

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Massachusetts State Police
Commercial Vehicle Enforcement Section
906 Elm Street
Concord, MA 01742
Phone: (978)369-1004 Fax:

Report Number: MAZO00000062
Inspection Date: 02/07/2013
Start: 7:00:00 AM ET End: 8:00:00 AM ET
Inspection Level: V - Terminal
HM Inspection Type: None

FUNG WAH BUS TRANSPORTATION INC
25 EDINBORO STREET 3RD FLOOR
BOSTON, MA 02111

Driver: _____ State: _____
License#: _____
Date of Birth: _____
CoDriver: _____ State: _____
License#: _____
Date of Birth: _____

USDOT#: 00954187 Phone#: (617)338-8308
MC/MX#: 405969 Fax#: _____
State#: _____

MilePost: _____
Origin: _____
Destination: _____
Shipper: _____
Bill of Lading: _____
Cargo: PASSENGER

Location: S-ROXBURY
Highway: _____
County: SUFFOLK, MA

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	MC	VNHL	2005	MA	APN83817	118	YE2CC15BX52046005	50,500			

BRAKE ADJUSTMENTS

Axle #	1	2	3
Right	N/A	N/A	N/A
Left	N/A	N/A	N/A
Chamber	DISC	DISC	DISC

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.45D	393.45(d)	1	N		N	N	Brake connections with leak, left drive axle brake line leaking slightly at fitting
396.3A1	396.3(a)(1)	1	N		N	N	Power steering hose leaking near pump
396.3A1	396.3(a)(1)	1	N		N	N	Radiator fan belts cracked

Placard: No Cargo Tank:

HazMat: No HM Transported.

Special Checks: No Data for Special Checks.

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 Repairer X: _____

Facility: _____

Date: _____

DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this form. NOTE TO MOTOR CARRIERS: Return this report to the address on the top of this form with SUFFICIENT EVIDENCE THAT REPAIRS HAVE BEEN MADE OR VIOLATIONS CORRECTED (repair bills, copy of valid license or medical certificate, log book, etc). Failure to comply may result in further action (Ma General Law 90, sections 2,9 &20). If the registrar determines that a commercial motor vehicle is unsafe, improperly equipped, or unfit to be operated, he may refuse to register such vehicles, or may suspend or revoke a registration. *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 RETURNED IN 15 days. For questions refer to: WWW.FMCSA.DOT.GOV

Signature Of Motor Carrier X: _____

Title: _____

Date: _____

Report Prepared By:
STEPHEN BOLEYN

Badge #: 0288

Copy Received By: _____



X

X

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Massachusetts State Police
Commercial Vehicle Enforcement Section
906 Elm Street
Concord, MA 01742
Phone: (978)369-1004 Fax:

Report Number: MAZO00000063
Inspection Date: 02/07/2013
Start: 8:00:00 AM ET End: 9:00:00 AM ET
Inspection Level: V - Terminal
HM Inspection Type: None

FUNG WAH BUS TRANSPORTATION INC
25 EDINBORO STREET 3RD FLOOR
BOSTON, MA 02111
USDOT#: 00954187
MC/MX#: 405969
State#: Phone#: (617)338-8308
Fax#:

Driver: License#: State:
Date of Birth:
CoDriver: License#: State:
Date of Birth:

Location: S-ROXBURY
Highway:
County: SUFFOLK, MA

MilePost: Shipper:
Origin: Bill of Lading:
Destination: Cargo: PASSENGER

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	MC	VNHL	2002	MA	APN83554	76	YE2CC12B222045849	50,700			22803

BRAKE ADJUSTMENTS

Axle #	1	2	3
Right	N/A	N/A	N/A
Left	N/A	N/A	N/A
Chamber	DISC	DISC	DISC

VIOLATIONS

Viol Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.201A	393.201(a)	1	Y		U	N	Frame cracked / loose / sagging / broken: Frame repair weld is cracked in front of right rear drive axle
396.3A1	396.3(a)(1)	1	N		N	N	Anti freeze leaking in auxilliary heater compartment

HazMat: No HM Transported.

Special Checks: No Data for Special Checks.

