

12/15/23, 5:13 PM

FMCSA - Inspection Platform

DRIVER/VEHICLE EXAMINATION REPORT



Virginia State Police
 Motor Carrier Safety Unit
 P O Box 27472
 Richmond, VA 23261
 Phone: (804) 278-5335 Fax: (804) 278-5327
 Email/Web: mcsu2@vsp.virginia.gov

Report Number: VA4233000056
 Inspection Date: 12/15/2023
 Start: 03:50 PM EST End: 05:15 PM EST
 Inspection Level: III
 HM Inspection Type: None

DAWSON TRUCK LINES INC
 1007 CHEROKEE STREET NE
 ROANOKE, VA, 24012
 USDOT#: 1928473
 MC/MX#:
 State#:
 Phone#: 5402234488
 Fax#: 8889878999

Driver: [REDACTED]
 License# [REDACTED]
 State# VA
 Date of Birth# [REDACTED]
 CoDriver:
 License#
 State#
 Date of Birth#

Location: Eagle Rock VA
 MilePost:
 Highway: Botetourt Road
 County: Botetourt County
 Shipper: RICK GRIFFITH
 Bill of Lading: 76547130
 Origin: CATLETTSBURG, KY, US
 Destination: ROANOKE, VA, US
 Cargo: TELECOMMUNICATION USED EQUIPMENT

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	CVWR	Mileage	CVSA #	CVSA Issued #	OOS Sticker
1	TT	KW	2011	VA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2	ST	WANC	2017	VA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

VIOLATIONS

No Violations Were Discovered.

Post Crash

Inspection completed at scene: Yes Crash report identifier: VA4233000053 Severity: Fatal

Special Checks:

Post Crash

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)]
 NOTE TO MOTOR CARRIERS: 1) Sign and return this report ONLY if the driver and/or vehicle(s) have been placed Out of Service. RETURN ADDRESS - Virginia State Police Motor Carrier Safety, P O Box 27472, Richmond, VA 23261-7472, 2) DO NOT SEND TICKETS/CITATIONS/FINES TO THIS ADDRESS. CITATIONS/TRAFFIC TICKETS: If issued, MUST be returned to the COURT whose address appears on front of the TICKET/CITATION. 3) If the vehicle has NOT been repaired and HAS been permanently removed from service, initial here _____ and sign the report. 4) CARRIER CERTIFICATION: The undersigned 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 a copy retained at the principal place of business or where the vehicle is housed for 12 months from the date of the inspection. If the driver and/or vehicle has been declared out of service, this report must be RETURNED WITHIN 15 DAYS to the above address on the upper left corner of the form. Failure to return this report with the required certification can result in penalties up to \$1,000 per day for each day the violation continues, up to a total of \$10,000.

Signature Of Motor Carrier Official X: _____ Date: _____

Report Prepared By:
 Tpr William B. Perry

Badge #: Radio #:
 4233 1580

Copy Received By:

Page 1 of 1

X W.B. Perry

X _____



1928473 VA VA4233000056