

# School Bus Inspection ANNUAL

Carrier Name <b>DURHAM SCHOOL SERVICES</b>		Carrier Address <b>2601 NAVISTAR DR LISLE, IL 60532</b>		Carrier Contact <b>RASCHKE JASON JRASCHKE@DURHAMSCHOOLSERV ICES.COM</b>	
US DOT # <b>350651</b>					
WI Account Number		District Address <input type="checkbox"/>		District Contact <input type="checkbox"/>	
School District Name <b>RACINE UNIFIED</b>	County Code				

**DRIVER INFORMATION ( To be completed fr Spot Check and Post Carsh Inspections)**

Driver Name			Date of Birth		Driver License		State	Expire
Class	CDL Endorse	Restriction(s)	Sex	Race	Height	Weight(lbs.)	Hair	Eyes

**Location INFORMATION**

Location		Date Stopped <b>9/21/2018</b>		Time Stopped <b>09:49</b>		Time Completed <b>12:42</b>	
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**CRASH INFORMATION**

Accident No.	Pre-Carsh Activity		Accident Type		Accident Severity		Law Enforcement Agency Name	
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**VEHICLE INFORMATION**

VIN <b>4UZAAXAK23CL71900</b>		Plate Number <b>6936B</b>	Type <b>BUS - BUS</b>	BRAKE ADJUSTMENTS					
State <b>WI</b>	Expiration Year <b>2023</b>	Fleet # <b>178</b>	GVWR <b>30,000</b>	Axle #	1	2	3	4	5
Body Style <b>BU - BUS</b>	Vehicle Color <b>YEL - YELLOW</b>		Bus Type <b>C</b>	Chamber	C-24	C-30			
				Right	1	2 1/4			
				Left	1	2 1/2			
Chassis Make <b>FRHT</b>		Chassis Year <b>2003</b>		Capacity <b>66</b>		W/C Cap		Odometer Reading <b>278810</b>	

**DEFECT INFORMATION (OOS=OUT of Service; RDI=Repaired During Inspection)**

OOS	RDI	Statute - Defect Narrative:	Crash
X		<b>IMPROPER BRAKE ADJUSTMENT/EXCESSIVE FREE PLAY TR300.31(7) -AXLE 2 LEFT AND RIGHT SIDE PUSHROD TRAVEL FOR TYPE 30 CLAMP BRAKE EXCEEDS 2"</b>	
		<b>INSTRUMENT PANEL/WIRING HIGHBEAM INDICATOR IN INSTRUMENT PANEL INOPERATIVE</b>	
		<b>IMPROPER DISPLAY/PLATES (ILLEGIBLE) ON REAR</b>	
		<b>FRONT MARKER LIGHTS LEFT AND RIGHT FRONT SIDE MARKER LIGHTS ARE INOPERATIVE</b>	

**NOTES**

**This vehicle has been DISAPPROVED for service. All defects marked "OOS" on this report must be corrected prior to any use of this vehicle. All other defects on the report must be corrected and the certification copy mailed or electronically sent to the appropriate State Patrol Headquarters/Inspector within 5 days. By returning this report the identified company and its representative are certifying that all required repairs have been made in the required time.**

**INSPECTION COMPLETED BY  
INSP MARK BARLAR  
Email: MARK.BARLAR@DOT.WI.GOV**