*Pursuant to the authority contained in Chapter 90-31, MA General Law, I hereby declare vehicles with defects followed by "Y" in the "Out of Service" column in the violations discovered section of this report Out of Service. These vehicles shall be subject to electronic and/or visual monitoring to assure that no person shall remove the out of service stickers applied to these vehicles, or operate such vehicle until the out of service defects have been repaired and the vehicles have been restored to safe operating condition. OUT OF SERVICE DECAL: 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 Repairer X: _____ Facility: _____ Date: _____
DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this form. NOTE TO MOTOR CARRIERS: Return this report to the address on the top of this form with SUFFICIENT EVIDENCE THAT REPAIRS HAVE BEEN MADE OR VIOLATIONS CORRECTED (repair bills, copy of valid license or medical certificate, log book, etc). Failure to comply may result in further action (Ma General Law 90, sections 2,9 &20). If the registrar determines that a commercial motor vehicle is unsafe, improperly equipped, or unfit to be operated, he may refuse to register such vehicles, or may suspend or revoke a registration. *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 RETURNED IN 15 days. For questions refer to: WWW.FMCSA.DOT.GOV
Signature Of Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By:
STEPHEN BOLEYN

Badge #: 0288

Copy Received By:



X _____

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Massachusetts State Police
Commercial Vehicle Enforcement Section
906 Elm Street
Concord, MA 01742
Phone: (978)369-1004 Fax:

Report Number: MAZO00000065
Inspection Date: 02/07/2013
Start: 10:00:00 AM ET End: 11:00:00 AM ET
Inspection Level: V - Terminal
HM Inspection Type: None

FUNG WAH BUS TRANSPORTATION INC
25 EDINBORO STREET 3RD FLOOR
BOSTON, MA 02111
USDOT#: 00854187 Phone#: (617)338-8308
MC/MX#: 405969 Fax#:
State#:

Driver: _____ State: _____
License#: _____
Date of Birth: _____
CoDriver: _____ State: _____
License#: _____
Date of Birth: _____

Location: S-ROXBURY
Highway:
County: SUFFOLK, MA

MilePost:
Origin:
Destination:

Shipper:
Bill of Lading:
Cargo: PASSENGER

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	MC	VNHL	2002	MA	APN83820	72	YE2CC12B122045857	50,700			22805

BRAKE ADJUSTMENTS

Axle #	1	2	3
Right	N/A	N/A	N/A
Left	N/A	N/A	N/A
Chamber	DISC	DISC	DISC

VIOLATIONS

Via Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.201A	393.201(a)	1	Y		U	N	Frame cracked / on cross member under engine mounts
396.3A1	396.3(a)(1)	1	N		N	N	No back up alarm
396.3A1	396.3(a)(1)	1	N		N	N	air leak in front of rear drive axle

Placard: No Cargo Tank:

HazMat: No HM Transported.

Special Checks: No Data for Special Checks.

*Pursuant to the authority contained in Chapter 90-31, MA General Law, I hereby declare vehicles with defects followed by "Y" in the "Out of Service" column in the violations discovered section of this report Out of Service. These vehicles shall be subject to electronic and/or visual monitoring to assure that no person shall remove the out of service stickers applied to these vehicles, or operate such vehicle until the out of service defects have been repaired and the vehicles have been restored to safe operating condition. OUT OF SERVICE DECAL: 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 Repairer X: _____ Facility: _____ Date: _____

DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this form. NOTE TO MOTOR CARRIERS: Return this report to the address on the top of this form with SUFFICIENT EVIDENCE THAT REPAIRS HAVE BEEN MADE OR VIOLATIONS CORRECTED (repair bills, copy of valid license or medical certificate, log book, etc). Failure to comply may result in further action (Ma General Law 90, sections 2,9 & 20). If the registrar determines that a commercial motor vehicle is unsafe, improperly equipped, or unfit to be operated, he may refuse to register such vehicles, or may suspend or revoke a registration. *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 RETURNED IN 15 days. For questions refer to: WWW.FMCSA.DOT.GOV

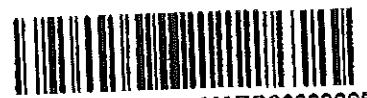
Signature Of Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By:
STEPHEN BOLEYN

Badge #:
0288

Copy Received By:

Page 1 of 1



00954187 MA MAZO00000065

X

X

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Massachusetts State Police
 Commercial Vehicle Enforcement Section
 906 Elm Street
 Concord, MA 01742
 Phone: (978)369-1004 Fax:

Report Number: MAZO00000066
 Inspection Date: 02/14/2013
 Start: 8:58:00 AM ET End: 9:47:00 AM ET
 Inspection Level: V - Terminal
 HM Inspection Type: None

FUNG WAH BUS TRANSPORTATION INC
 25 EDINBORO STREET 3RD FLOOR
 BOSTON, MA 02111
 USDOT#: 00954187 Phone#: (617)338-8308
 MC/MX#: 405969 Fax#:
 State#:

