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|--|--------------------------|---|---------------------|---|-------------------------------|---|----------------------------|--|------------------------------------|---|--|---|-------|--------|
| START DATE / / | START TIME | END DATE / / | END TIME | LEVEL | LOCATION CODE | LOCATION DESCRIPTION | CO CODE | FACILITY TYPE <input type="checkbox"/> FIXD <input type="checkbox"/> RDSD | INSPECTR CD | | | | | |
| SPECIAL ACTIVITIES: <input type="checkbox"/> YES <input type="checkbox"/> NO | | ALCOHOL/CONTROLLED SUBST CK? <input type="checkbox"/> YES <input type="checkbox"/> NO | | TRAFFIC ENFORCEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | COND BY LOCAL JURIS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | DRUG INTERDICTION SEARCH? <input type="checkbox"/> YES <input type="checkbox"/> NO | | SZ/WT ENFORCEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | POST-CRASH INSP? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| U S DOT NO. | CARRIER NAME | | | | | | | | | | | | | |
| CARRIER STREET ADDRESS | | | | | | CITY | | | STATE | ZIP | INTERST CARR <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| DRIVER LAST NAME | | | | DRIVER FIRST NAME | | | | MI | DRIVER DOB / / | DRIVER LICENSE NO. | | | | LIC ST |
| CO-DRIVER LAST NAME | | | | CO-DRIVER FIRST NAME | | | | MI | CO-DRIVER DOB / / | CO-DRIVER LICENSE NO. | | | | LIC ST |
| SHIPPER NAME | | | | SHIPPING PAPER # | TRIP ORIGIN (CITY/STATE) / | | | | TRIP DESTINATION (CITY/STATE) / | | | | CARGO | |
| UN # | VEH TYP | MAKE | YEAR | COMPANY # | LICENSE # | ST | VEHICLE IDENTIFICATION NO. | | | GVWR | CVSA DEC # | OOS STICKER # | | |
| 1 | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | |
| HM CODE | REPT QTY | HAZARD WASTE | HAZ MAT DESCRIPTION | | | | | | | | HM PLACARDS REQ? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | HM BULK/PKG INSP <input type="checkbox"/> BULK <input type="checkbox"/> NON-BULK | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | CARGO TANK SPEC NUMBER: <input style="width:100px;" type="text"/> | | | |
| UNIT | VIOLATION CODE | | | OOS | DEF VER | GIT # | DESCRIPTION | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | | | | | | |
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BRAKE ADJUSTMENTS: _____ NO. OF AXLES: SEAL NOS. REMOVED: _____ VSP SEAL NOS. INSTALLED: _____
 LOCALLY DEFINED FIELDS: FUND CODE PRIME TIME (HMM) SUMMONS COUNT SPECIAL PROJECT

| AXLE # | CHAMBER TYPE | L BRAKE MEASURE | R BRAKE MEASURE |
|--------|--------------|-----------------|-----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |

NOTICE TO MOTOR CARRIER: VEHICLE HAS BEEN PLACED OUT OF SERVICE!

SEE REVERSE SIDE OF THIS REPORT FOR COMPLIANCE/CERTIFICATION.

PURSUANT TO AUTHORITY CONTAINED IN THE 1950 CODE OF VIRGINIA (AS AMENDED), I HEREBY DECLARE AND MARK THE ABOVE VEHICLE(S) "OUT OF SERVICE." NO PERSON SHALL REMOVE THE HEREIN NUMBER STICKER(S) OR OPERATE SUCH VEHICLE(S) UNTIL NECESSARY REPAIRS HAVE BEEN COMPLETED AND THE VEHICLE(S) RESTORED TO SAFE OPERATING CONDITION.

ITEMS MARKED "OUT OF SERVICE" MUST BE REPAIRED AND THIS FORM COMPLETED AND RETURNED WITHIN 15 DAYS TO: DEPARTMENT OF STATE POLICE, MOTOR CARRIER SAFETY, P. O. BOX 27472, RICHMOND, VA 23261-7472

PLACED OOS BY: _____ UNDER CODE SECTION: 52-8.4 10.1-1450
 LOCATION PLACED OOS: _____ TELEPHONE NUMBER OF STATE POLICE: _____
 COPY RECEIVED BY: _____

