/11/1977	

EMAIL ADDRESS

The Undersigned states that on 02/21/2024 at 10:53 AM defendant did unlawfully operate:

VEHICLE

REG NO.	STATE	MO/YEAR	US DOT #
P1169807	IL	12/2024	3119062

MAKE	YEAR	COLOR
FREIGHTLINER	2023	GREEN

TYPE

VEHICLE USE:
COMMERCIAL MOTOR VEHICLE YES ☒ NO ☐
PLACARDED HAZ. MATERIAL YES ☐ NO ☒
16 OR MORE PASS. VEHICLE YES ☐ NO ☒

or, as a Pedestrian or Passenger, and upon a Public Highway, or other Location, Specifically

I-57 N/B M/P 237

located in the County and State Aforesaid and Did Then and There Commit the Following Offense

VIOLATION

☒ ILCS
Chapter 625 Act 5 Section 11-601(b)
Nature of Offense: SPEEDING OVER STATUTORY LIMIT 15-20

65 MPH in a 45 MPH Zone

INCIDENT

CRASH TYPE:
Report No.
CAD No. 0-00-073-8113
Visibility: CLEAR, DAY
Road Conditions: DRY
Method: LIDAR
Notations: @618 FT

NOTICE TO APPEAR

METHOD OF RELEASE:

☒ NO COURT APPEARANCE REQUIRED

If you intend to plead "GUILTY" and avoid coming to court, follow the instructions to plead GUILTY and waive your court appearance. If you intend to plead "Not Guilty", follow the instructions on the form entitled "Avoid Multiple Court Appearances" prior to your court date and come to court on the date, time and place noted below.

SEE INSTRUCTIONS in the column to the right.

CIRCUIT COURT LOCATION, DATE, AND TIME
CHAMPAIGN COUNTY TRAFFIC COURT
Court Location: 101 EAST MAIN STREET COURTROOM L
URBANA IL 61801
Date: 04/02/2024 Time: 9:00 AM

Under penalties as provided by law for false certification pursuant to Section 1-109 of the Code of Civil Procedure and perjury pursuant to Section 32-2 of the Criminal Code of 2012, the undersigned certifies that the statements set forth in this instrument are true and correct.

02/21/2024 — 7018 — 7018
Month Day Year — Officer's Signature P HACKLEMAN — ID #

Avoid Multiple Court Appearances

If you intend to plead NOT GUILTY to the ticket:

1. Complete this form and mail at least TEN (10) work days before the date set for your court appearance noted on the bottom half of the ticket (Notice to Appear section).
2. Indicate what kind of trial you want - mark only one box, complete the address section below and follow the mailing instruction in number 3 below.

I WISH TO PLEAD NOT GUILTY AND REQUEST

☐ A. Trial by Judge
☐ B. Trial by Jury

A new appearance date will be set and you will be notified of the time and date of trial. **Do not come to the court until you are notified.** When you are notified, you should come to court prepared for trial and bring any witnesses you may have.

Name _____
Mailing Address _____
City/State/Zip _____
Email Address _____
Mobile # _____

☐ I consent to text message reminders

3. Mail this form to the Clerk of the Court, Traffic Section, at the address noted in the "Notice to Appear" section on the bottom half of the ticket.

DO NOT MAIL TO THE POLICE DEPARTMENT

GUILTY PLEA

If you intend to plead GUILTY to the ticket and No Court Appearance Is Required

1. Complete this form.
2. Mail this form, together with the applicable payment to the Clerk of the Court, Traffic Section, at the address noted in the "Notice to Appear" section on the bottom half of the ticket. You must mail this completed form, with the total applicable payment, **no earlier than ten (10) work days** after the ticket was issued (noted on the top half, below "Defendant" section of the ticket); **and no later than three (3) work days** before the court appearance date noted on the bottom half of the ticket in the "Notice to Appear" section or as may have been provided by the clerk of the court.

FINES, PENALTIES, ASSESSMENTS, AND COSTS

The amount of payment for offenses where court appearances are not required is:

(a) $164.00 for any violation under the Illinois Vehicle Code (625 ILCS 5/1 et seq.) defined as a minor traffic offense pursuant to Supreme Court Rule 501(f), except (b) below;

(b) $260.00 plus the minimum fine set by statute for truck overweight and permit violations under 3-401(d), 15-111, 15-113.1, 15-113.2 or 15-113.3 of the Illinois Vehicle Code (625 ILCS 5/3-401(d), 15-111, 15-113.1, 15-113.2 or 15-113.3);

(c) $195.00 for any violation defined as a Conservation Offense under Supreme Court Rule 501(c) for which civil penalties are not required.

Note: Payment must be by cash, money order, certified check, bank draft, or traveler's check unless otherwise authorized by the clerk of the court. (DO NOT SEND CASH IN THE MAIL; use cash only if paying in person.)

PLEA OF GUILTY AND WAIVER

I, the undersigned, do hereby plead guilty to the charge noted on this ticket, which does not require a court appearance. I understand my right to a trial, that my signature to this plea of guilty will have the same force and effect as a conviction entered by the court and that this record will be sent to the Secretary of State of this State (or of the State where I received my license to drive). I hereby PLEAD GUILTY to the said offense on this ticket, GIVE UP my right to trial, and agree to pay the amount required.

Defendant's Signature _____ Date _____
Mailing Address _____ Street _____
City _____ State _____ Zip _____
Email Address _____
Mobile # _____