Driver: _____ State: _____
 License#: _____
 Date of Birth: _____
 CoDriver: _____ State: _____
 License#: _____
 Date of Birth: _____

Location: S-ROXBURY
 Highway:
 County: SUFFOLK, MA

MilePost: _____
 Origin: _____
 Destination: _____
 Shipper: _____
 Bill of Lading:
 Cargo: PASSENGER

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	MC	VNHL	2001	MA	APN85986	106	YE2CC12B912045687	60,700			028806

BRAKE ADJUSTMENTS

Axle #	1	2	3
Right	N/A	N/A	N/A
Left	N/A	N/A	N/A
Chamber	DISC	DISC	DISC

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.201A	393.201(a)	1	Y		U	N	Frame cracked / Both sides above front axle near luggage bay bulkhead. Right side completely detached, left side cracked side down to the bottom
393.207F	393.207(f)	1	Y		U	N	Air suspension pressure loss left tag axle air bag separated at top mount

Placard: No Cargo Tank:

HazMat: No HM Transported.

Special Checks: No Data for Special Checks.

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Signature Of Repairer X: _____ Facility: _____ Date: _____

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Signature Of Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By:
 STEPHEN BOLEYN

Badge #:
 0288

Copy Received By:



00954187 MA MAZO00000066

X

X

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Massachusetts State Police
Commercial Vehicle Enforcement Section
906 Elm Street
Concord, MA 01742
Phone: (978)369-1004 Fax:

Report Number: MAZO00000064
Inspection Date: 02/07/2013
Start: 9:00:00 AM ET **End:** 10:00:00 AM ET
Inspection Level: V - Terminal
HM Inspection Type: None

FUNG WAH BUS TRANSPORTATION INC
25 EDINBORO STREET 3RD FLOOR
BOSTON, MA 02111
USDOT#: 00964187
MC/MX#: 405969
State#:

Phone#: (617)338-8308
Fax#:

Driver: _____ **State:** _____
License#: _____
Date of Birth: _____
CoDriver: _____ **State:** _____
License#: _____
Date of Birth: _____

Location: S-ROXBURY
Highway: _____
County: SUFFOLK, MA

MilePost: _____
Origin: _____
Destination: _____

Shipper: _____
Bill of Lading: _____
Cargo: PASSENGER

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	MC	VNHL	2001	MA	APN85966	106	YE2CC12B912045667	50,700			22804

BRAKE ADJUSTMENTS

Axle #	1	2	3
Right	N/A	N/A	N/A
Left	N/A	N/A	N/A
Chamber	DISC	DISC	DISC

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.201A	393.201(a)	1	Y		U	N	Frame cracked / welded repair both sides cracks in the welds in front of rear drive axle
396.3A1	396.3(a)(1)	1	N		N	N	Rear row of seating is loose inside bus
396.3A1	396.3(a)(1)	1	N		N	N	Transmission leaking
396.3A1	396.3(a)(1)	1	N		N	N	body panel over left drive wheel is separating

Placard: No **Cargo Tank:**

HazMat: No HM Transported.

Special Checks: No Data for Special Checks.

*Pursuant to the authority contained in Chapter 90-31, MA General Law, I hereby declare vehicles with defects followed by "Y" in the "Out of Service" column in the violations discovered section of this report Out of Service. These vehicles shall be subject to electronic and/or visual monitoring to assure that no person shall remove the out of service stickers applied to these vehicles, or operate such vehicle until the out of service defects have been repaired and the vehicles have been restored to safe operating condition. **OUT OF SERVICE DECAL:** 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 Repairer X: _____ Facility: _____ Date: _____

DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this form. **NOTE TO MOTOR CARRIERS:** Return this report to the address on the top of this form with SUFFICIENT EVIDENCE THAT REPAIRS HAVE BEEN MADE OR VIOLATIONS CORRECTED (repair bills, copy of valid license or medical certificate, log book, etc). Failure to comply may result in further action (Ma General Law 90, sections 2,9 &20). If the registrar determines that a commercial motor vehicle is unsafe, improperly equipped, or unfit to be operated, he may refuse to register such vehicles, or may suspend or revoke a registration. *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 **RETURNED IN 15 days**. For questions refer to: WWW.FMCSA.DOT.GOV

Signature Of Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By:
STEPHEN BOLEYN

Badge #: 0288

Copy Received By:



00964187 MA MAZO00000064

X

X

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Massachusetts State Police
Commercial Vehicle Enforcement Section
906 Elm Street
Concord, MA 01742
Phone: (978)369-1004 Fax:

