



# KANSAS TRUCKING CONNECTION (KTC)

## ESCORTS POST-TRIP REPORT

Kansas Trucking Connection

### ASSISTANCE

Customer \_\_\_\_\_

1500 Arrowhead Road

KTC Phone

785-271-3145

Address \_\_\_\_\_

Topeka, Kansas 66604-2074

KTC Fax

785-271-3124

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Escrow Acct's

785-271-3145

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Permit # \_\_\_\_\_

Email \_\_\_\_\_

**Please describe any problems/restrictions you experienced during the move. For each problem enter how the problem was resolved. If everything went well during the move, indicate so by checking the appropriate box below. Fax/send this form to the KTC within 5 days following the end of the move.**

Origin: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Destination: \_\_\_\_\_

Ending Date: \_\_\_\_\_

### PROBLEMS

### SOLUTIONS

1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
<input type="checkbox"/>	Conducted a Pre-trip meeting with all involved in the move <span style="color: red;">(required)</span>	<input type="checkbox"/>	No problems were encountered during the move
<input type="checkbox"/>	The move was made in accordance with all applicable OSOW regulations and the bridge memorandum <span style="color: red;">(required)</span>	<input type="checkbox"/>	Front and rear escorts were provided at all times with the move

### SIGNATURES

\_\_\_\_\_  
Escort driver #1 (Person preparing the report)

\_\_\_\_\_  
Certification # (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Escort driver #2 (Person verifying the accuracy of the information)

\_\_\_\_\_  
Certification # (if applicable)

\_\_\_\_\_  
Date