

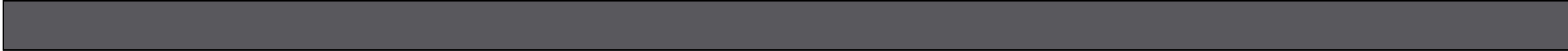


|                                 |
|---------------------------------|
| DATE : 2/22/2025                |
| LOCATION : 384 - Greenville, IL |
| INSPECTOR : Matt Hoffmann       |

## DOT INSPECTION — Passed

### 4006070908 - Trailer

|   |                                   |
|---|-----------------------------------|
| MOTOR CARRIER OPERATOR : ICD FREIGHT INC      | TRACTOR NUMBER :                  |
| ADDRESS : 13202 W 98th St                     | TRAILER NUMBER : 53143            |
| CITY, STATE, ZIP CODE : Lenexa, KS 66215-1359 | VIN NUMBER : 1GRAA0623KK154841    |
| DRIVER NAME : Craig Maness                    | LICENSE PLATE : 644901 STATE : KS |



#### 1. BRAKE SYSTEM

|      |                              |
|------|------------------------------|
| Pass | a. Service Brakes            |
| Pass | b. Parking Brake System      |
| Pass | c. Brake Drums or Rotors     |
| Pass | d. Brake Hose                |
| Pass | e. Brake Tubing              |
| NA   | i. Electric/Disc Brakes      |
| NA   | j. Hydraulic Brakes          |
| Pass | l. Antilock Brake System     |
| Pass | m. Automatic Brake Adjusters |

#### 3. EXHAUST SYSTEM

|    |  |
|----|--|
| NA | a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment  |
| NA | b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3)   |
| NA | c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring or damaging the electrical wiring, the fuel supply, or any combustible part of the motor |

#### 4. FUEL SYSTEM

|    |                                 |
|----|---------------------------------|
| NA | a. Visible leak                 |
| NA | b. Fuel tank filler cap missing |
| NA | c. Fuel tank securely attached  |

#### 5. LIGHTING DEVICES

|      |  |
|------|--|
| Pass | All lighting devices and reflectors required by Section 393 shall be operable. |
|------|--|

#### 6. SAFE LOADING

|      |   |
|------|---|
| Pass | a. Part(s) of the vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway |
| Pass | b. Protection against shifting cargo  |
| Pass | c. Container securement devices on intermodal equipment   |

#### 8. SUSPENSION

|      |   |
|------|---|
| Pass | a. Any U-bolt(s), spring hangers or other axle positioning part(s) cracked, broken, loose or missing, resulting in shifting of an axle from its normal position |
| Pass | b. Spring Assembly  |
| Pass | c. Torque, Radius or Tracking Components  |

#### 9. FRAME

|      |   |
|------|---|
| Pass | a. Frame Members                                  |
| Pass | b. Tire and Wheel Clearance                       |
| Pass | c. Adjustable Axle Assemblies (Sliding Subframes) |

#### 10. TIRES

|      |                    |
|------|--------------------|
| Pass | b. All other tires |
|------|--------------------|

#### 11. WHEELS

|      |                      |
|------|----------------------|
| NA   | a. Lock or Side Ring |
| Pass | b. Wheels and Rims   |
| Pass | c. Fasteners         |
| Pass | d. Welds             |

#### 15. REAR IMPACT GUARD

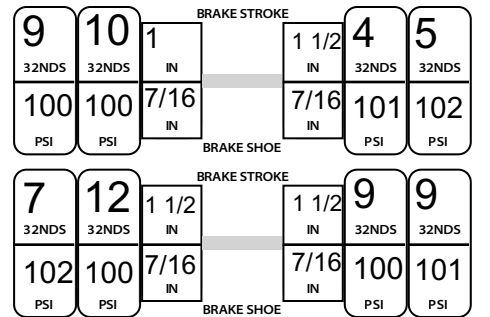
|      |   |
|------|---|
| Pass | a. In place, securely attached, proper size, proper placement (see 393.86). |
|------|---|

#### 16. OTHER/GENERAL NOTES

List any other condition(s) which may prevent safe operation of this vehicle

Trailer Lube: No

#### TIRE AND BRAKE MEASUREMENTS



This inspection was completed according to terms for qualifications in accordance with 49CFR-396

Electronic Signature: Matt Hoffmann



QUALIFICATION CERTIFICATION

COMMERCIAL MOTOR VEHICLE ANNUAL INSPECTOR - 49 C.F.R. § 396.19

I, Matt Hoffmann, hereby certify that the following is complete and accurate:

- 1. I understand the inspection criteria set forth in Part 393 and Appendix G to Part 396 of the Federal Motor Carrier Safety Regulations and can identify defective components;
- 2. I am knowledgeable of and have mastered the methods, procedures, tools and equipment used when performing an inspection; and
- 3. I am capable of performing an inspection by reason of experience, training, or both as follows: **(Check all that apply)**

       I have successfully completed a Federal-or State-sponsored training program or have a certificate from a State or Canadian Province that qualifies me to perform commercial motor vehicle safety inspections, or **(attach a copy of proof)**

  X   I have a combination of training or experience totaling **at least 1 year**. The training or experience consists of:

       Participation in a commercial motor vehicle manufacturer-sponsored training program or similar commercial training program designed to train students in commercial motor vehicle operation and maintenance;

**Where and Dates:** \_\_\_\_\_

       Experience as a mechanic or inspector in a motor carrier or intermodal equipment maintenance program;

**Where and Dates:** \_\_\_\_\_

  X   Experience as a mechanic or inspector in commercial motor vehicle maintenance at a commercial garage, fleet leasing company, or similar facility; or

**Where and Dates:** Love's 05/2014 - 03/2024

       Experience as a commercial motor vehicle inspector for a State, Provincial or Federal government.

**Where and Dates:** \_\_\_\_\_

**Signature of Inspector**

04/23/2024  
**Date**

I, Ron Kremer, have reviewed this certification and hereby verify that Matt Hoffmann has met the annual inspector qualifications contained in 49 C.F.R. § 396.19.

**Signature of Supervisor**

04/23/2024  
**Date**