Report Number: MAZL00001605
Inspection Date: 02/13/2013
Start: 12:44:00 PM ET End: 1:51:10 PM ET
Inspection Level: V - Terminal
HM Inspection Type: None

FUNG WAH BUS TRANSPORTATION INC
25 EDINBORO STREET 3RD FLOOR
BOSTON, MA 02111

Driver:
License#:
Date of Birth:
CoDriver:
License#:
Date of Birth:
Shipper:
State:
State:

USDOT#: 00954187 Phone#: (617)338-8308
MC/MX#: 405989 Fax#:
State#:

Location: S-ROXBURY
Highway:
County: SUFFOLK, MA

MilePost:
Origin:
Destination:
Bill of Lading:
Cargo: EMPTY

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1 MC VNHL 2002 MA BU85962 62 YE2CC12B522045845 50,700 0020

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber. Rows for Axle # 1, 2, 3. Values include N/A, DISC.

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Rows include 393.201A, 393.201A, 393.207F, 396.3A1, 396.3A1.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

Pursuant to the authority contained in Chapter 90-31, MA General Law, I hereby declare vehicles with defects followed by "Y" in the "Out of Service" column in the violations discovered section of this report Out of Service. These vehicles shall be subject to electronic and/or visual monitoring to assure that no person shall remove the out of service stickers applied to these vehicles, or operate such vehicle until the out of service defects have been repaired and the vehicles have been restored to safe operating condition. OUT OF SERVICE DECAL:

*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 Repairer X: Facility: Date:

DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this form. NOTE TO MOTOR CARRIERS: Return this report to the address on the top of this form with SUFFICIENT EVIDENCE THAT REPAIRS HAVE BEEN MADE OR VIOLATIONS CORRECTED (repair bills, copy of valid license or medical certificate, log book, etc). Failure to comply may result in further action (Ma General Law 90, sections 2,9 &20). If the registrar determines that a commercial motor vehicle is unsafe, improperly equipped, or unfit to be operated, he may refuse to register such vehicles, or may suspend or revoke a registration. *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 RETURNED IN 15 days. For questions refer to: WWW.FMCSA.DOT.GOV

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: J PROUTY

Badge #: 0020 Copy Received By:



DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Massachusetts State Police
Commercial Vehicle Enforcement Section
906 Elm Street
Concord, MA 01742
Phone: (978)369-1004 Fax:

Report Number: MAZL00001602
Inspection Date: 02/13/2013
Start: 8:54:00 AM ET End: 9:48:00 AM ET
Inspection Level: V - Terminal
HM Inspection Type: None

FUNG WAH BUS TRANSPORTATION INC
25 EDINBORO STREET 3RD FLOOR
BOSTON, MA 02111

Driver:
License#:
State:
Date of Birth:
CoDriver:
License#:
State:
Date of Birth:

USDOT#: 00954187 Phone#: (617)338-8308
MC/MX#: 405969 Fax#:
State#:

Location: S-ROXBURY
Highway:
County: SUFFOLK, MA

MilePost: Shipper:
Origin: Bill of Lading:
Destination: Cargo: EMPTY

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1, MC, VNHL, 2002, MA, APP83820, 72, YE2CC12B122045857, 50,700

BRAKE ADJUSTMENTS

Table with columns: Axle #, 1, 2, 3; Right, Left, Chamber; N/A, DISC, DISC, DISC

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 396.3A1, 396.3(a)(1), 1, N, SPARE TIRE COMPARTMENT BRACKETTS BROKEN

Placard: No Cargo Tank:

HazMat: No HM Transported.

Special Checks: No Data for Special Checks.

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 Repairer X: Facility: Date:

DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this form. NOTE TO MOTOR CARRIERS: Return this report to the address on the top of this form with SUFFICIENT EVIDENCE THAT REPAIRS HAVE BEEN MADE OR VIOLATIONS CORRECTED (repair bills, copy of valid license or medical certificate, log book, etc).

Signature Of Motor Carrier X: Title: Date:

Report Prepared By:
J PROUTY

Badge #:
0020

Copy Received By:



DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Massachusetts State Police
Commercial Vehicle Enforcement Section
906 Elm Street
Concord, MA 01742
Phone: (978)369-1004 Fax:

Report Number: MAZL00001603
Inspection Date: 02/13/2013
Start: 9:48:00 AM ET End: 10:34:00 AM ET
Inspection Level: V - Terminal
HM Inspection Type: None

FUNG WAH BUS TRANSPORTATION INC
25 EDINBORO STREET 3RD FLOOR
BOSTON, MA 02111

Driver:
License#:
Date of Birth:
CoDriver:
License#:
Date of Birth:
State:
State:

USDOT#: 00954187 Phone#: (617)338-8308
MC/MX#: 405969 Fax#:
State#:

Location: S-ROXBURY MilePost: Shipper:
Highway: Origin: Bill of Lading:
County: SUFFOLK, MA Destination: Cargo: EMPTY

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1 MC VNHL 2002 MA APP83554 76 YE2CC12B222045849 50,700

BRAKE ADJUSTMENTS

Table with columns: Axle #, 1, 2, 3. Rows: Right (N/A, N/A, N/A), Left (N/A, N/A, N/A), Chamber (DISC, DISC, DISC)

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Rows: 398.5B (ENGINE OIL LEAK AT REAR OF ENGINE), 396.3A1 (POWER STEERING FLUID LEAK NEAR BOTTOM OF RESERVOIR), 396.3A1 (EDGE OF IDLER PULLEY CRACKED)

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

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 Repairer X: Facility: Date:

DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this form. NOTE TO MOTOR CARRIERS: Return this report to the address on the top of this form with SUFFICIENT EVIDENCE THAT REPAIRS HAVE BEEN MADE OR VIOLATIONS CORRECTED (repair bills, copy of valid license or medical certificate, log book, etc).

Signature Of Motor Carrier X: Title: Date:

Report Prepared By:
J PROUTY

Badge #:
0020

Copy Received By:



00954187 MA MAZL00001603

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Massachusetts State Police
Commercial Vehicle Enforcement Section
906 Elm Street
Concord, MA 01742
Phone: (978)369-1004 Fax:

Report Number: MAZO00000067
Inspection Date: 02/14/2013
Start: 9:56:00 AM ET End: 10:47:00 AM ET
Inspection Level: V - Terminal
HM Inspection Type: None

FUNG WAH BUS TRANSPORTATION INC
25 EDINBORO STREET 3RD FLOOR
BOSTON, MA 02111

Driver:
License#:
State:
Date of Birth:
CoDriver:
License#:
State:
Date of Birth:

USDOT#: 00954187
MC/MX#: 405969
State#:
Phone#: (617)338-8308
Fax#:

Location: S-ROXBURY
Highway:
County: SUFFOLK, MA

MilePost:
Origin:
Destination:
Shipper:
Bill of Lading:
Cargo: PASSENGER

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1, MC, VNHL, 2002, MA, APN85962, 62, YE2CC12B522045845, 50,700, , 028807

BRAKE ADJUSTMENTS

Table with columns: Axle #, 1, 2, 3. Rows: Right (N/A, N/A, N/A), Left (N/A, N/A, N/A), Chamber (DISC, DISC, DISC)

VIOLATIONS

Table with columns: Vio Code, Section, Unit OOS, Citation #, Verify Crash, Violations Discovered. Row 1: 193.201A, 393.201(a), 1 Y, U N, Frame cracked / Right front frame cracked above steering axle where it meets the bulkhead for the luggage compartment. Repair was attempted but still cracked

Placard: No Cargo Tank:

hazMat: No HM Transported.

Special Checks: No Data for Special Checks.

Pursuant to the authority contained in Chapter 90-31, MA General Law, I hereby declare vehicles with defects followed by "Y" in the "Out of Service" column in the violations discovered section of this report Out of Service. These vehicles shall be subject to electronic and/or visual monitoring to assure that no person shall remove the out of service stickers applied to these vehicles, or operate such vehicle until the out of service defects have been repaired and the vehicles have been restored to safe operating condition. OUT OF SERVICE DECAL: 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 Repairer X: Facility: Date:

DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this form. NOTE TO MOTOR CARRIERS: Return this report to the address on the top of this form with SUFFICIENT EVIDENCE THAT REPAIRS HAVE BEEN MADE OR VIOLATIONS CORRECTED (repair bills, copy of valid license or medical certificate, log book, etc). Failure to comply may result in further action (Ma General Law 90, sections 2,9 &20). If the registrar determines that a commercial motor vehicle is unsafe, improperly equipped, or unfit to be operated, he may refuse to register such vehicles, or may suspend or revoke a registration. *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 RETURNED IN 15 days. For questions refer to: WWW.FMCSA.DOT.GOV

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: STEPHEN BOLEYN

Badge #: 0288

Copy Received By:

X



DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Massachusetts State Police
Commercial Vehicle Enforcement Section
906 Elm Street
Concord, MA 01742
Phone: (978)389-1004 Fax:

Report Number: MAZL00001604
Inspection Date: 02/13/2013
Start: 10:35:00 AM ET End: 11:45:00 AM ET
Inspection Level: V - Terminal
HM Inspection Type: None

FUNG WAH BUS TRANSPORTATION INC
25 EDINBORO STREET 3RD FLOOR
BOSTON, MA 02111
USDOT#: 00954187 Phone#: (617)338-8308
MC/MX#: 405989 Fax#:
State#:
Location: S-ROXBURY
Highway:
County: SUFFOLK, MA

Driver:
License#: State:
Date of Birth:
CoDriver:
License#: State:
Date of Birth:
Shipper:
Bill of Lading:
Cargo: EMPTY

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber and values for axles 1, 2, 3

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

Pursuant to the authority contained in Chapter 90-31, MA General Law, I hereby declare vehicles with defects followed by "Y" in the "Out of Service" column in the violations discovered section of this report Out of Service. These vehicles shall be subject to electronic and/or visual monitoring to assure that no person shall remove the out of service stickers applied to these vehicles, or operate such vehicle until the out of service defects have been repaired and the vehicles have been restored to safe operating condition. OUT OF SERVICE DECAL: 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 Repairer X: Facility: Date:

DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this form. NOTE TO MOTOR CARRIERS: Return this report to the address on the top of this form with SUFFICIENT EVIDENCE THAT REPAIRS HAVE BEEN MADE OR VIOLATIONS CORRECTED (repair bills, copy of valid license or medical certificate, log book, etc). Failure to comply may result in further action (Ma General Law 90, sections 2, 9 & 20). If the registrar determines that a commercial motor vehicle is unsafe, improperly equipped, or unfit to be operated, he may refuse to register such vehicles, or may suspend or revoke a registration. *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 RETURNED IN 15 days. For questions refer to: WWW.FMCSA.DOT.GOV

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: D PROUTY

Badge #: 0020

Copy Received By:

Page 1 of 1



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DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Massachusetts State Police
Commercial Vehicle Enforcement Section
906 Elm Street
Concord, MA 01742
Phone: (978)369-1004 Fax:

Report Number: MAZO00000072
Inspection Date: 02/20/2013
Start: 12:30:00 PM ET End: 1:41:00 PM ET
Inspection Level: V - Terminal
HM Inspection Type: None

FUNG WAH BUS TRANSPORTATION INC
25 EDINBORO STREET 3RD FLOOR
BOSTON, MA 02111

Driver:
License#:
Date of Birth:
CoDriver:
License#:
Date of Birth:

USDOT#: 00954187 Phone#: (617)338-8308
MC/MX#: 405969 Fax#:
State#:

Location: S-ROXBURY
Highway:
County: SUFFOLK, MA

MilePost:
Origin:
Destination:
Shipper:
Bill of Lading:
Cargo: PASSENGER

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, QOS Sticker. Row 1: 1 MC VNHL 1998 MA APN85455 68 YE2TA62B2W2040529 45,650 028812

BRAKE ADJUSTMENTS

Table with columns: Axle #, 1, 2, 3; Right, Left, Chamber; N/A, DISC, C-30, DISC

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Rows include 393.201A, 396.3A1, 396.3A1, 396.3A1, 396.3A1

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

*Pursuant to the authority contained in Chapter 90-31, MA General Law, I hereby declare vehicles with defects followed by "Y" in the "Out of Service" column in the violations discovered section of this report Out of Service. These vehicles shall be subject to electronic and/or visual monitoring to assure that no person shall remove the out of service stickers applied to these vehicles, or operate such vehicle until the out of service defects have been repaired and the vehicles have been restored to safe operating condition. OUT OF SERVICE DECAL:

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 Repairer X: Facility: Date:

DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this form. NOTE TO MOTOR CARRIERS: Return this report to the address on the top of this form with SUFFICIENT EVIDENCE THAT REPAIRS HAVE BEEN MADE OR VIOLATIONS CORRECTED (repair bills, copy of valid license or medical certificate, log book, etc). Failure to comply may result in further action (Ma General Law 90, sections 2,9 &20). If the registrar determines that a commercial motor vehicle is unsafe, improperly equipped, or unfit to be operated, he may refuse to register such vehicles, or may suspend or revoke a registration. *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 RETURNED IN 15 days. For questions refer to: WWW.FMCSA.DOT.GOV

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: STEPHEN BOLEYN

Badge #: 0288

Copy Received By:

Page 1 of 1



00954187 MA MAZO00000072

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DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Massachusetts State Police
Commercial Vehicle Enforcement Section
906 Elm Street
Concord, MA 01742
Phone: (978)369-1004 Fax:

Report Number: MAZO00000071
Inspection Date: 02/20/2013
Start: 11:12:00 AM ET End: 12:25:00 PM ET
Inspection Level: V - Terminal
HM Inspection Type: None

FUNG WAH BUS TRANSPORTATION INC
25 EDINBORO STREET 3RD FLOOR
BOSTON, MA 02111

USDOT#: 00954187 Phone#: (817)338-8308
MC/MX#: 405969 Fax#:
State#:

Driver:
License#:
State:
Date of Birth:
CoDriver:
License#:
State:
Date of Birth:

Location: S-ROXBURY
Highway:
County: SUFFOLK, MA

MilePost:
Origin:
Destination:
Shipper:
Bill of Lading:
Cargo: PASSENGER

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker

BRAKE ADJUSTMENTS

Table with columns: Axle #, 1, 2, 3, Right, Left, Chamber, N/A, DISC

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered

HazMat: No HM Transported.

Special Checks: No Data for Special Checks.

Placard: No Cargo Tank:

*Pursuant to the authority contained in Chapter 90-31, MA General Law, I hereby declare vehicles with defects followed by "Y" in the "Out of Service" column in the violations discovered section of this report Out of Service. These vehicles shall be subject to electronic and/or visual monitoring to assure that no person shall remove the out of service stickers applied to these vehicles, or operate such vehicle until the out of service defects have been repaired and the vehicles have been restored to safe operating condition. OUT OF SERVICE DECAL:

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 Repairer X: Facility: Date:

DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this form. NOTE TO MOTOR CARRIERS: Return this report to the address on the top of this form with SUFFICIENT EVIDENCE THAT REPAIRS HAVE BEEN MADE OR VIOLATIONS CORRECTED (repair bills, copy of valid license or medical certificate, log book, etc).

Signature Of Motor Carrier X: Title: Date:

Report Prepared By:
STEPHEN BOLEYN

Badge #:
0288

Copy Received By:

Page 1 of 1



00954187 MA MAZO00000071

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DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Massachusetts State Police
Commercial Vehicle Enforcement Section
906 Elm Street
Concord, MA 01742
Phone: (978)369-1004 Fax:

Report Number: MAZO00000069
Inspection Date: 02/20/2013
Start: 9:08:00 AM ET End: 9:58:00 AM ET
Inspection Level: V - Terminal
HM Inspection Type: None

FUNG WAH BUS TRANSPORTATION INC
25 EDINBORO STREET 3RD FLOOR
BOSTON, MA 02111
USDOT#: 00954187 Phone#: (617)338-8308
MC/MX#: 405969 Fax#:
State#:

Driver:
License#: State:
Date of Birth:
CoDriver:
License#: State:
Date of Birth:

Location: S-ROXBURY
Highway:
County: SUFFOLK, MA

MilePost: Shipper:
Origin: Bill of Lading:
Destination: Cargo: PASSENGER

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1 MC VNHL 2001 MA APN85967 108 YE2CC12B712045666 50,700 028810

BRAKE ADJUSTMENTS

Table with columns: Axle #, 1, 2, 3. Rows: Right (N/A, N/A, N/A), Left (N/A, N/A, N/A), Chamber (DISC, DISC, DISC)

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Rows include violations for 396.3A1 and 393.201A.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

*Pursuant to the authority contained in Chapter 90-31, MA General Law, I hereby declare vehicles with defects followed by "Y" in the "Out of Service" column in the violations discovered section of this report Out of Service. These vehicles shall be subject to electronic and/or visual monitoring to assure that no person shall remove the out of service stickers applied to these vehicles, or operate such vehicle until the out of service defects have been repaired and the vehicles have been restored to safe operating condition. OUT OF SERVICE DECAL:

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 Repairer X: Facility: Date:

DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this form. NOTE TO MOTOR CARRIERS: Return this report to the address on the top of this form with SUFFICIENT EVIDENCE THAT REPAIRS HAVE BEEN MADE OR VIOLATIONS CORRECTED (repair bills, copy of valid license or medical certificate, log book, etc). Failure to comply may result in further action (Ma General Law 90, sections 2, 9 & 20). If the registrar determines that a commercial motor vehicle is unsafe, improperly equipped, or unfit to be operated, he may refuse to register such vehicles, or may suspend or revoke a registration. *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 RETURNED IN 15 days. For questions refer to: WWW.FMCSA.DOT.GOV

Signature Of Motor Carrier X: Title: Date:

Report Prepared By:
STEPHEN BOLEYN

Badge #:
0288

Copy Received By:

Page 1 of 1



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DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Massachusetts State Police
Commercial Vehicle Enforcement Section
906 Elm Street
Concord, MA 01742
Phone: (978)389-1004 Fax:

Report Number: MAZO00000068
Inspection Date: 02/20/2013
Start: 8:55:00 AM ET End: 9:02:00 AM ET
Inspection Level: V - Terminal
HM Inspection Type: None

FUNG WAH BUS TRANSPORTATION INC
25 EDINBORO STREET 3RD FLOOR
BOSTON, MA 02111
USDOT#: 00954187 Phone#: (617)338-8308
MC/MX#: 405969 Fax#:
State#:

Driver:
License#:
Date of Birth:
CoDriver:
License#:
Date of Birth:
Shipper:

Location: S-ROXBURY
Highway:
County: SUFFOLK, MA

MilePost:
Origin:
Destination:
Bill of Lading:
Cargo: PASSENGER

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker

BRAKE ADJUSTMENTS

Table with columns: Axle #, 1, 2, 3, Right, Left, Chamber

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

*Pursuant to the authority contained in Chapter 90A:31, MA General Law, I hereby declare vehicles with defects followed by "Y" in the "Out of Service" column in the violations discovered section of this report Out of Service. These vehicles shall be subject to electronic and/or visual monitoring to assure that no person shall remove the out of service stickers applied to these vehicles, or operate such vehicle until the out of service defects have been repaired and the vehicles have been restored to safe operating condition. OUT OF SERVICE DECAL:

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 Repairer X: Facility: Date:

DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this form. NOTE TO MOTOR CARRIERS: Return this report to the address on the top of this form with SUFFICIENT EVIDENCE THAT REPAIRS HAVE BEEN MADE OR VIOLATIONS CORRECTED (repair bills, copy of valid license or medical certificate, log book, etc). Failure to comply may result in further action (Ma General Law 90A, sections 2,9 &20). If the registrar determines that a commercial motor vehicle is unsafe, improperly equipped, or unfit to be operated, he may refuse to register such vehicles, or may suspend or revoke a registration. *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 RETURNED IN 15 days. For questions refer to: WWW.FMCSA.DOT.GOV

Signature Of Motor Carrier X: Title: Date:

Report Prepared By:
STEPHEN BOLEYN

Badge #:
0288

Copy Received By:

Page 1 of 1



00954187 MA MAZO00000068

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X [Signature]

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Massachusetts State Police
Commercial Vehicle Enforcement Section
906 Elm Street
Concord, MA 01742
Phone: (978)368-1004 Fax:

Report Number: MAZO00000070
Inspection Date: 02/20/2013
Start: 10:05:00 AM ET End: 11:02:00 AM ET
Inspection Level: V - Terminal
HM Inspection Type: None

FUNG WAH BUS TRANSPORTATION INC
25 EDINBORO STREET 3RD FLOOR
BOSTON, MA 02111
USDOT#: 00954187 Phone#: (617)338-8308
MC/MX#: 405969 Fax#:
State#:

Driver:
License#: State:
Date of Birth:
CoDriver:
License#: State:
Date of Birth:

Location: S-ROXBURY
Highway:
County: SUFFOLK, MA

MilePost: Shipper:
Origin: Bill of Lading:
Destination: Cargo: PASSENGER

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber and values for axles 1, 2, 3

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

*Pursuant to the authority contained in Chapter 90-31, MA General Law, I hereby declare vehicles with defects followed by "Y" in the "Out of Service" column in the violations discovered section of this report Out of Service. These vehicles shall be subject to electronic and/or visual monitoring to assure that no person shall remove the out of service stickers applied to these vehicles, or operate such vehicle until the out of service defects have been repaired and the vehicles have been restored to safe operating condition. OUT OF SERVICE DECAL;

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 Repairer X: Facility: Date:

DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this form. NOTE TO MOTOR CARRIERS: Return this report to the address on the top of this form with SUFFICIENT EVIDENCE THAT REPAIRS HAVE BEEN MADE OR VIOLATIONS CORRECTED (repair bills, copy of valid license or medical certificate, log book, etc). Failure to comply may result in further action (Ma General Law 90, sections 2,9 &20). If the registrar determines that a commercial motor vehicle is unsafe, improperly equipped, or unfit to be operated, he may refuse to register such vehicles, or may suspend or revoke a registration. *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 RETURNED IN 15 days. For questions refer to: WWW.FMCSA.DOT.GOV

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: STEPHEN BOLEYN

Badge #: 0288

Copy Received By:

Page 1 of 1



00954187 MA MAZO00000070

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